

## Chapter VIII Stages in the Development of the Sense of Reality

The development of the mental forms of activity in the individual consists, as Freud has shewn, in the resolution of the originally prevailing pleasure-principle, and the repression mechanism peculiar to it, by the adjustment to reality, *i. e.* by the testing of reality that is based on judgment. Thus arises out of the “primary” psychical stage, such as is displayed in the mental activities of primitive beings (animals, savages, children), and in primitive mental states (dreams, neurosis, phantasy), the secondary stage of the normal man in waking thought.

At the beginning of its development the new-born babe seeks to attain a state of satisfaction merely through insistent wishing (imagining), whereby it simply ignores (represses) the unsatisfying reality, picturing to itself as present, on the contrary, the wished-for, but lacking, satisfaction; it attempts, therefore, to conceal without effort all its needs by means of positive and negative hallucinations. “It was only the non-appearance of the expected satisfaction, the disappointment, that led to the abandonment of this attempt at satisfaction by the hallucinatory method. Instead, the psychical apparatus had to decide to represent the actual circumstances of the outer world to itself, and to strive to alter reality. With this a new principle of mental activity was initiated; not what was pleasant was any longer imagined, but what was real, even though it should be unpleasant.”

The significant essay in which Freud displayed to us this fundamental fact of psychogenesis is confined to the sharp differentiation between the pleasure and the reality stages. Freud also concerns himself here, it is true, with transitional states in which both principles of mental functioning coexist (phantasy, art, sexual life), but he leaves for the present unanswered the question whether the development of the secondary form of mental activity from the primary takes place gradually or in a series of steps, and whether such stages of development are to be recognised, or their derivatives demonstrated, in the mental life of the normal or abnormal.

An earlier work of Freud's, however, in which he affords us deep insight into the mental life of obsessional patients, calls attention to a fact from which as a starting point one may attempt to bridge over the gap between the pleasure and the reality stages of mental development.

Obsessional patients who have submitted themselves to a psycho-analysis—so it runs in that work—admit to us that they cannot help being convinced of the omnipotence of their thoughts, feelings, and wishes, good and bad. However enlightened they may be, however much their academic knowledge and their reason may strive to the contrary, they have the feeling that their wishes in some inexplicable way get realised. Of the truth of this state of affairs any analyst can convince himself as often as he likes. He will learn that the weal and woe of other people, indeed their life and death, seem to the obsessional patient to depend on certain thought processes and actions, in themselves harmless, on which he engages. The patient has to think of certain magical formulas, or carry out a certain action; otherwise a great misfortune will befall this or that person (mostly a near relative). This conviction, though felt to be superstitious, is not shaken even by repeated experiences to the contrary.

Leaving aside the fact that analysis reveals such obsessive thoughts and actions to be the substitutes of wish-impulses that are logically correct, but which on account of their intolerableness have been repressed, and turning our attention exclusively to the peculiar manifestation of this obsessional symptom, we must admit that it constitutes a problem in itself.

Psycho-analytical experience has made it clear to me that this symptom, the feeling of omnipotence, is a projection of the observation that one has slavishly to obey certain irresistible instincts. The obsessional neurosis constitutes a relapse of the mental life to that stage of child-development characterised, amongst other things, by there being as yet no inhibiting, postponing, reflecting thought-activity interposed between wishing and acting, the wish-fulfilling movement following spontaneously and unhesitatingly on the wishing—an averting movement away from

something disagreeable, or an approach towards something agreeable.<sup>6</sup>

<sup>6</sup> It is well known that small children almost reflexly stretch out their hands after every object that shines or in any other way pleases them. They are to begin with also incapable of foregoing any “naughtiness” that yields them any kind of pleasure, whenever the stimulus causing this appears. A young boy who had been forbidden to bore his finger into his nose answered his mother, “I don't want to, but my hand does and I can't prevent it.”

A part of the mental life, more or less removed from consciousness, thus remains with the obsessional patient—as the analysis shews—on this childhood level in consequence of an arrest in development (fixation), and makes wishing equivalent to acting because—just on account of the repression, of the distraction of attention—this repressed portion of the mental life was not able to learn the difference between the two activities, while the ego itself, which has developed free from repression and grown wise through education and experience, can only laugh at this equating of the two. Hence the inner discordance of the obsessional patient, the inexplicable occurrence of enlightenment and superstition side by side.

Not being quite satisfied with this explanation of the feeling of omnipotence as an autosymbolic phenomenon,<sup>7</sup> I put to myself the question: Whence then does the child get the boldness to set thinking and acting as equivalents? Whence comes the feeling of obviousness with which it stretches out its hand after all objects, after the lamp hanging above him as after the shining moon, in the sure expectation of reaching it with this gesture and drawing it into the domain of its power?

<sup>7</sup> This is what Silberer terms the self-perceptions that are symbolically represented.

I then recalled that according to Freud's assumption “a piece of the old grandiose delusion of childhood was honestly confessed” in the omnipotence phantasy of the obsessional patient, and I tried to trace out the origin and fate of this delusion. In this way I hoped also to learn something new about the development of the ego from the pleasure to the reality principle, since it seemed to me probable that the replacement (to which we are compelled by experience) of the childhood megalomania by the recognition of the power of natural forces composes the essential content of the development of the ego.

Freud declares an organisation that is a slave to the pleasure principle, and which can neglect the reality of the outer world, to be a fiction, one, however, which is almost realised in the young infant, when one only takes into account the maternal care. I might add that there is a stage in human development that realises this ideal of a being subservient only to pleasure, and that does so not only in imagination and approximately, but in actual fact and completely.

I mean the period of human life passed in the womb. In this state the human being lives as a parasite of the mother's body. For the nascent being an “outer world” exists only in a very restricted degree; all its needs for protection, warmth, and nourishment are assured by the mother. Indeed, it does not even have the trouble of taking the oxygen and nourishment that is brought to it, for it is seen to that these materials, through suitable arrangements, arrive directly into its blood-vessels. In comparison with this an intestinal worm, for example, has a good deal of work to perform, “to change the outer world,” in order to maintain itself. All care for the continuance of the foetus, however, is transferred to the mother. If, therefore, the human being possesses a mental life when in the womb, although only an unconscious one,—and it would be foolish to believe that the mind begins to function only at the moment of birth—he must get from his existence the impression that he is in fact omnipotent. For what is omnipotence? The feeling that one has all that one wants, and that one has nothing left to wish for. The foetus, however, could maintain this of itself, for it always has what is necessary for the satisfaction of its instincts,<sup>9</sup> and so has nothing to wish for; it is without wants.

<sup>9</sup> As a result of disturbances, such as through illness or injury of the mother or of the umbilical cord, etc., necessity can face a human being already in the mother's body, can rob him of his omnipotence and compel him to the effort of “changing the outer world,” *i. e.* of performing work (an example being the inspiration of amniotic fluid when in danger of suffocation.)

The childhood megalomania of their own omnipotence is thus at least no empty delusion; the child and the obsessional patient demand nothing impossible from reality when they are not to be dissuaded from holding that their wishes must be fulfilled; they are only demanding the return of a state that once existed, those “good old days” in which they were all-powerful (*Period of unconditional omnipotence*).

With the same right by which we assume the transference of memory traces of the race's history on to the individual, indeed with more justification than this, we may assert that the traces of intra-uterine psychical processes do not remain without influence on the shaping of the psychical material produced after birth. The behaviour of the child immediately after birth speaks for this continuity of the mental processes.<sup>10</sup>

<sup>10</sup> Freud has incidentally pointed out that the sensations of the child during the birth act probably evoke the first anxiety affect of the new being, which remains prefigurative for all later anxiety and anxiousness.

The new-born child does not accommodate himself uniformly as regards all his needs to the new situation which is visibly disagreeable to him. Immediately after the delivery he begins to breathe, so as to restore the provision of oxygen that has been interrupted by the tying of the umbilical vessels; the possession of a respiratory mechanism, formed already in intra-uterine life, at once enables him actively to remedy the oxygen privation. If, however, one observes the remaining behaviour of the newborn child one gets the impression that he is far from pleased at the rude disturbance of the wish-less tranquillity he had enjoyed in the womb, and indeed that *he longs to regain this situation*. Nurses instinctively recognise this wish of the child, and as soon as he has given vent to his discomfort by struggling and crying they deliberately bring him into a situation that resembles as closely as possible the one he has just left. They lay him down by the warm body of the mother, or wrap him up in soft, warm coverings, evidently so as to give him the illusion of the mother's warm protection. They guard his eye from light stimuli, and his ear from noise, and give him the possibility of further enjoying the intra-uterine absence of irritation, or, by rocking the child and crooning to him monotonously rhythmical lullabies, they reproduce the slight and monotonously rhythmical stimuli that the child is not spared even in utero (the swaying movements of the mother when walking, the maternal heart-beats, the deadened noise from without that manages to penetrate to the interior of the body).

If we try, not only to feel ourselves into the soul of the new-born babe (as the nurses do), but also to think ourselves into it, we must say that the helpless crying and struggling of the child is apparently a very unsuitable reaction to the unpleasant disturbance that the previous situation of being satisfied has suddenly experienced as a result of the birth. We may assume, supported by considerations which Freud has expounded in the general part of his *Traumdeutung*, that the first consequence of this disturbance is the hallucinatory re-occupation of the satisfying situation that is missed, the untroubled existence in the warm, tranquil body of the mother. The first wish-impulse of the child, therefore, cannot be any other than to regain this situation. Now the curious thing is that—pre-supposing normal care—this hallucination is in fact realised. From the subjective standpoint of the child the previously unconditional “omnipotence” has changed merely in so far, that he needs only to seize the wish-aims in a hallucinatory way (to imagine them) and to alter nothing else in the outer world, in order (after satisfying this single condition) really to attain the wish-fulfilment. Since the child certainly has no knowledge of the real concatenation of cause and effect, or of the nurse's existence and activity, he must feel himself in the possession of a magical capacity that can actually realise all his wishes by simply imagining the satisfaction of them. (*Period of magical-hallucinatory omnipotence*.)

That the nurse guesses the hallucinations of the child aright is shewn by the effect of her actions. As soon as the first nursing measures are carried out the child calms itself and goes to sleep. *The first sleep, however, is nothing else than the successful reproduction of the womb situation (which shelters as far as possible from external stimuli)*, probably with the biological function that the processes of growth and regeneration can concentrate all energy on themselves, undisturbed by the performance of any external work. Some considerations, which cannot be presented in this connection, have convinced me that also every later sleep is nothing else than a

periodically repeated regression to the stage of the magical-hallucinatory omnipotence, and through the help of this to the absolute omnipotence of the womb situation. According to Freud, one has to postulate for each system subsisting by the pleasure-principle arrangements by means of which it can withdraw itself from the stimuli of reality. Now it seems to me that sleep and dreams are functions of such arrangements, that is to say, remains of the hallucinatory omnipotence of the small child that survive into adult life. The pathological counter-part of this regression is the hallucinatory wish-fulfilment in the psychoses.

Since the wish for the satisfying of instincts manifests itself periodically, while the outer world pays no attention to the occurrence of the occasion on which the instinct is exerted, the hallucinatory representation of the wish-fulfilment soon proves inadequate to bring about any longer a real wish-fulfilment. A new condition is added to the fulfilment: the child has to give certain *signals*—thus performing a motor exertion, although an inadequate one—so that the situation may be changed in the direction of his disposition, and the “ideational identity” be followed by the satisfying “perceptual identity.”

The hallucinatory stage was already characterised by the occurrence of uncoordinated motor discharges (crying, struggling) on the occasion of disagreeable affects. These are now made use of by the child as magic signals, at the dictation of which the satisfaction promptly arrives (naturally with external help, of which the child, however, has no idea). The subjective feeling of the child at all this may be compared to that of a real magician, who has only to perform a given gesture to bring about in the outer world according to his will the most complicated occurrences.<sup>14</sup>

14 When I search in pathology for an analogy to these discharges I have always to think of *genuine epilepsy*, that most problematical of the major neuroses. And although I fully admit that in the question of epilepsy the physiological is difficult to separate from the psychological, I may call attention to the fact that epileptics are known to be uncommonly “sensitive” beings, behind whose submissiveness frightful rage and domineeringness can appear on the least occasion. This characteristic has up to the present usually been interpreted as a secondary degeneration, as the consequence of repeated attacks. One should, however, think of another possibility, namely whether the epileptic attacks are not to be considered as regressions to the infantile period of *wish-fulfilment by means of uncoordinated movements*. Epileptics would then be persons with whom the disagreeable affects get heaped up and are periodically abreacted in paroxysms. If this explanation proves to be useful we should have to localise the place of fixation for a later affliction of epilepsy in this stage of uncoordinated wish-manifestations.—The irrational stamping of the feet, clenching of the fists, and grinding of the teeth, etc., that we to be seen in outbursts of anger would be a milder form of the same regression in otherwise healthy persons.

We note how the omnipotence of human beings gets to depend on more and more “conditions” with the increase in the complexity of the wishes. These efferent manifestations soon become insufficient to bring about the situation of satisfaction. As the wishes take more and more special forms with development, they demand increasingly specialised signals. To begin with are such as, imitations of the movement of sucking with the mouth when the infant wants to be fed, and the characteristic expressions by means of the voice and abdominal pressing when it wants to be cleansed after excreting. The child gradually learns also to stretch out its hand for the objects that it wants. From this is developed later a regular gesture-language: by suitable combinations of gestures the child is able to express quite special needs, which then are very often actually satisfied, so that—if only it keeps to the condition of the expression of wishes by means of corresponding gesture—the child can still appear to itself as omnipotent: *Period of omnipotence by the help of magic gestures*.

This period also has a representative in pathology; the curious jump from the world of thought into that of bodily processes, which Freud has discovered hysterical conversion to be, becomes more intelligible to us when we view it as a regression to the stage of gesture-magic. Psycho-analysis shews us in fact that hysterical attacks present with the help of gestures the repressed wishes of the patient as fulfilled. In the mental life of the normal the countless number of superstitious gestures, or such as are in some other way considered efficacious (gestures of cursing, blessing, praying), is a remainder of that developmental period of the sense of reality in which one still felt mighty enough to be able to violate the regular order<sup>16</sup> of the universe. Fortune-tellers, soothsayers, and the magnetisers continually find belief in the assertion of such complete power of

their gestures, and the Neapolitan also averts the evil eye with a symbolic gesture.

16 This being of course quite unsuspected.

With the increase in the extent and complexity of the wants goes naturally an increase, not only of the “conditions” that the individual has to submit to if he wishes to see his wants satisfied, but also of the number of cases in which his ever more audacious wishes remain unfulfilled even when the once efficacious conditions are strictly observed. The outstretched hand must often be drawn back empty, the longed-for object does not follow the magic gesture. Indeed, an invincible hostile power may forcibly oppose itself to this gesture and compel the hand to resume its former position. Till now the “all-powerful” being has been able to feel himself one with the world that obeyed him and followed his every nod, but gradually there appears a painful discordance in his experiences. He has to distinguish between certain perfidious things, which do not obey his will, as an outer world, and on the other side his ego; *i. e.* between the subjective psychical contents (feelings) and the objectified ones (sensations). I once called the first of these stages the *Introjection Phase* of the psyche, since in it all experiences are still incorporated into the ego, and the later one the *Projection Phase*. One might also, following this terminology, speak of the omnipotence stage as the introjection stage, the reality stage as the projection stage, of the development of the ego.

Still even the objectifying of the outer world does not at once destroy every tie between the ego and the non-ego. The child learns, it is true, to be content with having only a part of the world, the ego, at his disposal, the outer world, however, often opposing his wishes, but there still remains in this outer world qualities that he has learned to know in himself, *i. e.* ego qualities. Everything points to the conclusion that the child passes through an *animistic period* in the apprehension of reality, in which every object appears to him to be endowed with life, and in which he seeks to find again in every object his own organs and their activities.

The derisive remark was once made against psycho-analysis that, according to this doctrine, the unconscious sees a penis in every convex object and a vagina or anus in every concave one. I find that this sentence well characterises the facts. The child's mind (and the tendency of the unconscious in adults that survives from it) is at first concerned exclusively with his own body, and later on chiefly with the satisfying of his instincts, with the pleasurable satisfactions that sucking, eating, contact with the genital regions, and the functions of excretion procure for him; what wonder, then, if also his attention is arrested above all by those objects and processes of the outer world that on the ground of ever so distant a resemblance remind him of his dearest experiences.

Thus arise those intimate connections, which remain throughout life, between the human body and the objective world that we call *symbolic*. On the one hand the child in this stage sees in the world nothing but images of his corporeality, on the other he learns to represent by means of his body the whole multifariousness of the outer world. This capacity for symbolic representation is an important completion of the gesture-language; it enables the child not only to signalise such wishes as immediately concern his body, but also to express wishes that relate to the changing of the outer world, now recognised as such. If the child is surrounded by loving care, he need not even in this stage of his existence give up the illusion of his omnipotence. He still only needs to represent an object symbolically and the thing, believed to be alive, often really “comes” to him; for the animistically thinking child must have this impression at the satisfaction of his wishes. From the uncertainty regarding the arrival of the satisfaction it gradually dawns on him, to be sure, that there are also higher, “divine” powers (mother or nurse), whose favour he must possess if the satisfaction is to follow closely on the magic gestures. Still this satisfaction also is not hard to obtain, especially with indulgent surroundings.

One of the bodily means that the child makes use of for representing his wishes, and the objects he wishes for, attains then an especial significance, one that ranges beyond that of all other means of representation—speech, namely. Speech is originally imitation, *i. e.* vocal representation, of sounds and noises that are produced by things, or which can be produced by their help; the executive capacity of the speech organs allows the reproduction of a much greater multiplicity of objects and processes of the outer world than was possible with the help of gesture-language, and in

a much simpler manner. Speech symbolism thus gets substituted for gesture symbolism: certain series of sounds are brought into close associative connection with definite objects and processes, and indeed gradually identified with these. From this accrues the great progress: there is no longer a necessity for the cumbrous figurative imagination and the still more cumbrous dramatic representation; the imagination and representation of the series of sounds that we call words allow a far more specialised and economic conception and expression of the wishes. At the same time conscious thinking makes speech symbolism possible by becoming associated to thought processes that are in themselves unconscious, and lending them perceptual qualities.

Now conscious thought by means of speech signs is the highest accomplishment of the psychical apparatus, and alone makes adjustment to reality possible by retarding the reflex motor discharge and the release from unpleasantness. In spite of this the child knows how to preserve his feeling of omnipotence even in this stage of his development, for his wishes that can be set forth in thoughts are still so few and comparatively uncomplicated that the attentive *entourage* concerned with the child's welfare easily manages to guess most of these thoughts. The mimic expressions that continually accompany thinking (peculiarly so with children) make this kind of thought-reading especially easy for the adults; and when the child actually formulates his wishes in words the *entourage*, ever ready to help, hastens to fulfil them as soon as possible. The child then thinks himself in possession of magic capacities, is thus in the *period of magic thoughts and magic words*.<sup>21</sup>

21 The psychological explanation of "magic" naturally does not exclude the possibility of this belief containing also the foreshadowing of physical facts (telepathy, etc.).

It is this stage of reality development to which the obsessional patients seem to regress when they are not to be dissuaded from the feeling of the omnipotence of their thoughts and verbal formulas, and when, as Freud has shewn, they set thinking in the place of acting. In superstition, in magic, and in religious cults this belief in the irresistible power of certain prayer, cursing, or magical formulas, which one has only to think inwardly or only to speak aloud for them to work, plays an enormous part.<sup>22</sup>

22 This "omnipotence" ("Motor power") is highly characteristic also of obscene words.

This almost incurable megalomania of mankind is only apparently contravened by these neurotics with whom behind the feverish search for success one at once comes across a feeling of inferiority (Adler), which is well known to the patients themselves. An analysis that reaches to the depths reveals in all such cases that these feelings of inferiority are in no sense something final, an explanation of the neurosis, but are themselves the reactions to an exaggerated feeling of omnipotence, to which such patients have become "fixed" in their early childhood, and which has made it impossible for them to adjust themselves to any subsequent renunciation. The manifest seeking for greatness that these people have, however, is only a "return of the repressed," a hopeless attempt to reach once more, by means of changing the outer world, the omnipotence that originally was enjoyed without effort.

We can only repeat: All children live in the happy delusion of omnipotence, which at some time or other—even if only in the womb—they really partook of. It depends on their "Daimon" and their "Tyche" whether they preserve the feelings of omnipotence also for later life, and become *Optimists*, or whether they go to augment the number of *Pessimists*, who never get reconciled to the renunciation of their unconscious irrational wishes, who on the slightest provocation feel themselves insulted or slighted, and who regard themselves as step-children of fate—because they cannot remain her *only* or *favourite* children.

Freud dates the end of the domination of the pleasure-principle only from the complete psychical detachment from the parents. It is also at this epoch, which is extremely variable in individual cases, that the feeling of omnipotence gives way to the full appreciation of the force of circumstances. The sense of reality attains its zenith in Science, while the illusion of omnipotence here experiences its greatest humiliation: the previous omnipotence here dissolves into mere

“conditions.” (Conditionalism, determinism.) Nevertheless, we possess in the doctrine of the freedom of the will an optimistic philosophical dogma that can still realise phantasies of omnipotence.

The recognition that our wishes and thoughts are conditioned signifies the maximum of normal projection, *i. e.* objectification. There is also, however, a psychological disorder, paranoia, which has the characteristic, among others, that in it even the person's own wishes and thoughts are expelled into the outer world, are projected. It seems natural to locate the fixation point of this psychosis in the period of the final renunciation of omnipotence, *i. e.* in the projection phase of the sense of reality.

The stages in the development of the sense of reality have here been presented up to now only in terms of the egoistic, so-called “ego-instincts,” which serve the function of self-preservation; reality has, as Freud has established, closer connections with the ego than with sexuality, on the one hand because the latter is less dependent on the outer world (it can for a long time satisfy itself autoerotically), on the other hand because it is suppressed during the latency period and does not come at all into contact with reality. Sexuality thus remains throughout life more subjected to the pleasure-principle, whereas the ego has immediately to experience the bitterest disappointment after every disregarding of reality. If we now consider the *feeling of omnipotence in sexual development* that characterises the pleasure stage, we have to observe that here the “period of unconditional omnipotence” lasts until the giving up of the auto-erotic kinds of satisfaction, a time when the ego has already long adjusted itself to the increasingly complicated conditions of reality, has passed through the stages of magic gestures and words, and has already almost attained the knowledge of the omnipotence of natural forces. Autoerotism and narcissism are thus the omnipotence stages of erotism, and, since narcissism never comes to an end at all, but always remains by the side of object-erotism, it can thus be said that—in so far as we confine ourselves to self-love—in the matter of love we can retain the illusion of omnipotence throughout life. That the way to narcissism is at the same time the constantly accessible way of regression after every disappointment in an object of love is too well known to need proof; auto-erotic—narcissistic regressions of pathological strength may be suspected behind the symptoms of Paraphrenia (*Dementia praecox*) and Hysteria, whereas the fixation-points of the Obsessional Neurosis and of Paranoia should be found in the line of development of “erotic reality” (the compulsion to find an object).

These relations, however, have not yet been appropriately studied with all the neuroses, so that we have to be content with Freud's general formulation concerning the *choice of neurosis*, namely, that the variety of the subsequent disorder is decided by “which phase in the development of the ego and the sexual hunger is affected by the determining inhibition of development.”

One may nevertheless venture to add to this sentence a second one; we suspect that the wish-constituent of the neurosis, *i. e.* the varieties and aims of the erotism that the symptoms present as fulfilled, depends on where the fixation-point is in the phase of the development of the sexual hunger, while the mechanism of the neuroses is probably decided by what stage in the development of the ego the individual is in at the time of the determining inhibition. It is very well thinkable that with the regression of the sexual hunger to earlier stages of development the level of the reality-sense that was dominant at the time of fixation also becomes renascent in the mechanisms of the symptom-formation. Since, that is to say, this earlier kind of “reality-testing” is incomprehensible to the present ego of the neurotic, there is nothing to prevent its being placed at the disposal of the repression, and used for the presentation of censured feeling- and thought-complexes. Hysteria and the obsessional neurosis, for example, would according to this conception be characterised on the one hand by a regression of the sexual hunger to earlier stages of development (auto-erotism, Oedipusism), and on the other hand in their mechanisms by a relapse of the reality-sense to the stage of magic gestures (conversion) or of magic thoughts (omnipotence of thought). I repeat: It will need much longer laborious work before the fixation-points of all neuroses can be established with certainty. I wish here only to point to one possibility of a solution, one, it is true, that to me is plausible.

What we may conceive about the *phylogenesis* of the reality-sense can at present be offered only as a scientific prediction. It is to be assumed that we shall some day succeed in bringing the

individual stages in the development of the ego, and the neurotic regression-types of these, into a parallel with the stages in the racial history of mankind, just as, for instance, Freud found again in the mental life of the savage the characters of the obsessional neurosis.

In general the development of the reality-sense is represented by a succession of repressions, to which mankind was compelled, not through spontaneous "strivings towards development," but through necessity, through adjustment to a demanded renunciation. The first great repression is made necessary by the process of birth, which certainly comes about without active cooperation, without any "intention" on the part of the child. The foetus would much rather remain undisturbed longer in the womb, but it is cruelly turned out into the world, and it has to forget (repress) the kinds of satisfaction it had got fond of, and adjust itself to new ones. The same cruel game is repeated with every new stage of development.<sup>26</sup>

<sup>26</sup> If this thought is logically pursued, one must make oneself familiar with the idea of a tendency of preservation, or regression-tendency, also dominating organic life, the tendency to further development, adaptation, etc., depending only on external stimuli.

It is perhaps allowable to venture the surmise that it was the geological changes in the surface of the earth, with their catastrophic consequences for primitive man, that compelled repression of favourite habits and thus "development." Such catastrophes may have been the sites of repression in the history of racial development, and the temporal localisation and intensity of such catastrophes may have decided the character and the neuroses of the race. According to a remark of Professor Freud's, racial character is the precipitate of racial history. Having ventured so far beyond the knowable, we have no reason to shrink before the last analogy and from bringing the great step in individual repression, the latency period, into connection with the last and greatest catastrophe that smote our primitive ancestors (at a time when there were certainly human beings on the earth), *i. e.* with the misery of the glacial period, which we still faithfully recapitulate in our individual life.<sup>27</sup>

<sup>27</sup> Cases where development precedes the real needs seem to contradict the conception that only external compulsion, and never spontaneous impulse, leads to the giving up of accustomed mechanisms (development). An example for this would be the development of the respiratory mechanism already in utero. This happens, however, only in ontogenesis, and is here to be regarded as a recapitulation of a compulsory process of development in the history of the race. The playful practising of animals (Gross) also are not the preliminary stages of a future racial function, but repetitions of phylogenetically acquired capacities. They thus allow of a purely historical-causal explanation, and we are not compelled to regard them from the point of view of finality.

The impetuous curiosity to know everything that has just seduced me into enchanted vistas of the past, and led me to bridge over the yet unknowable by the help of analogies, brings me back to the starting-point of these considerations: to the theme of the acme and decline of the feeling of omnipotence. Science has to repudiate this illusion, or at least always to know when she is entering the field of hypotheses and fancies. In fairy-tales, on the contrary, phantasies of omnipotence are and remain the dominating ones. Just where we have most humbly to bow before the forces of Nature, the fairy-tale comes to our aid with its typical motives. In reality we are weak, hence the heroes of fairy-tales are strong and unconquerable; in our activities and our knowledge we are cramped and hindered by time and space, hence in fairy-tales one is immortal, is in a hundred places at the same time, sees into the future and knows the past. The ponderousness, the solidity, and the impenetrability of matter obstruct our way every moment: in the fairy-tale, however, man has wings, his eyes pierce the walls, his magic wand opens all doors. Reality is a hard fight for existence; in the fairy-tale the words "little table, be spread" are sufficient. A man may live in perpetual fear of attacks from dangerous beasts and fierce foes; in the fairy-tale a magic cap enables every transformation and makes us inaccessible. How hard it is in reality to attain love that can fulfil all our wishes! In the fairy-tale the hero is irresistible, or he bewitches with a magic gesture.

Thus the fairy-tale, through which grown-ups are so fond of relating to their children their own unfulfilled and repressed wishes, really brings the forfeited situation of omnipotence to a last, artistic presentation.

Ferenczi, S. (1952). *First Contributions to Psycho-Analysis*. The International Psycho-Analytical Library, 45:1-331. London: The Hogarth Press and the Institute of Psycho-Analysis.