

THE IMPORTANCE OF SYMBOL-FORMATION IN THE DEVELOPMENT OF THE EGO

1930

My argument in this paper is based on the assumption that there is an early stage of mental development at which sadism becomes active at all the various sources of libidinal pleasure.¹ In my experience sadism reaches its zenith in this phase, which is ushered in by the oral-sadistic desire to devour the mother's breast (or the mother herself) and passes away with the earlier anal stage. At the period of which I am speaking, the subject's dominant aim is to possess himself of the contents of the mother's body and to destroy her by means of every weapon which sadism can command. At the same time this phase forms the introduction to the Oedipus conflict. Genital trends now begin to exercise an influence, but this is as yet not evident, for the pre-genital impulses hold the field. My whole argument depends on the fact that the Oedipus conflict begins at a period when sadism predominates.

The child expects to find within the mother (*a*) the father's penis, (*b*) excrement, and (*c*) children, and these things it equates with edible substances. According to the child's earliest phantasies (or 'sexual theories') of parental coitus, the father's penis (or his whole body) becomes incorporated in the mother during the act. Thus the child's sadistic attacks have for their object both father and mother, who are in phantasy bitten, torn, cut or stamped to bits. The attacks give rise to anxiety lest the subject should be punished by the united parents, and this anxiety also becomes internalized in consequence of the oral-sadistic introjection of the objects and is thus already directed towards the early super-ego. I have found these anxiety-situations of the early phases of mental development to be the most profound and overwhelming. It is my experience that in the phantasied attack on the mother's body a considerable part is played by the urethral and anal sadism which is very soon added to the oral and muscular sadism. In phantasy the excreta are transformed into dangerous weapons: wetting is regarded as cutting, stabbing, burning, drowning, while the faecal mass is equated with weapons and missiles. At a later stage of the phase which I have described, these violent

¹ Cf. my 'Early Stages of the Oedipus Conflict', p. 208.

modes of attack give place to hidden assaults by the most refined methods which sadism can devise, and the excreta are equated with poisonous substances.

The excess of sadism gives rise to anxiety and sets in motion the ego's earliest modes of defence. Freud writes: 'It may well be that, before ego and id have become sharply differentiated and before a super-ego has been developed, the mental apparatus employs different modes of defence from those which it practises after these levels of organization have been reached'. According to what I have found in analysis, the earliest defence set up by the ego has reference to two sources of danger: the subject's own sadism and the object which is attacked. This defence, in conformity with the degree of the sadism, is of a violent character and differs fundamentally from the later mechanism of repression. In relation to the subject's own sadism the defence implies expulsion, whereas in relation to the object it implies destruction. The sadism becomes a source of danger because it offers an occasion for the liberation of anxiety and also because the weapons employed to destroy the object are felt by the subject to be levelled at his own self as well. The object of the attack becomes a source of danger because the subject fears similar—retaliatory—attacks from it. Thus, the wholly undeveloped ego is faced with a task which at this stage is quite beyond it—the task of mastering the severest anxiety.

Ferenczi holds that identification, the forerunner of symbolism, arises out of the baby's endeavour to rediscover in every object his own organs and their functioning. In Jones's view the pleasure-principle makes it possible for two quite different things to be equated because of a similarity marked by pleasure or interest. Some years ago I wrote a paper, based on these concepts, in which I drew the conclusion that symbolism is the foundation of all sublimation and of every talent, since it is by way of symbolic equation that things, activities and interests become the subject of libidinal phantasies.

I can now add to what I said then² and state that, side by side with the libidinal interest, it is the anxiety arising in the phase that I have described which sets going the mechanism of identification. Since the child desires to destroy the organs (penis, vagina, breast) which stand for the objects, he conceives a dread of the latter. This anxiety contributes to make him equate the organs in question with other things; owing to this equation these in their turn become objects of anxiety, and so

¹ 'Inhibitions, Symptoms and Anxiety', *International P.A. Library*, No. 28.

² 'Infant Analysis', p. 87.

he is impelled constantly to make other and new equations, which form the basis of his interest in the new objects and of symbolism.

Thus, not only does symbolism come to be the foundation of all phantasy and sublimation but, more than that, upon it is built up the subject's relation to the outside world and to reality in general. I pointed out that the object of sadism at its zenith, and of the epistemophilic impulse arising simultaneously with sadism, is the mother's body with its phantasied contents. The sadistic phantasies directed against the inside of her body constitute the first and basic relation to the outside world and to reality. Upon the degree of success with which the subject passes through this phase will depend the extent to which he can subsequently acquire an external world corresponding to reality. We see then that the child's earliest reality is wholly phantastic; he is surrounded with objects of anxiety, and in this respect excrement, organs, objects, things animate and inanimate are to begin with equivalent to one another. As the ego develops, a true relation to reality is gradually established out of this unreal reality. Thus, the development of the ego and the relation to reality depend on the degree of the ego's capacity at a very early period to tolerate the pressure of the earliest anxiety-situations. And, as usual, it is a question of a certain optimum balance of the factors concerned. A sufficient quantity of anxiety is the necessary basis for an abundance of symbol-formation and of phantasy; an adequate capacity on the part of the ego to tolerate anxiety is essential if anxiety is to be satisfactorily worked over, if this basic phase is to have a favourable issue and if the development of the ego is to be successful.

I have arrived at these conclusions from my general analytical experience, but they are confirmed in a remarkably striking way by a case in which there was an unusual inhibition of ego-development.

This case, of which I will now give some details, is that of a four-year-old boy who, as regards the poverty of his vocabulary and of his intellectual attainments, was on the level of a child of about fifteen or eighteen months. Adaptation to reality and emotional relations to his environment were almost entirely lacking. This child, Dick, was largely devoid of affects, and he was indifferent to the presence or absence of mother or nurse. From the very beginning he had only rarely displayed anxiety, and that in an abnormally small degree. With the exception of one particular interest, to which I will return presently, he had almost no interests, did not play, and had no contact with his environment. For the most part he simply strung sounds together in a

meaningless way, and certain noises he constantly repeated. When he did speak he generally used his meagre vocabulary incorrectly. But it was not only that he was unable to make himself intelligible: he had no wish to do so. More than that, Dick's mother could at times clearly sense in the boy a strong negative attitude which expressed itself in the fact that he often did the very *opposite* of what was expected of him. For instance, if she succeeded in getting him to say different words after her, he often entirely altered them, though at other times he could pronounce the same words perfectly. Again, sometimes he would repeat the words correctly, but would go on repeating them in an incessant, mechanical way until everyone round him was sick and tired of them. Both these modes of behaviour are different from that of a neurotic child. When the neurotic child expresses opposition in the form of defiance and when he expresses obedience (even accompanied by an excess of anxiety), he does so with a certain understanding and some sort of reference to the thing or person concerned. But Dick's opposition and obedience lacked both affect and understanding. Then too, when he hurt himself, he displayed very considerable insensibility to pain and felt nothing of the desire, so universal with little children, to be comforted and petted. His physical awkwardness, also, was quite remarkable. He could not grip knives or scissors, but it was noteworthy that he could handle quite normally the spoon with which he ate.

The impression his first visit left on me was that his behaviour was quite different from that which we observe in neurotic children. He had let his nurse go without manifesting any emotion, and had followed me into the room with complete indifference. There he ran to and fro in an aimless, purposeless way, and several times he also ran round me, just as if I were a piece of furniture, but he showed no interest in any of the objects in the room. His movements as he ran to and fro seemed to be without co-ordination. The expression of his eyes and face was fixed, far-away and lacking in interest. Compare once more the behaviour of children with severe neuroses. I have in mind children who, without actually having an anxiety-attack, would on their first visit to me withdraw shyly and stiffly into a corner or sit motionless before the little table with toys on it or, without playing, lift up one object or another, only to put it down again. In all these modes of behaviour the great latent anxiety is unmistakable. The corner or the little table is a place of refuge from me. But Dick's behaviour had no meaning or purpose, nor was any affect or anxiety associated with it.

I will now give some details of his previous history. He had had an exceptionally unsatisfactory and disturbed time as a sucking infant, for his mother kept up for some weeks a fruitless attempt to nurse him, and he nearly died of starvation. Artificial foods were then resorted to. At last, when he was seven weeks old, a wet-nurse was found for him, but by then he did not thrive on breast-feeding. He suffered from digestive upsets, *prolapsus ani* and, later, from haemorrhoids. Possibly his development was affected by the fact that, though he had every care, no real love was lavished on him, his mother's attitude to him being from the very beginning over-anxious.

As, moreover, neither his father nor his nurse showed him much affection, Dick grew up in an environment rather poor in love. When he was two years old he had a new nurse, who was skilful and affectionate, and, shortly afterwards, he was for a considerable time with his grandmother, who was very loving to him. The influence of these changes was observable in his development. He had learnt to walk at about the normal age, but there was a difficulty in training him to control his excretory functions. Under the new nurse's influence he acquired habits of cleanliness much more readily. At the age of about three he had mastered them, and on this point he actually showed a certain amount of ambition and apprehensiveness. In one other respect he showed himself in his fourth year sensitive to blame. The nurse had found out that he practised masturbation and had told him it was 'naughty' and he must not do it. This prohibition clearly gave rise to apprehension and to a sense of guilt. Moreover, in his fourth year Dick did in general make a greater attempt at adaptation, but principally in relation to external things, especially to the mechanical learning of a number of new words. From his earliest days the question of feeding had been abnormally difficult. When he had the wet-nurse he showed no desire at all to suck, and this disinclination persisted. Next, he would not drink from a bottle. When the time came for him to have more solid food, he refused to bite it up and absolutely rejected everything that was not of the consistency of pap; even this he had almost to be forced to take. Another good effect of the new nurse's influence was some improvement in Dick's willingness to eat, but even so, the main difficulties persisted.² Thus, although the kindly nurse had made a difference to his development in

¹ By the end of his first year it struck her that the child was abnormal, and some such feeling may have affected her attitude towards him.

² In Dick's analysis, moreover, this symptom has hitherto been the most difficult to overcome.

certain respects, the fundamental defects remained untouched. With her, as with everyone else, Dick had failed to establish emotional contact. Thus neither her tenderness nor that of his grandmother had succeeded in setting in train the lacking object-relation.

I found from Dick's analysis that the reason for the unusual inhibition in his development was the failure of those earliest steps of which I spoke at the beginning of this paper. In Dick there was a complete and apparently constitutional incapacity of the ego to tolerate anxiety. The genital had begun to play its part very early; this caused a premature and exaggerated identification with the object attacked and had contributed to an equally premature defence against sadism. The ego had ceased to develop phantasy-life and to establish a relation with reality. After a feeble beginning, symbol-formation in this child had come to a standstill. The early attempts had left their mark in one interest, which, isolated and unrelated to reality, could not form the basis for further sublimations. The child was indifferent to most of the objects and playthings around him, and did not even grasp their purpose or meaning. But he was interested in trains and stations and also in door-handles, doors and the opening and shutting of them.

The interest in these things and actions had a common source: it really had to do with the penetration of the penis into the mother's body. Doors and locks stood for the ways in and out of her body, while the door-handles represented the father's penis and his own. Thus what had brought symbol-formation to a standstill was the dread of what would be done to him (particularly by the father's penis) after he had penetrated into the mother's body. Moreover, his defences against his destructive impulses proved to be a fundamental impediment to his development. He was absolutely incapable of any act of aggression, and the basis of this incapacity was clearly indicated at a very early period in his refusal to bite up food. At four years old he could not hold scissors, knives or tools, and was remarkably clumsy in all his movements. The defence against the sadistic impulses directed against the mother's body and its contents—impulses connected with phantasies of coitus—had resulted in the cessation of the phantasies and the standstill of symbol-formation. Dick's further development had come to grief because he could not bring into phantasy the sadistic relation to the mother's body.

The unusual difficulty I had to contend with in the analysis was not his defective capacity for speech. In the play-technique, which follows the child's symbolic representations and gives

access to his anxiety and sense of guilt, we can, to a great extent, dispense with verbal associations. But this technique is not restricted to an analysis of the child's play. Our material can be derived (as it has to be in the case of children inhibited in play) from the symbolism revealed in details of his general behaviour.¹ But in Dick symbolism had not developed. This was partly because of the lack of any affective relation to the things around him, to which he was almost entirely indifferent. He had practically no special relations with particular objects, such as we usually find in even severely inhibited children. Since no affective or symbolic relation to them existed in his mind, any chance actions of his in relation to them were not coloured by phantasy, and it was thus impossible to regard them as having the character of symbolic representations. His lack of interest in his environment and the difficulty of making contact with his mind were, as I could perceive from certain points in which his behaviour differed from that of other children, only the effect of his lack of a symbolic relation to things. The analysis, then, had to begin with this, the *fundamental* obstacle to establishing contact with him.

The first time Dick came to me, as I said before, he manifested no sort of affect when his nurse handed him over to me. When I showed him the toys I had put ready, he looked at them without the faintest interest. I took a big train and put it beside a smaller one and called them 'Daddy-train' and 'Dick-train'. Thereupon he picked up the train I called 'Dick' and made it roll to the window and said 'Station'. I explained: 'The station is mummy; Dick is going into mummy.' He left the train, ran into the space between the outer and inner doors of the room, shut himself in, saying 'dark' and ran out again directly. He went through this performance several times. I explained to him: 'It is dark inside mummy. Dick is inside dark mummy.' Meantime he picked up the train again, but soon ran back into the space between the doors. While I was saying that he was going into dark mummy, he said twice in a questioning way: 'Nurse?' I answered: 'Nurse is soon coming,' and this he repeated and used the words later quite correctly, retaining them in his mind. The next time he came, he behaved in just the same way. But this time he ran right out of the room into the dark entrance hall. He put the 'Dick' train there too and insisted on its staying there. He kept

¹ This applies only to the introductory phase of the analysis and to other limited portions of it. When once access to the Ucs has been gained and the degree of anxiety has been diminished, play-activities, speech-associations and all the other modes of representation begin to make their appearance, alongside of the ego-development which is made possible by the analytic work.

repeatedly asking: 'Nurse coming?' In the third analytic hour he behaved in the same way, except that besides running into the hall and between the doors, he also ran behind the chest of drawers. There he was seized with anxiety, and for the first time called me to him. Apprehension was now evident in the way in which he repeatedly asked for his nurse, and, when the hour was over, he greeted her with quite unusual delight. We see that simultaneously with the appearance of anxiety there had emerged a sense of dependence, first on me and then on the nurse, and at the same time he began to be interested in the soothing words 'Nurse is coming soon' and, contrary to his usual behaviour, had repeated and remembered them. During the third hour, however, he also, for the first time, looked at the toys with interest, in which an aggressive tendency was evident. He pointed to a little coal-cart and said: 'Cut.' I gave him a pair of scissors, and he tried to scratch the little pieces of black wood which represented coal, but he could not hold the scissors. Acting on a glance which he gave me, I cut the pieces of wood out of the cart, whereupon he threw the damaged cart and its contents into the drawer and said, 'Gone.' I told him that this meant that Dick was cutting faeces out of his mother. He then ran into the space between the doors and scratched on the doors a little with his nails, thus showing that he identified the space with the cart and both with the mother's body, which he was attacking. He immediately ran back from the space between the doors, found the cupboard and crept into it. At the beginning of the next analytic hour he cried when the nurse left him—an unusual thing for him to do. But he soon calmed down. This time he avoided the space between the doors, the cupboard and the corner, but concerned himself with the toys, examining them more closely and with obviously dawning curiosity. Whilst doing this he came across the cart which had been damaged the last time he came and upon its contents. He quickly pushed both aside and covered them with other toys. After I had explained that the damaged cart represented his mother, he fetched it and the little bits of coal out again and took them into the space between the doors. As his analysis progressed it became clear that in thus throwing them out of the room he was indicating an expulsion, both of the damaged object and of his own sadism (or the means employed by it), which was in this manner projected into the external world. Dick had also discovered the wash-basin as symbolizing the mother's body, and he displayed an extraordinary dread of being wetted with water. He anxiously wiped it off his hand and mine, which he had dipped in as well as his own, and

immediately afterwards he showed the same anxiety when urinating. Urine and faeces represented to him injurious and dangerous substances.¹

It became clear that in Dick's phantasy faeces, urine and penis stood for objects with which to attack the mother's body, and were therefore felt to be a source of injury to himself as well. These phantasies contributed to his dread of the contents of his mother's body, and especially of his father's penis which he phantasied as being in her womb. We came to see this phantasied penis and a growing feeling of aggression against it in many forms, the desire to eat and destroy it being specially prominent. For example, on one occasion Dick lifted a little toy man to his mouth, gnashed his teeth and said 'Tea daddy,' by which he meant 'Eat daddy.' He then asked for a drink of water. The introjection of the father's penis proved to be associated with the dread both of it, as of a primitive, harm-inflicting super-ego, and of being punished by the mother thus robbed: dread, that is, of the external and the introjected objects. And at this point there came into prominence the fact which I have already mentioned, and which was a determining factor in his development, namely, that the genital phase had become active in Dick prematurely. This was shown in the circumstance that such representations as I have just spoken of were followed not by anxiety only, but by remorse, pity and a feeling that he must make restitution. Thus he would proceed to place the little toy men on my lap or in my hand, put everything back in the drawer, and so on. The early operation of the reactions originating on the genital level was a result of premature ego-development, but further ego-development was only inhibited by it. This early identification with the object could not as yet be brought into relation with reality. For instance, once when Dick saw some pencil shavings on my lap he said 'Poor Mrs. Klein.' But on a similar occasion he said in just the same way, 'Poor curtain.' Side by side with his incapacity for tolerating anxiety, this premature *empathy* became a decisive factor in his warding-off of all destructive impulses. Dick cut

¹ Here I found the explanation of a peculiar apprehensiveness which Dick's mother had noticed in him when he was about five months old and again from time to time at later periods. When the child was defecating and urinating, his expression was one of great anxiety. Since the faeces were not hard, the fact that he suffered from *prolapsus ani* and haemorrhoids did not seem enough to account for his apprehensiveness, especially as it manifested itself in just the same way when he was passing urine. During the analytic hour this anxiety reached such a pitch that when Dick told me he wanted to urinate or defecate he did so—in either case—only after long hesitation, with every indication of deep anxiety and with tears in his eyes. After we had analysed this anxiety his attitude towards both these functions was very different and is now almost normal.

himself off from reality and brought his phantasy-life to a stand-still by taking refuge in the phantasies of the dark, empty mother's body. He had thus succeeded in withdrawing his attention also from the different objects in the outside world which represented the contents of the mother's body—the father's penis, faeces, children. His own penis, as the organ of sadism, and his own excreta were to be got rid of (or denied) as being dangerous and aggressive.

It had been possible for me, in Dick's analysis, to gain access to his unconscious by getting into contact with such rudiments of phantasy-life and symbol-formation as he displayed. The result was a diminution of his latent anxiety, so that it was possible for a certain amount of anxiety to become manifest. But this implied that the working-over of this anxiety was beginning by way of the establishment of a symbolic relation to things and objects, and at the same time his epistemophilic and aggressive impulses were set in action. Every advance was followed by the releasing of fresh quantities of anxiety and led to his turning away to some extent from the things with which he had already established an affective relation and which had therefore become objects of anxiety. As he turned away from these he turned towards new objects, and his aggressive and epistemophilic impulses were directed to these new affective relations in their turn. Thus, for instance, for some time Dick altogether avoided the cupboard, but thoroughly investigated the wash-basin and the electric radiator, which he examined in every detail, again manifesting destructive impulses against these objects. He then transferred his interest from them to fresh things or, again, to things with which he was already familiar and which he had given up earlier. He occupied himself once more with the cupboard, but this time his interest in it was accompanied by a far greater activity and curiosity and a stronger tendency to aggression of all kinds. He beat on it with a spoon, scratched and hacked it with a knife and sprinkled water on it. He examined in a lively way the hinges of the door, the way in which it opened and shut, the lock, etc., climbed up inside the cupboard and asked what the different parts were called. Thus as his interests developed he at the same time enlarged his vocabulary, for he now began to take more and more interest not only in the things themselves but in their names. The words which before he had heard and disregarded he now remembered and applied correctly.

Hand in hand with this development of interests and an increasingly strong transference to myself, the hitherto lacking object-relation has made its appearance. During these months

his attitude to his mother and nurse has become affectionate and normal. He now desires their presence, wants them to take notice of him and is distressed when they leave him. With his father, too, his relation reveals growing indications of the normal Oedipus attitude, and there is an increasingly firm relation to objects in general. The desire to make himself intelligible, which was lacking before, is now in full force. Dick tries to make himself understood by means of his still meagre but growing vocabulary which he diligently endeavours to enlarge. There are many indications, moreover, that he is beginning to establish a relation to reality.

So far we have spent six months over his analysis, and his development, which has begun to take place at all the fundamental points during this period, justifies a favourable prognosis. Several of the peculiar problems which arose in his case have proved soluble. It has been possible to get into contact with him with the help of quite a few words, to activate anxiety in a child in whom interest and affect were wholly lacking, and it has further been possible gradually to resolve and to regulate the anxiety released. I would emphasize the fact that in Dick's case I have modified my usual technique. In general I do not interpret the material until it has found expression in various representations. In this case, however, where the capacity to represent it was almost entirely lacking, I found myself obliged to make my interpretations on the basis of my general knowledge, the representations in Dick's behaviour being relatively vague. Finding access in this way to his unconscious, I succeeded in activating anxiety and other affects. The representations then became fuller and I soon acquired a more solid foundation for the analysis, and so was able gradually to pass over to the technique that I generally employ in analysing little children.

I have already described how I succeeded in causing the anxiety to become manifest by diminishing it in its latent state. When it did manifest itself, I was able to resolve part of it by interpretation. At the same time, however, it became possible for it to be worked over in a better way, namely, by its distribution amongst new things and interests; in this manner it became so far mitigated as to be tolerable for the ego. Whether, if the quantities of anxiety are thus regulated, the ego can become capable of tolerating and working over normal quantities, only the further course of the treatment can show. In Dick's case, therefore, it is a question of modifying a fundamental factor in his development by means of analysis.

The only possible thing to do in analysing this child, who could

not make himself intelligible and whose ego was not open to influence, was to try to gain access to his unconscious and, by diminishing the unconscious difficulties, to open up a way for the development of the ego. Of course, in Dick's case, as in every other, access to the unconscious had to be by way of the ego. Events proved that even this very imperfectly developed ego was adequate for establishing connection with the unconscious. From the theoretical point of view I think it is important to note that, even in so extreme a case of defective ego-development, it was possible to develop both ego and libido only by analysing the unconscious conflicts, without bringing any educational influence to bear upon the ego. It seems plain that, if even the imperfectly developed ego of a child who had no relation at all with reality can tolerate the removal of repressions by the aid of analysis, without being overwhelmed by the id, we need not fear that in neurotic children (*i.e.* in very much less extreme cases) the ego might succumb to the id. It is also noteworthy that, whereas the educational influence exercised by those about him previously glided off Dick without any effect, now, when owing to analysis his ego is developing, he is increasingly amenable to such influence, which can keep pace with the instinctual impulses mobilized by analysis and quite suffices to deal with them.

There still remains the question of diagnosis. Dr. Forsyth diagnosed the case as one of dementia praecox and he thought it might be worth while attempting analysis. His diagnosis would seem to be corroborated by the fact that the clinical picture agreed in many important points with that of advanced dementia praecox in adults. To summarize it once again: it was characterized by an almost complete absence of affect and anxiety, a very considerable degree of withdrawal from reality, and of inaccessibility, a lack of emotional *rapproch*, negativistic behaviour alternating with signs of automatic obedience, indifference to pain, perseveration—all symptoms which are characteristic of dementia praecox. Moreover, this diagnosis is further corroborated by the fact that the presence of any organic disease can be certainly excluded, firstly because Dr. Forsyth's examination revealed none and, secondly because the case has proved amenable to psychological treatment. The analysis showed me that the idea of a psycho-neurosis could be definitely dismissed.

Against the diagnosis of dementia praecox is the fact that the essential feature of Dick's case was an inhibition in development and not a regression. Further, dementia praecox is of extraordinarily rare occurrence in early childhood, so that many psychiatrists hold that it does not occur at all at this period.

From this standpoint of clinical psychiatry I will not commit myself on the subject of diagnosis, but my general experience in analysing children enables me to make some observations of a general nature on psychosis in childhood. I have become convinced that schizophrenia is much commoner in childhood than is usually supposed. I will give some of the reasons why it is not in general recognized: (1) Parents, especially in the poorer classes, mostly consult a psychiatrist only when the case is desperate, that is, when they can do nothing with the child themselves. Thus a considerable number of cases never come under medical observation. (2) In the patients whom the physician does see, it is often impossible for him in a single rapid examination to establish the presence of schizophrenia. So that many cases of this sort are classified under indefinite headings, such as 'arrested development', 'mental deficiency', 'psychopathic condition', 'asocial tendency', etc. (3) Above all, in children schizophrenia is less obvious and striking than in adults. Traits which are characteristic of this disease are less noticeable in a child because, in a lesser degree, they are natural in the development of normal children. Such things, for instance, as a marked severance from reality, a lack of emotional *rapprochment*, an incapacity to concentrate on any occupation, silly behaviour and talking nonsense do not strike us as so remarkable in children and we do not judge of them as we should if they occurred in adults. An excess of mobility and stereotyped movements are quite common in children and differ only in degree from the hyperkinesis and stereotypy of schizophrenia. Automatic obedience must be very marked indeed for the parents to regard it as anything but 'docility'. Negativistic behaviour is usually looked upon as 'naughtiness', and dissociation is a phenomenon which generally escapes observation in a child altogether. That the phobic anxiety of children often contains ideas of persecution which are of a paranoid character¹ and hypochondriacal fears is a fact which requires very close observation and can often be revealed only through analysis. (4) Even more commonly than psychoses we meet in children with psychotic traits which, in unfavourable circumstances, lead to disease in later life.

Thus, in my opinion fully developed schizophrenia is more common and especially the occurrence of schizophrenic traits is a far more general phenomenon in childhood than is usually supposed. I have come to the conclusion—for which I must give my full reasons elsewhere—that the concept of schizophrenia in particular and of psychosis in general as occurring in childhood

¹ Cf. my paper on 'Personification in the Play of Children', p. 215.

must be extended, and I think that one of the foremost tasks of child analysis is the discovery and cure of psychoses in childhood. The theoretical knowledge thus acquired would doubtless be a valuable contribution to our understanding of the structure of the psychoses and would also help us to reach a more accurate differential diagnosis between the various diseases.

If we extend the use of the term in the manner which I propose, I think we shall be justified in classifying Dick's illness under the heading schizophrenia. It is true that it differs from the typical schizophrenia of childhood in that in him the trouble was an inhibition in development, whereas in most such cases there is a regression after a certain stage of development has been successfully reached.¹ Moreover the severity of the case adds to the unusual character of the clinical picture. Nevertheless, I have reason to think that even so it is not an isolated one, for recently I have become acquainted with two analogous cases in children of about Dick's age. One is therefore inclined to conjecture that, if we observed with a more penetrating eye, more cases of the kind would come to our knowledge.

I will now sum up my theoretical conclusions. I have drawn them not from Dick's case only but from other, less extreme, cases of schizophrenia in children between the ages of five and thirteen and from my general analytic experience.

The early stages of the Oedipus conflict are dominated by sadism. They take place during a phase of development which is inaugurated by oral sadism (with which urethral, muscular and anal sadism associate themselves) and terminate when the ascendancy of anal sadism comes to an end.

It is only in the later stages of the Oedipus conflict that the defence against the libidinal impulses makes its appearance; in the earlier stages it is against the accompanying *destructive* impulses that the defence is directed. The earliest defence set up by the ego is directed against the subject's own sadism and the object attacked, both of these being regarded as sources of danger. This defence is of a violent character, different from the mechanism of repression. In the boy this strong defence is also directed against his penis as the executive organ of his sadism and it is one of the deepest sources of all disturbances of potency.

Such are my hypotheses with regard to the development of

¹ The fact, however, that analysis made it possible to establish contact with Dick's mind and brought about some advance in so comparatively short a time suggests the possibility that there had already been some latent development as well as the slight development outwardly manifest. But, even if we suppose this, the total development was so abnormally meagre that the hypothesis of a regression from a stage already successfully reached will hardly meet the case.

normal persons and neurotics; let us now turn to the genesis of the psychoses.

The first part of the phase when sadism is at its zenith is that in which the attacks are conceived of as being made by violence. This I have come to recognize as the fixation-point in dementia praecox. In the second part of this phase the attacks are imagined as being made by poisoning, and the urethral and anal-sadistic impulses predominate. This I believe to be the fixation-point in paranoia.¹ I may recall that Abraham maintained that in paranoia the libido regresses to the earlier anal stage. My conclusions are in agreement with Freud's hypotheses, according to which the fixation-points of dementia praecox and paranoia are to be sought in the narcissistic stage, that of dementia praecox preceding that of paranoia.

The ego's excessive and premature defence against sadism checks the establishing of a relation to reality and the development of phantasy-life. The further sadistic appropriation and exploration of the mother's body and of the outside world (the mother's body in an extended sense) are brought to a standstill, and this causes the more or less complete suspension of the symbolic relation to the things and objects representing the contents of the mother's body and hence of the relation to the subject's environment and to reality. This withdrawal becomes the basis of the lack of affect and anxiety, which is one of the symptoms of dementia praecox. In this disease, therefore, the regression would go right back to the early phase of development in which the sadistic appropriation and destruction of the interior of the mother's body, as conceived of by the subject in phantasy, together with the establishing of the relation to reality, was prevented or checked owing to anxiety.

¹ I will cite elsewhere the material upon which I am basing this view and will give more detailed reason in support of it. (Cf. my *Psycho-Analysis of Children*.)