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The Unwelcome Child and his Death-Instinct

S. Ferenczi 

In his short study 'Cold, Disease and Birth',¹ Ernest Jones, linking up his own ideas with some trains of thought in my 'Stages in the Development of the Sense of Reality'² and related views of Trotter's, Stärcke's, Alexander's and Rank's, traces the disposition of so many people to colds and such-like illnesses back in part to early infantile traumatic impressions, particularly to painful experiences which the child must undergo upon removal from the warm maternal environment and which, according to the law of the 'repetition instinct', he must later always experience anew. The conclusions drawn by Jones were chiefly based on physio-pathological but also partly on analytic considerations. In the following brief communication I shall put forward a similar train of ideas, ranging, however, over a rather wider field.

Since the epoch-making work of Freud on the irreducible instinctual foundations of everything organic (in *Beyond the Pleasure Principle*) we have become accustomed to look upon all the phenomena of life, including those of mental life, as in the last resort a mixture of the forms of expression of the two fundamental instincts: the life and the death instinct. On just one occasion Freud also mentioned the derivation of a pathological manifestation from the almost complete defusion of these two main instincts; he surmises that the symptoms of epilepsy express the frenzy of a tendency to self-destruction that is almost free from the inhibitions of the wish to live. Psycho-analytic investigations of my own have since in my opinion corroborated the plausibility of this interpretation. I know of cases in which the epileptic attack followed upon painful experiences which made the patient feel that life was hardly any longer worth living. (Naturally I do not mean this as a pronouncement upon the nature of the attack.)

As physician in charge of a war hospital it was one of my duties to decide upon the fitness of many epileptics for service. After exclusion of the not infrequent cases of simulation and hysterical attacks, there

¹ *Papers on Psycho-Analysis*, Third Edition. *Internationale Zeitschrift für Psychoanalyse*, Bd. IX, 1923.

² *Contributions to Psycho-Analysis*.

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remained a series of cases with typical epileptic manifestations, in which I was able to examine more closely the expressions of the death-instinct. After the tonic rigidity and clonic spasms had run their course, there usually followed (with continuing deep coma and pupillar rigidity) complete relaxation of the musculature and extremely laboured and inadequate stertorous breathing, evidently caused through relaxation of the muscles of the tongue and larynx. At this stage stopping up the respiratory passages which were still open was very often effective in cutting short the seizure. In other cases this attempt had to be broken off, on account of threatening danger of asphyxiation. It was natural to conjecture behind this diversity in the depth of coma a difference in completeness of defusion of the death-instinct. Unfortunately, however, external circumstances prevented any deep analytic working through of these cases.

I obtained a somewhat deeper insight into the genesis of unconscious self-destructive trends during analysis of nervous circulatory and respiratory disturbances, especially of asthma bronchialis, but also of cases of complete loss of appetite and emaciation, not explicable anatomically. All these symptoms fitted on occasion perfectly into the total psychic trend of the patients, who had to struggle a great deal against suicidal tendencies. I also had to interpret the retrospective analysis of some cases of infantile glottal spasms as in two instances attempts at suicide by self-strangulation. Now in the analysis of these latter cases I came to form the surmise which I wish to communicate here, in the hope that a wider circle of observers (I am thinking particularly of children's physicians) will bring forward further material in its support.

Both patients came into the world as *unwelcome guests of the family*, so to speak. One was the tenth child of a mother who was manifestly much overburdened, the other the offspring of a father who was mortally ill and in fact died soon after. All the indications shew that these children had observed the conscious and unconscious signs of the aversion or impatience of the mother, and that their desire to live had been broken by this. In later life relatively slight occasions were then sufficient motivation for a desire to die, even if this was resisted by a strong effort of will. Moral and philosophic pessimism, scepticism and mistrust became conspicuous character-traits in these patients. One could also note ill-disguised longing for (passive) tenderness, repugnance to work, incapacity for prolonged effort, and thus a certain degree of emotional

infantilism, naturally not without attempts at

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forced character-strengthening. A case of alcoholism in a still youthful woman revealed itself as a particularly severe case of aversion to life, existing from infancy. She naturally also turned difficulties in the analytic situation into occasions for suicidal impulses, mastered only with effort. She can remember, and members of her family also confirm this, that as the third girl in a family without boys she was very ungraciously received. She naturally felt herself innocent, and by precocious brooding she sought to explain the hatred and impatience of her mother. She kept for life a leaning towards cosmological speculation, with a strain of pessimism. Her broodings about the origin of all living things were only, as it were, a continuation of the question which had remained unanswered, why she had been brought into the world at all if those who did so were not willing to receive her cordially. As in all other cases so in this one, the Oedipus conflict naturally proved an ordeal to which the patient was not equal, any more than she was to the difficulties of adaptation to married life, which happened in her case to be unusually great. She remained frigid, just as all the 'unwelcome children' of the male sex observed by me suffered from more or less severe disturbances of potency. The tendency to colds postulated by Jones in similar cases was often present; in one special case there was even a quite peculiar, intense cooling down at night, with subnormal temperatures, difficult to explain organically.

It cannot, of course, be my task to go at all exhaustively into the symptomatology of this nosogenic type, here only presented in its etiological aspect; for this purpose, as already indicated, the experience of one person would not suffice. I only wish to point to the probability that children who are received in a harsh and disagreeable way die easily and willingly. Either they use one of the many proffered organic possibilities for a quick exit, or if they escape this fate, they keep a streak of pessimism and of aversion to life.

This etiological assumption is based upon a theoretical view differing from the accepted one as to the operation of the life and death instincts at the various ages. On account of the dazzling effect of the impressive unfolding of growth at the beginning of life, the view has tended to be that in individuals only just brought into the world the life-instincts were greatly preponderant. In general, there has been a disposition to represent the life and death-instincts as a simple complementary series in which the life maximum was placed at the beginning of life, but the zero point at the most advanced age. This does not, however, appear to be quite accurate. It is true that the organs and their functions

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develop at the beginning of life within and without the uterus with astonishing profusion and speed—but only under the particularly favourable conditions of germinal and infantile protective environment. The child has to be induced, by means of an immense expenditure of love, tenderness and care, to forgive his parents for having brought him into the world without any intention on his part; otherwise the destructive instincts begin to stir immediately. And this is not really surprising, since the infant is still much closer to individual non-being, and not divided from it by so much bitter experience as the adult. Slipping back into this non-being might therefore come much more easily to children. The 'life force' which rears itself against the difficulties of life has therefore not really any great innate strength, and becomes established only when tactful treatment and upbringing gradually give rise to progressive immunization against physical and psychical injuries. Corresponding to the drop in the curve of mortality and disease in middle age, the life-instinct would only counter-balance the destructive tendencies at the age of maturity.

If we wish to assign to cases with this etiology their place among the nosogenic types of neurosis which Freud formulated so early and yet so exhaustively, we must situate them somewhere about the point of transition from the purely endogenous to the exogenous, i.e. among the 'frustration' neuroses. Those who develop so precocious an aversion to life give the impression of a defective capacity for adaptation, similarly to those who, in Freud's grouping, suffer from an inherited weakness in their capacity for life, but with the difference that in our cases the innateness of the sickly tendency is deceptive and not genuine, owing to the early incidence of the trauma. There remains of course the task of ascertaining the finer differences in neurotic symptoms between children maltreated from the start, and those who are at first received with enthusiasm, indeed with passionate love, but then 'dropped'.

Now there naturally arises the question whether I have anything to say as to a special therapy for this nosogenic group. In accordance with my attempts, communicated elsewhere, at a certain 'elasticity' of analytic technique,³ I found myself gradually compelled, in these cases of diminished desire for life, to relax my demands for active efforts on the part of these patients more and more as the treatment went on. Finally a situation became apparent which could only be

³ *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928.

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described as one in which the patient had to be allowed for a time to have his way like a child, not unlike the 'pre-treatment' which Anna Freud considers necessary in the case of real children. Through this indulgence the patient is permitted, properly speaking for the first time, to enjoy the irresponsibility of childhood, which is equivalent to the introduction of *positive* life-impulses and motives for his subsequent existence. Only later can one proceed cautiously to those demands for privation which characterize our analyses generally. However, such an analysis must of course end, like every other, with the clearing up of the resistances which have inevitably been aroused, and with adaptation to a reality full of frustrations, but supplemented, one hopes, by the ability to enjoy good fortune where it is really granted.

On an occasion when I spoke of the importance of supplying 'positive life-impulses', i.e. of tenderness in relation to children, a very intelligent woman who had been, however, one-sidedly influenced by 'ego-psychology', immediately retorted: how was this to be reconciled with the significance of sexuality in the etiology of the neuroses, as affirmed by psycho-analysis? The answer gave me no difficulty, since in my *Genital Theory*⁴ I had had to advocate the view that the manifestations of life of very young children are almost exclusively libidinal (erotic), but that that erotism was inconspicuous *just because of its ubiquity*. Only after the development of a special organ for erotism does sexuality become unmistakable and undeniable. This would also be my reply to all those who might attack Freud's libidinal theory of the neuroses on the ground of the present communication. For the remainder, I have already pointed out that often it is only the struggles of the Oedipus conflict and the demands of genitality which reveal the consequences of an aversion to life acquired at an early stage.

⁴ *Versuch einer Genitaltheorie*, Internationaler Psychoanalytischer Verlag, 1923.

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