

FROM THE HISTORY OF AN INFANTILE NEUROSIS¹

I

INTRODUCTORY REMARKS

THE case upon which I propose to report in the following pages (once again only in a fragmentary manner) is characterized by a number of peculiarities which require to be emphasized before I proceed to a description of the facts themselves. It is concerned with a young man whose health had broken down in his eighteenth year after a gonorrhoeal infection, and who was entirely incapacitated and completely dependent upon other people when he began his psycho-analytic treatment several years later. He had lived an approximately normal life during the ten years of his boyhood that preceded the date of his illness, and got through his studies at his secondary school

¹ This case history was written down shortly after the termination of the treatment, in the winter of 1914–15. At that time I was still freshly under the impression of the twisted re-interpretations which C. G. Jung and Alfred Adler were endeavouring to give to the findings of psycho-analysis. This paper is therefore connected with my essay 'On the History of the Psycho-Analytic Movement' which was published in the *Jahrbuch der Psychoanalyse* in 1914. It supplements the polemic contained in that essay, which is in its essence of a personal character, by an objective estimation of the analytic material. It was originally intended for the next volume of the *Jahrbuch*, the appearance of which was, however, postponed indefinitely owing to the obstacles raised by the [first] Great War. I therefore decided to add it to the present collection of papers [*S.K.S.N.*, 4] which was being issued by a new publisher [Heller, in place of Deuticke]. Meanwhile I had been obliged to deal in my *Introductory Lectures on Psycho-Analysis* (which I delivered in 1916 and 1917) with many points which should have been raised for the first time in this paper. No alterations of any importance have been made in the text of the first draft; additions are indicated by means of square brackets. [There are only two such additional passages, occurring on pp. 57 and 95. Elsewhere in this paper, as in the rest of the *Standard Edition*, square brackets indicate additions by the Editor. The words 'twisted re-interpretations' in this footnote stand for the German '*Umdeutungen*'. The English version was suggested by the author.]

without much trouble. But his earlier years were dominated by a severe neurotic disturbance, which began immediately before his fourth birthday as an anxiety-hysteria (in the shape of an animal phobia), then changed into an obsessional neurosis with a religious content, and lasted with its offshoots as far as into his tenth¹ year.

Only this infantile neurosis will be the subject of my communication. In spite of the patient's direct request, I have abstained from writing a complete history of his illness, of his treatment, and of his recovery, because I recognized that such a task was technically impracticable and socially impermissible. This at the same time removes the possibility of demonstrating the connection between his illness in childhood and his later and permanent one. As regards the latter I can only say that on account of it the patient spent a long time in German sanatoria, and was at that period classified in the most authoritative quarters² as a case of 'manic-depressive insanity'. This diagnosis was certainly applicable to the patient's father, whose life, with its wealth of activity and interests, was disturbed by repeated attacks of severe depression. But in the son I was never able, during an observation which lasted several years, to detect any changes of mood which were disproportionate to the manifest psychological situation either in their intensity or in the circumstances of their appearance. I have formed the opinion that this case, like many others which clinical psychiatry has labelled with the most multifarious and shifting diagnoses, is to be regarded as a condition following on an obsessional neurosis which has come to an end spontaneously, but has left a defect behind it after recovery.

My description will therefore deal with an infantile neurosis which was analysed not while it actually existed, but only fifteen years after its termination. This state of things has its advantages as well as its disadvantages in comparison with the alternative. An analysis which is conducted upon a neurotic child itself must, as a matter of course, appear to be more trustworthy, but it cannot be very rich in material; too many

¹ [In the editions before 1924 this read 'eighth'.]

² [We learn from Dr. Jones that among the psychiatrists consulted by the patient were such leaders of the profession as Ziehen in Berlin and Kraepelin in Munich.]

words and thoughts have to be lent to the child,¹ and even so the deepest strata may turn out to be impenetrable to consciousness. An analysis of a childhood disorder through the medium of recollection in an intellectually mature adult is free from these limitations; but it necessitates our taking into account the distortion and refurbishing to which a person's own past is subjected when it is looked back upon from a later period. The first alternative perhaps gives the more convincing results; the second is by far the more instructive.

In any case it may be maintained that analysis of children's neuroses can claim to possess a specially high theoretical interest. They afford us, roughly speaking, as much help towards a proper understanding of the neuroses of adults as do children's dreams in respect to the dreams of adults. Not, indeed, that they are more perspicuous or poorer in elements; in fact, the difficulty of feeling one's way into the mental life of a child makes them set the physician a particularly difficult task. But nevertheless, so many of the later deposits are wanting in them that the essence of the neurosis springs to the eyes with unmistakable distinctness. In the present phase of the battle which is raging round psycho-analysis the resistance to its findings has, as we know, taken on a new form. People were content formerly to dispute the reality of the facts which are asserted by analysis; and for this purpose the best technique seemed to be to avoid examining them. That procedure appears to be slowly exhausting itself; and people are now adopting another plan—of recognizing the facts, but of eliminating, by means of twisted interpretations, the consequences that follow from them, so that the critics can still ward off the objectionable novelties as efficiently as ever. The study of children's neuroses exposes the complete inadequacy of these shallow or high-handed attempts at re-interpretation. It shows the predominant part that is played in the formation of neuroses by those libidinal motive forces which are so eagerly disavowed, and reveals the absence of any aspirations towards remote cultural aims, of which the child still knows nothing, and which cannot therefore be of any significance for him.

Another characteristic which makes the present analysis

¹ [The evidential value of child-analysis had been discussed by Freud in the case history of 'Little Hans' (1909b), *Standard Ed.*, 10, 6 and 101 ff.]

noteworthy is connected with the severity of the illness and the duration of the treatment. Analyses which lead to a favourable conclusion in a short time are of value in ministering to the therapist's self-esteem and substantiate the medical importance of psycho-analysis; but they remain for the most part insignificant as regards the advancement of scientific knowledge. Nothing new is learnt from them. In fact they only succeed so quickly because everything that was necessary for their accomplishment was already known. Something new can only be gained from analyses that present special difficulties, and to the overcoming of these a great deal of time has to be devoted. Only in such cases do we succeed in descending into the deepest and most primitive strata of mental development and in gaining from there solutions for the problems of the later formations. And we feel afterwards that, strictly speaking, only an analysis which has penetrated so far deserves the name. Naturally a single case does not give us all the information that we should like to have. Or, to put it more correctly, it might teach us everything, if we were only in a position to make everything out, and if we were not compelled by the inexperience of our own perception to content ourselves with a little.

As regards these fertile difficulties the case I am about to discuss left nothing to be desired. The first years of the treatment produced scarcely any change. Owing to a fortunate concatenation, all the external circumstances nevertheless combined to make it possible to proceed with the therapeutic experiment. I can easily believe that in less favourable circumstances the treatment would have been given up after a short time. Of the physician's point of view I can only declare that in a case of this kind he must behave as 'timelessly' as the unconscious itself,¹ if he wishes to learn anything or to achieve anything. And in the end he will succeed in doing so, if he has the strength to renounce any short-sighted therapeutic ambition. It is not to be expected that the amount of patience, adaptability, insight, and confidence demanded of the patient and his relatives will be forthcoming in many other cases. But the analyst has a right to feel that the results which he has attained from such lengthy work in one case will help substantially to reduce the length of the treatment in a subsequent case of equal severity, and that by submitting on a single occasion

¹ [See 'The Unconscious' (1915e), Part V.]

to the timelessness of the unconscious he will be brought nearer to vanquishing it in the end.¹

The patient with whom I am here concerned remained for a long time unassailably entrenched behind an attitude of obliging apathy. He listened, understood, and remained unapproachable. His unimpeachable intelligence was, as it were, cut off from the instinctual forces which governed his behaviour in the few relations of life that remained to him. It required a long education to induce him to take an independent share in the work; and when as a result of this exertion he began for the first time to feel relief, he immediately gave up working in order to avoid any further changes, and in order to remain comfortably in the situation which had been thus established. His shrinking from a self-sufficient existence was so great as to outweigh all the vexations of his illness. Only one way was to be found of overcoming it. I was obliged to wait until his attachment to myself had become strong enough to counterbalance this shrinking, and then played off this one factor against the other. I determined—but not until trustworthy signs had led me to judge that the right moment had come—that the treatment must be brought to an end at a particular fixed date, no matter how far it had advanced. I was resolved to keep to the date; and eventually the patient came to see that I was in earnest. Under the inexorable pressure of this fixed limit his resistance and his fixation to the illness gave way, and now in a disproportionately short time the analysis produced all the material which made it possible to clear up his inhibitions and remove his symptoms. All the information, too, which enabled me to understand his infantile neurosis is derived from this last period of the work, during which resistance temporarily disappeared and the patient gave an impression of lucidity which is usually attainable only in hypnosis.²

Thus the course of this treatment illustrates a maxim whose truth has long been appreciated in the technique of analysis. The length of the road over which an analysis must travel with the patient, and the quantity of material which must be

¹ [The question of the length of analyses was discussed by Freud in 'Analysis Terminable and Interminable' (1937c).]

² [The effects of setting a time-limit to an analysis were considered by Freud in reference to this particular case in Section I of the paper quoted in the last footnote (1937c).]

mastered on the way, are of no importance in comparison with the resistance which is met with in the course of the work, and are only of importance at all in so far as they are necessarily proportional to the resistance. The situation is the same as when to-day an enemy army needs weeks and months to make its way across a stretch of country which in times of peace was traversed by an express train in a few hours and which only a short time before had been passed over by the defending army in a few days.

A third peculiarity of the analysis which is to be described in these pages has only increased my difficulty in deciding to make a report upon it. On the whole its results have coincided in the most satisfactory manner with our previous knowledge, or have been easily embodied into it. Many details, however, seemed to me myself to be so extraordinary and incredible that I felt some hesitation in asking other people to believe them. I requested the patient to make the strictest criticism of his recollections, but he found nothing improbable in his statements and adhered closely to them. Readers may at all events rest assured that I myself am only reporting what I came upon as an independent experience, uninfluenced by my expectation. So that there was nothing left for me but to remember the wise saying that there are more things in heaven and earth than are dreamed of in our philosophy. Anyone who could succeed in eliminating his pre-existing convictions even more thoroughly could no doubt discover even more such things.¹

¹ [The rather complicated chronology of the case will become clearer if reference is made to the footnote on p. 121 below.]

GENERAL SURVEY OF THE PATIENT'S ENVIRONMENT AND OF THE HISTORY OF THE CASE

I AM unable to give either a purely historical or a purely thematic account of my patient's story; I can write a history neither of the treatment nor of the illness, but I shall find myself obliged to combine the two methods of presentation. It is well known that no means has been found of in any way introducing into the reproduction of an analysis the sense of conviction which results from the analysis itself. Exhaustive verbatim reports of the proceedings during the hours of analysis would certainly be of no help at all; and in any case the technique of the treatment makes it impossible to draw them up. So analyses such as this are not published in order to produce conviction in the minds of those whose attitude has hitherto been recusant and sceptical. The intention is only to bring forward some new facts for investigators who have already been convinced by their own clinical experiences.

I shall begin, then, by giving a picture of the child's world, and by telling as much of the story of his childhood as could be learnt without any exertion; it was not, indeed, for several years that the story became any less incomplete and obscure.

His parents had been married young, and were still leading a happy married life, upon which their ill-health was soon to throw the first shadows. His mother began to suffer from abdominal disorders, and his father from his first attacks of depression, which led to his absence from home. Naturally the patient only came to understand his father's illness very much later on, but he was aware of his mother's weak health even in his early childhood. As a consequence of it she had relatively little to do with the children. One day, certainly before his fourth year,¹ while his mother was seeing off the doctor to the station and he himself was walking beside her, holding her hand,

¹ [See p. 76*n*. In the editions before 1924 this read 'perhaps in his sixth year'.]

he overheard her lamenting her condition. Her words made a deep impression upon him, and later on he applied them to himself [cf. p. 77]. He was not the only child; he had a sister, about two years his elder, lively, gifted, and precociously naughty, who was to play an important part in his life.

As far back as he could remember he was looked after by a nurse, an uneducated old woman of peasant birth, with an untiring affection for him. He served her as a substitute for a son of her own who had died young. The family lived on a country estate, from which they used to move to another for the summer. The two estates were not far from a large town. There was a break in his childhood when his parents sold the estates and moved into the town. Near relatives used often to pay them long visits upon one estate or the other—brothers of his father, sisters of his mother and their children, and his grandparents on his mother's side. During the summer his parents used to be away for a few weeks. In a screen memory he saw himself with his nurse looking after the carriage which was driving off with his father, mother and sister, and then going peaceably back into the house. He must have been very small at that time.¹ Next summer his sister was left at home, and an English governess was engaged, who became responsible for the supervision of the children.

In his later years he was told many stories about his childhood.² He knew a great deal himself, but it was naturally disconnected both as regards date and subject-matter. One of these traditions, which was repeated over and over again in his presence on the occasion of his later illness, introduces us to the problem with whose solution we shall be occupied. He seems at first to have been a very good-natured, tractable, and

¹ Two and a half years old. It was possible later on to determine almost all the dates with certainty.

² Information of this kind may, as a rule, be employed as absolutely authentic material. So it may seem tempting to take the easy course of filling up the gaps in a patient's memory by making enquiries from the older members of his family; but I cannot advise too strongly against such a technique. Any stories that may be told by relatives in reply to enquiries and requests are at the mercy of every critical misgiving that can come into play. One invariably regrets having made oneself dependent upon such information; at the same time confidence in the analysis is shaken and a court of appeal is set up over it. Whatever can be remembered at all will anyhow come to light in the further course of analysis.

even quiet child, so that they used to say of him that he ought to have been the girl and his elder sister the boy. But once, when his parents came back from their summer holiday, they found him transformed. He had become discontented, irritable and violent, took offence on every possible occasion, and then flew into a rage and screamed like a savage; so that, when this state of things continued, his parents expressed their misgivings as to whether it would be possible to send him to school later on. This happened during the summer while the English governess was with them. She turned out to be an eccentric and quarrelsome person, and, moreover, to be addicted to drink. The boy's mother was therefore inclined to ascribe the alteration in his character to the influence of this Englishwoman, and assumed that she had irritated him by her treatment. His sharp-sighted grandmother, who had spent the summer with the children, was of opinion that the boy's irritability had been provoked by the dissensions between the Englishwoman and the nurse. The Englishwoman had repeatedly called the nurse a witch, and had obliged her to leave the room; the little boy had openly taken the side of his beloved 'Nanya' and let the governess see his hatred. However it may have been, the Englishwoman was sent away soon after the parents' return, without there being any consequent change in the child's unbearable behaviour.

The patient had preserved his memory of this naughty period. According to his belief he made the first of his scenes one Christmas, when he was not given a double quantity of presents—which were his due, because Christmas Day was at the same time his birthday. He did not spare even his beloved Nanya with his importunity and touchiness, and even tormented her more remorselessly perhaps than any one. But the phase which brought with it his change in character was inextricably connected in his memory with many other strange and pathological phenomena which he was unable to arrange in chronological sequence. He threw all the incidents that I am now about to relate (which cannot possibly have been contemporaneous, and which are full of internal contradictions) into one and the same period of time, to which he gave the name 'still on the first estate'. He thought they must have left that estate by the time he was five years old.¹ Thus he could recollect how he had suffered

¹ [The patient probably had in mind the estate on which the family lived for most of the year (cf. p. 14). Some time after the two original

from a fear, which his sister exploited for the purpose of tormenting him. There was a particular picture-book, in which a wolf was represented, standing upright and striding along. Whenever he caught sight of this picture he began to scream like a lunatic that he was afraid of the wolf coming and eating him up. His sister, however, always succeeded in arranging so that he was obliged to see this picture, and was delighted at his terror. Meanwhile he was also frightened at other animals as well, big and little. Once he was running after a beautiful big butterfly, with striped yellow wings which ended in points, in the hope of catching it. (It was no doubt a 'swallow-tail'.¹) He was suddenly seized with a terrible fear of the creature, and, screaming, gave up the chase. He also felt fear and loathing of beetles and caterpillars. Yet he could also remember that at this very time he used to torment beetles and cut caterpillars to pieces. Horses, too, gave him an uncanny feeling. If a horse was beaten he began to scream, and he was once obliged to leave a circus on that account. On other occasions he himself enjoyed beating horses. Whether these contradictory sorts of attitudes towards animals were really in operation simultaneously, or whether they did not more probably replace one another, but if so in what order and when—to all these questions his memory could offer no decisive reply. He was also unable to say whether his naughty period was *replaced* by a phase of illness or whether it persisted right through the latter. But, in any case, the statements of his that follow justified the assumption that during these years of his childhood he went through an easily recognizable attack of obsessional neurosis. He related how during a long period he was very pious. Before he went to sleep he was obliged to pray for a long time and to make an endless series of signs of the cross. In the evening, too, he used to make the round of all the holy pictures that hung in the room, taking a chair with him, upon which he climbed, and used to kiss each one of them devoutly. It was utterly inconsistent with this pious ceremonial—or, on the other hand, perhaps it was quite consistent with it—that he should recollect some blasphemous thoughts which used to come into his head like an inspiration

estates were sold, the family, as Freud informed the translators, bought a new one (cf. p. 93).]

¹ [*Schwabenschwanz*.] Here, and at the beginning of Section VIII below, the editions before 1924 read '*Admiral*'.]

from the devil. He was obliged to think 'God—swine' or 'God—shit'. Once while he was on a journey to a health-resort in Germany he was tormented by the obsession of having to think of the Holy Trinity whenever he saw three heaps of horse-dung or other excrement lying in the road. At that time he used to carry out another peculiar ceremonial when he saw people that he felt sorry for, such as beggars, cripples, or very old men. He had to breathe out noisily, so as not to become like them; and under certain conditions he had to draw in his breath vigorously. I naturally assumed that these obvious symptoms of an obsessional neurosis belonged to a somewhat later time and stage of development than the signs of anxiety and the cruel treatment of animals.

The patient's maturer years were marked by a very unsatisfactory relation to his father, who, after repeated attacks of depression, was no longer able to conceal the pathological features of his character. In the earliest years of the patient's childhood this relation had been a very affectionate one, and the recollection of it had remained in his memory. His father was very fond of him, and liked playing with him. From an early age he was proud of his father, and was always declaring that he would like to be a gentleman like him. His Nanya told him that his sister was his mother's child, but that he was his father's—which had very much pleased him. Towards the end of his childhood there was an estrangement between him and his father. His father had an unmistakable preference for his sister, and he felt very much slighted by this. Later on fear of his father became the dominating factor.

All of the phenomena which the patient associated with the phase of his life that began with his naughtiness disappeared in about his eighth year. They did not disappear at a single blow, and made occasional reappearances, but finally gave way, in the patient's opinion, before the influence of the masters and tutors, who then took the place of the women who had hitherto looked after him. Here, then, in the briefest outline, are the riddles for which the analysis had to find a solution. What was the origin of the sudden change in the boy's character? What was the significance of his phobia and of his perversities? How did he arrive at his obsessive piety? And how are all these phenomena interrelated? I will once more recall the fact that our therapeutic work was concerned with a subsequent and recent

neurotic illness, and that light could only be thrown upon these earlier problems when the course of the analysis led away for a time from the present, and forced us to make a *détour* through the prehistoric period of childhood.

THE SEDUCTION AND ITS IMMEDIATE CONSEQUENCES

It is easy to understand that the first suspicion fell upon the English governess, for the change in the boy made its appearance while she was there. Two screen memories had persisted, which were incomprehensible in themselves, and which related to her. On one occasion, as she was walking along in front of them, she said: 'Do look at my little tail!' Another time, when they were on a drive, her hat flew away, to the two children's great satisfaction. This pointed to the castration complex, and might permit of a construction being made to the effect that a threat uttered by her against the boy had been largely responsible for originating his abnormal conduct. There is no danger at all in communicating constructions of this kind to the person under analysis; they never do any damage to the analysis if they are mistaken; but at the same time they are not put forward unless there is some prospect of reaching a nearer approximation to the truth by means of them.¹ The first effect of this supposition was the appearance of some dreams, which it was not possible to interpret completely, but all of which seemed to centre around the same material. As far as they could be understood, they were concerned with aggressive actions on the boy's part against his sister or against the governess and with energetic reproofs and punishments on account of them. It was as though . . . after her bath . . . he had tried . . . to undress his sister . . . to tear off her coverings . . . or veils—and so on. But it was not possible to get at any firm content from the interpretation; and since these dreams gave an impression of always working over the same material in various different ways, the correct reading of these ostensible reminiscences became assured: it could only be a question of phantasies, which the dreamer had made on the subject of his childhood at some time or other, probably at the age of puberty, and which had now come to the surface again in this unrecognizable form.

¹ [Freud entered into this at greater length in his paper 'Constructions in Analysis' (1937*d*), particularly in Section II.]

The explanation came at a single blow, when the patient suddenly called to mind the fact that, when he was still very small, 'on the first estate', his sister had seduced him into sexual practices. First came a recollection that in the lavatory, which the children used frequently to visit together, she had made this proposal: 'Let's show our bottoms', and had proceeded from words to deeds. Subsequently the more essential part of the seduction came to light, with full particulars as to time and place. It was in spring, at a time when his father was away; the children were in one room playing on the floor, while their mother was working in the next. His sister had taken hold of his penis and played with it, at the same time telling him incomprehensible stories about his Nanya, as though by way of explanation. His Nanya, she said, used to do the same thing with all kinds of people—for instance, with the gardener: she used to stand him on his head, and then take hold of his genitals.

Here, then, was the explanation of the phantasies whose existence we had already divined. They were meant to efface the memory of an event which later on seemed offensive to the patient's masculine self-esteem, and they reached this end by putting an imaginary and desirable converse in the place of the historical truth. According to these phantasies it was not he who had played the passive part towards his sister, but, on the contrary, he had been aggressive, had tried to see his sister undressed, had been rejected and punished, and had for that reason got into the rage which the family tradition talked of so much. It was also appropriate to weave the governess into this imaginative composition, since the chief responsibility for his fits of rage had been ascribed to her by his mother and grandmother. These phantasies, therefore, corresponded exactly to the legends by means of which a nation that has become great and proud tries to conceal the insignificance and failure of its beginnings.¹

The governess can actually have had only a very remote share in the seduction and its consequences. The scenes with his sister took place in the early part of the same year in which, at the height of the summer, the Englishwoman arrived to take the place of his absent parents. The boy's hostility to the governess

¹ [See the longer discussion of this in Freud's study of Leonardo (1910*c*), near the beginning of Chapter II.]

came about, rather, in another way. By abusing the nurse and slandering her as a witch, she was in his eyes following in the footsteps of his sister, who had first told him such monstrous stories about the nurse; and in this way she enabled him to express openly against herself the aversion which, as we shall hear, he had developed against his sister as a result of his seduction.

But his seduction by his sister was certainly not a phantasy. Its credibility was increased by some information which had never been forgotten and which dated from a later part of his life, when he was grown up. A cousin who was more than ten years his elder told him in a conversation about his sister that he very well remembered what a forward and sensual little thing she had been: once, when she was a child of four or five, she had sat on his lap and opened his trousers to take hold of his penis.

I should like at this point to break off the story of my patient's childhood and say something of this sister, of her development and later fortunes, and of the influence she had on him. She was two years older than he was, and had always remained ahead of him. As a child she was boyish and unmanageable, but she then entered upon a brilliant intellectual development and distinguished herself by her acute and realistic powers of mind; she inclined in her studies to the natural sciences, but also produced imaginative writings of which her father had a high opinion. She was mentally far superior to her numerous early admirers, and used to make jokes at their expense. In her early twenties, however, she began to be depressed, complained that she was not good-looking enough, and withdrew from all society. She was sent to travel in the company of an acquaintance, an elderly lady, and after her return told a number of most improbable stories of how she had been ill-treated by her companion, but remained with her affections obviously fixed upon her alleged tormentor. While she was on a second journey, soon afterwards, she poisoned herself and died far away from her home. Her disorder is probably to be regarded as the beginning of a dementia praecox. She was one of the proofs of the conspicuously neuropathic heredity in her family, but by no means the only one. An uncle, her father's brother, died after long years of life as an eccentric, with indications pointing to the presence of a severe

obsessional neurosis; while a good number of collateral relatives were and are afflicted with less serious nervous complaints.

Independently of the question of seduction, our patient, while he was a child, found in his sister an inconvenient competitor for the good opinion of his parents, and he felt very much oppressed by her merciless display of superiority. Later on he especially envied her the respect which his father showed for her mental capacity and intellectual achievements, while he, intellectually inhibited as he was since his obsessional neurosis, had to be content with a lower estimation. From his fourteenth year onwards the relations between the brother and sister began to improve; a similar disposition of mind and a common opposition to their parents brought them so close together that they got on with each other like the best of friends. During the tempestuous sexual excitement of his puberty he ventured upon an attempt at an intimate physical approach. She rejected him with equal decision and dexterity, and he at once turned away from her to a little peasant girl who was a servant in the house and had the same name as his sister. In doing so he was taking a step which had a determinant influence on his heterosexual choice of object, for all the girls with whom he subsequently fell in love—often with the clearest indications of compulsion—were also servants, whose education and intelligence were necessarily far inferior to his own. If all of these objects of his love were substitutes for the figure of the sister whom he had to forgo, then it could not be denied that an intention of debasing his sister and of putting an end to her intellectual superiority, which he had formerly found so oppressive, had obtained the decisive control over his object-choice.¹

Human sexual conduct, as well as everything else, has been subordinated by Alfred Adler to motive forces of this kind, which spring from the will to power, from the individual's self-assertive instinct. Without ever denying the importance of these motives of power and prerogative, I have never been convinced that they play the dominating and exclusive part that has been ascribed to them. If I had not pursued my patient's analysis to the end, I should have been obliged, on account of my observation of this case, to correct my preconceived opinion in a direction favourable to Adler. The conclusion of the analysis unexpectedly brought up new material which, on the contrary,

¹ [Cf. Freud's earlier paper on this subject (1912*d*).]

showed that these motives of power (in this case the intention to debase) had determined the object-choice only in the sense of serving as a contributory cause and as a rationalization, whereas the true underlying determination enabled me to maintain my former convictions.¹

When the news of his sister's death arrived, so the patient told me, he felt hardly a trace of grief. He had to force himself to show signs of sorrow, and was able quite coolly to rejoice at having now become the sole heir to the property. He had already been suffering from his recent illness for several years when this occurred. But I must confess that this one piece of information made me for a long time uncertain in my diagnostic judgement of the case. It was to be assumed, no doubt, that his grief over the loss of the most dearly loved member of his family would meet with an inhibition in its expression, as a result of the continued operation of his jealousy of her and of the added presence of his incestuous love for her which had now become unconscious. But I could not do without some substitute for the missing outbursts of grief. And this was at last found in another expression of feeling which had remained inexplicable to the patient. A few months after his sister's death he himself made a journey in the neighbourhood in which she had died. There he sought out the burial-place of a great poet, who was at that time his ideal, and shed bitter tears upon his grave. This reaction seemed strange to him himself, for he knew that more than two generations had passed by since the death of the poet he admired. He only understood it when he remembered that his father had been in the habit of comparing his dead sister's works with the great poet's. He gave me another indication of the correct way of interpreting the homage which he ostensibly paid to the poet, by a mistake in his story which I was able to detect at this point. He had repeatedly specified before that his sister had shot herself; but he was now obliged to make a correction and say that she had taken poison. The poet, however, had been shot in a duel.²

I now return to the brother's story, but from this point I must proceed for a little upon thematic lines. The boy's age at

¹ See below, p. 93. [For a fuller discussion of Adler's views, see Part III of 'On the History of the Psycho-Analytic Movement' (1914d).]

² [No doubt Pushkin.]

the time at which his sister began her seductions turned out to be three and a quarter years.¹ It happened, as has been mentioned, in the spring of the same year in whose summer the English governess arrived, and in whose autumn his parents, on their return, found him so fundamentally altered. It is very natural, then, to connect this transformation with the awakening of his sexual activity that had meanwhile taken place.

How did the boy react to the allurements of his elder sister? By a refusal, is the answer, but by a refusal which applied to the person and not to the thing. His sister was not agreeable to him as a sexual object, probably because his relation to her had already been determined in a hostile direction owing to their rivalry for their parents' love. He held aloof from her, and, moreover, her solicitations soon ceased. But he tried to win, instead of her, another person of whom he was fonder; and the information which his sister herself had given him, and in which she had claimed his Nanya as a model, turned his choice in that direction. He therefore began to play with his penis in his Nanya's presence, and this, like so many other instances in which children do not conceal their masturbation, must be regarded as an attempt at seduction. His Nanya disillusioned him; she made a serious face, and explained that that wasn't good; children who did that, she added, got a 'wound' in the place.

The effect of this intelligence, which amounted to a threat, is to be traced in various directions. His dependence upon his Nanya was diminished in consequence. He might well have been angry with her; and later on, when his fits of rage set in, it became clear that he really was embittered against her. But it was characteristic of him that every position of the libido which he found himself obliged to abandon was at first obstinately defended by him against the new development. When the governess came upon the scene and abused his Nanya, drove her out of the room, and tried to destroy her authority, he, on the contrary, exaggerated his love for the victim of these attacks and assumed a brusque and defiant attitude towards the aggressive governess. Nevertheless, in secret he began to look about for another sexual object. His seduction had given him the passive sexual aim of being touched on the genitals; we shall

¹ [In the editions before 1924 this read 'from three and a quarter to three and a half years'.]

presently hear in connection with whom it was that he tried to achieve this aim, and what paths led him to this choice.

It agrees entirely with our anticipations when we learn that, after his first genital excitations, his sexual researches began, and that he soon came upon the problem of castration. At this time he succeeded in observing two girls—his sister and a friend of hers—while they were micturating. His acumen might well have enabled him to gather the true facts from this spectacle, but he behaved as we know other male children behave in these circumstances. He rejected the idea that he saw before him a confirmation of the wound with which his Nanya had threatened him, and he explained to himself that this was the girls' 'front bottom'. The theme of castration was not settled by this decision; he found new allusions to it in everything that he heard. Once when the children were given some coloured sugar-sticks, the governess, who was inclined to disordered fancies, pronounced that they were pieces of chopped-up snakes. He remembered afterwards that his father had once met a snake while he was walking along a footpath, and had beaten it to pieces with his stick. He heard the story (out of *Reynard the Fox*) read aloud, of how the wolf wanted to go fishing in the winter, and used his tail as a bait, and how in that way his tail was broken off in the ice. He learned the different names by which horses are distinguished, according to whether their sexual organs are intact or not. Thus he was occupied with thoughts about castration, but as yet he had no belief in it and no dread of it. Other sexual problems arose for him out of the fairy tales with which he became familiar at this time. In 'Little Red Riding-Hood' and 'The Seven Little Goats' the children were taken out of the wolf's body. Was the wolf a female creature, then, or could men have children in their bodies as well? At this time the question was not yet settled. Moreover, at the time of these enquiries he had as yet no fear of wolves.

One of the patient's pieces of information will make it easier for us to understand the alteration in his character which appeared during his parents' absence as a somewhat indirect consequence of his seduction. He said that he gave up masturbating very soon after his Nanya's refusal and threat. *His sexual life, therefore, which was beginning to come under the sway of the genital zone, gave way before an external obstacle, and was thrown back by its influence into an earlier phase of pregenital organization.* As a result of

the suppression of his masturbation, the boy's sexual life took on a sadistic-anal character. He became irritable and a tormentor, and gratified himself in this way at the expense of animals and humans. His principal object was his beloved Nanya, and he knew how to torment her till she burst into tears. In this way he revenged himself on her for the refusal he had met with, and at the same time gratified his sexual lust in the form which corresponded to his present regressive phase. He began to be cruel to small animals, to catch flies and pull off their wings, to crush beetles underfoot; in his imagination he liked beating large animals (horses) as well. All of these, then, were active and sadistic proceedings; we shall discuss his anal impulses at this period in a later connection.

It is a most important fact that some contemporary phantasies of quite another kind came up as well in the patient's memory. The content of these was of boys being chastised and beaten, and especially being beaten on the penis. And from other phantasies, which represented the heir to the throne being shut up in a narrow room and beaten, it was easy to guess for whom it was that the anonymous figures served as whipping-boys. The heir to the throne was evidently he himself; his sadism had therefore turned round in phantasy against himself, and had been converted into masochism. The detail of the sexual organ itself receiving the beating justified the conclusion that a sense of guilt, which related to his masturbation, was already concerned in this transformation.¹

No doubt was left in the analysis that these passive trends had made their appearance at the same time as the active-sadistic ones, or very soon after them.² This is in accordance with the unusually clear, intense, and constant *ambivalence*³ of the patient, which was shown here for the first time in the even development of both members of the pairs of contrary component instincts. Such behaviour was also characteristic of his later life, and so was this further trait: no position of the libido which had once

¹ [On the subject of beating-phantasies see Freud (1919e), below, p. 179 ff.]

² By passive trends I mean trends that have a passive sexual aim; but in saying this I have in mind a transformation not of the instinct but only of its aim.

³ [This exceptional use of the term 'ambivalence' as referring to activity and passivity is discussed in an Editor's footnote in 'Instincts and their Vicissitudes' (1915c).]