

Sándor Ferenczi, the Unwelcome Child and His Death Instinct

György Hidas

Budapest, Hungary

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Abstract: In a paper in 1929, Ferenczi revealed his discovery that the rejection of a foetus or infant by its mother entails the consequence that maternal love and care do not restrain the actual and subsequent destructive effects of the death instinct. This discovery was founded on his experience of psychoanalytic therapy and, in my opinion, his personal experiences. According to Ferenczi, results include character disorders, psychosomatic illnesses and suicidal impulses. In my opinion the abstract concept of the death instinct does not constitute an essential component of this correlation.

Zusammenfassung: *Sándor Ferenczi, das unwillkommene Kind und sein Todestrieb.* In seinem Artikel von 1929 stellt Ferenczi seine Entdeckung dar, daß die emotionale Zurückweisung eines Kindes vor der Geburt oder eines Säuglings durch seine Mutter die Konsequenz hat, daß mütterliche Liebe und Sorge keinen Schutz gegen die destruktiven Auswirkungen des „Todestriebes“ bieten. Diese Entdeckung hatte ihre Wurzeln in seiner Erfahrung in der psychoanalytischen Therapie und meiner Meinung nach auch in seinen persönlichen Erfahrungen. Nach Meinung von Ferenczi haben diese Zusammenhänge für Charakterstörungen, psychosomatische Erkrankungen und Suizidintendenzen Bedeutung. Dabei hat nach meiner Meinung das abstrakte Konzept eines „Todestriebes“ in diesem Zusammenhang keine essentielle Bedeutung.

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This paper is concerned with a discovery made by the Hungarian psychoanalyst Sándor Ferenczi, namely that a mother's conscious or unconscious aversions to her future child or to the existence of her foetus, can influence the child's physical

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Correspondence to: György Hidas, MD, Zugligeti út 10–12, H-1121 Budapest, Hungary, Phone/Fax: +36 1 2003803

and mental development and attitude to life. Ferenczi published his reflections relevant to the present conference in 1929. I am a psychoanalyst myself, and a disciple of the school that was established by Ferenczi. I deem it important that today, with prenatal and perinatal psychology and medical science investing immense intellectual and technical resources in this field, one should be acquainted with the context in which Ferenczi achieved his discovery and with the way he used the theoretical and methodological apparatus of psychoanalysis. I also wish to outline how we see this issue from the perspective of our current knowledge, and how the Faustian road of psychoanalysis leads to the “mothers”. Ferenczi was a world-famous theorist and clinician of the first great generation of Freud’s disciples. The chief field of his work was the psychoanalytic treatment of neurotic and borderline patients. Owing to his enthusiasm and commitment to healing, he developed and applied many novel methods and techniques in the framework of psychoanalysis. Apart from his professional publications, sources casting light on his life, subjective experiences and conceptions include his correspondence with Freud, which comprises some 1200 letters dating from 1908 to 1933. (Freud and Ferenczi 1992, 1996) Another such source is his correspondence with a German psychoanalyst and specialist of internal medicine, Georg Groddeck, dating from 1921 to 1933. (Ferenczi and Groddeck 1986) Groddeck was a pioneer in the psychological treatment of organic diseases. The entries in Ferenczi’s “Clinical Diary” (Ferenczi 1988) serve as our third source, which present a view of the psychoanalytic therapies he conducted during the last six years of his life, and a glimpse of details, often extremely intimate, of his own psychological history. Because it includes many startlingly novel notions critical of or contradictory to those of Freud, the founder of psychoanalysis, the latter work was published only 50 years after Ferenczi’s death.

The mental life of a foetus and the consequent psychological effects of the traumatic experience of birth were obvious facts for several members of the first generation of psychoanalysts, no matter how much their views diverged from the scientific attitude and public opinion of the early decades of the century. Their conceptions were founded on their observations, especially on experiences uncovered whilst analysing their patients and themselves. What Ferenczi wrote in 1913 in his composition “Stages in the Development of the Sense of Reality” (Ferenczi 1913), still considered a classic, corresponds surprisingly to our present-day views: “. . . it can be asserted that memories retained from intrauterine life influence the infantile mentality that unfolds after birth. This continuity of mental operation is attested by the behaviour of an infant immediately after birth.” Here Ferenczi quotes the idea of Freud that the distresses of birth trigger the anxiety affect of the neonate, which remains predominant in subsequent fears and shyness. Freud maintained this view further on, and considered it the human model of the anxiety affect. One of their objectives was to achieve an instrument of making psychoanalytic treatment of their patients more efficient and faster on the grounds of their hypotheses concerning prenatal psychological life and the shock of birth. An outstanding example of this line of thought is Otto Rank, who investigates the event of birth and its psychological and cultural effects in his book, “The Trauma of Birth,” published in 1924. The central point of his therapeutic work was the unconscious experience of birth, and its reliving and working through. Ferenczi and Rank to-

gether published the book "The Development of Psychoanalysis" (Ferenczi and Rank 1924). Ferenczi's "Catastrophes in the Development of Sexual Functioning" (Hungarian title) was first published in 1924 in German. In this work he relates the biological and psychological development of sexuality to the effect of geohistorical catastrophes, thus giving traumas a significant role in phylogenesis. This work includes many fictional elements. Sándor Radó, a Hungarian analyst who had emigrated to America, wrote ironically in his memoirs that at that time Ferenczi used to provide his patients with phylogenetic interpretations. As you shall hear, one of his letters is concerned with tracing a symptom of his own back to the fish stage of evolution. With ontogenetic development in mind, this is not fictional at all.

To summarise this period as concerns prenatal and perinatal psychology, it may be said that psychoanalysts made use of their anticipations, therapeutic experience and self-knowledge in the treatment of already manifest adult or juvenile psychic disorders. Current multidisciplinary knowledge, accumulated since 1971, and new technical resources allow for primary prevention in the field of prenatal and perinatal health protection.

In 1929, Ferenczi published his treatise "The Unwelcome Child and His Death Instinct" (Ferenczi 1929) which alleges that there are destructive powers at work in children born from unwanted pregnancies, the effects of which continue to manifest themselves throughout the term of life. These destructive powers serve the death instinct (the existence of which was assumed by Freud and accepted by Ferenczi), and, unless counterbalanced by a positive maternal attitude and loving maternal care, their effects appear in their uncurbed entirety, resulting in organic diseases and disorders of character development. These notions of Ferenczi evoked no reactions, albeit the treatise was published in psychoanalytic periodicals in English as well as German.

By that year he had begun his Clinical Diary and the accumulation of experience acquired during relaxation and mutual psychoanalysis. In his mutual analyses, Ferenczi exchanged roles with his patients, each in turn analysing the other. Deconstructing Freud's concept of genetic fantasy, he arrived at the conviction that psychic disorders were always based on some sort of trauma, contrary to Freud's approach, where the effects of traumas were not considered primary. In the forties, the observations of René Spitz (Spitz 1965) confirmed this conception of Ferenczi. Spitz described anaclitic depression and hospitalism, leading to serious maladies and sometimes to death, in motherless infants whose "death instinct" was not counterbalanced by loving care.

Recently, a book by Ludwig Janus and Helga Häsing, titled "Ungewollte Kinder" ("Unwanted Children", Häsing and Janus 1994), gives an excellent summary of the issue. They investigate the consequences of unwanted pregnancy from different aspects, drawing on child and adult therapies, self-descriptions of grown-up unwanted children, works of art, and empirical research. American psychohistorian DeMause has presented the abuse of children in a historical perspective (DeMause 1994). These authors assert that the intrauterine state of a foetus is not a "happy primordial state": anxiety, stress and affective conflicts of the mother during pregnancy have significant effects on her foetus, neonate and child. They may lead to restlessness, nervousness and a tendency towards infections. Else-

where, Janus relates that the psychotherapeutic situation may be endangered by the enactment of unwantedness and of being rejected. Destructive difficulties and negative therapeutic reactions may arise. Initially (in psychotherapy), the issue of the unwelcome child was obscured by psychodynamic constructions. (Janus 1996)

It is the idealisation of Parents that usually prevents society from recognising the syndrome of unwanted and rejected children. It is widely discussed and pointed out that all of us have primal feelings of guilt effected by parental behaviour, the essence of which is that merely by living we have committed some wrong. This primeval human conflict manifests ever and anon in more-or-less actual self-sacrifices and the desire to die. One of my cases of psychotherapy was a young man who had been the victim of a traffic accident, run over by a car. Only well after the accident did he learn from his father that the accident had happened to him in front of the very building which housed the gynaecological office where the mother had tried to have him aborted. Naturally, the way these events are connected remains unexplained. One of Ferenczi's ideas, however, seems to be the mirror image of the primeval conflict described by Janus. Ferenczi says, "A child must be given infinite love, tenderness and care in order that he may excuse his parents for bringing him into the world without his consent. Should this fail, destructive powers will soon begin to work in him." (Ferenczi 1929)

According to the findings of Janus (Häsing and Janus 1994), the consequence of the unconscious experience of prenatal deprivation, suffering and disasters induces feelings of inferiority and worthlessness, emptiness, diffuse anxiety, depressive moods, psychosomatic symptoms, alcohol and drug addiction, dissocial behaviour and difficulty in coping with the problems of life.

It is an important discovery that more numerous cases of parental abuse and neglect occur with children from unwanted pregnancies. In accounts of LSD-enhanced psychotherapeutic sessions he conducted, Greek psychotherapist Kafkalides often found that prenatal rejection by mothers stood behind feelings of personal worthlessness in experiences recalled by his patients. Prenatal rejection evokes feelings of deadly peril and terror in the unwanted foetus (Janus 1996).

Empirical researches have confirmed the negative consequences of unwanted pregnancy by controlled statistical data. A survey conducted by Matejcek and Dytrych in Prague (Häsing and Janus 1994) involved 220 young people born from unwanted pregnancy (i.e. their mothers had made two applications for abortion but were refused both times). Their data were compared to those of a control group in which pregnancy had been willed or at least accepted. The research lasted from age 9 to 23 years of the subjects. The essence of their results is that prenatally rejected children appeared to be developmentally, psychologically and socially retarded, and their antisocial and violent acts numbered three times as much as those of the matched control group. Finnish and Swedish studies correspond to the results of this Prague survey, which was initiated in 1961.

Probably the above work by Ferenczi contains the first reference in psychoanalytic literature to the disrupted bodily and mental development of a foetus and infant who is not wanted and emotionally rejected by the mother. In his article, Ferenczi gives accounts of several cases of such background, and also refers to a case he calls "special", characterised by powerful night-time cooling down and a body temperature below normal. In my opinion, the latter case is Ferenczi him-

self, since he often complained in his letters of the cooling of his body at night. Furthermore, the subject of an article written by Jones in 1923 to mark the 50th birthday of Ferenczi, is that one of the outstanding characteristics of birth-event is the encounter with cold air, which makes a lasting impression on body and soul. (Jones 1926) Although in the contemporary psychoanalytic literature it was customary to publish personal accounts and inferences of introspection, Ferenczi does not name himself in this article.

In a lecture in 1908, Ferenczi announced that he had become acquainted as early as 1893 with Freud's idea that the cause of hysteria is to be found in childhood sexual traumas, but his aversion to this claim had been so great that he even refused to review Freud's "The Interpretation of Dreams" in the Hungarian medical journal "Gyógyászat", and only over ten years later did he begin to study psychoanalysis. On the basis of his Clinical Diary one may assume that his own non-worked-through childhood traumas may have effected this powerful aversion (Ferenczi 1908).

He published another very subjective memory of his own: "One day after the death of my beloved father – I was 15 years old at that time – I could not resist the temptation to pinch a phial of ether which had been used to resuscitate my dying father. I locked myself up in a secluded place and lit the ether. I was wholly aware that what I was doing was forbidden and sacrilegious. After doing so I was filled with a great repentance, and I vowed to keep the memory of my father by recalling him at least once a day till the end of my life . . . The ultimate and entirely unconscious reason for lighting such a triumphal fire upon the death of my father was the competition with him . . ." (Psychoanalysis and Criminality, 1928)

In his writings, Ferenczi repeatedly refers to "wise baby" dreams, in which a neonate or baby can talk and write fluently and takes care of its parents if needed. His interpretation is that children do know some things, which are later veiled by repression. "Only a 'wise baby' can have written of wise babies" (Ferenczi 1955), that is to say, he wrote of himself in his works.

His article "The Unwelcome Child . . ." (Ferenczi 1929) is a milestone on the way of describing human mental development and the elaboration of personality commencing with the earliest traumas. On the basis of data learned from some patients he had psychoanalysed, Ferenczi associated the origin of self-destructive tendencies working in the unconscious with the fact that his patients were born as unexpected intruders. Their symptoms included nervous circulatory and respiratory disorders, asthma bronchiale, complete anorexia, loss of weight and suicidal impulses. Based on the analysis of two of his cases, he considered their childhood laryngeal spasms in retrospect to have been covert suicidal attempts. He believed that their desire to live had been broken by the rejection of their mothers, affecting them in the form of conscious and unconscious messages. Throughout their lives, minor causes had evoked thoughts of suicide and led to pessimism, scepticism, mistrustfulness, lack of ambition for work and the inability to perform lasting effort. They were also concerned with the question why they were brought into the world if they were not received gladly.

The "special" case had the uncommon symptoms of powerful cooling down, which was hard to explain on an organic basis, and a low body temperature. In his letters, Ferenczi gives accounts of identical experiences, and his complaints

allow the inference that his own experience was one of his motives to describe the unwanted child syndrome. In the late twenties Ferenczi became involved with a new method of therapy. He encouraged his patients to relax completely, in order to be able to recall their earliest traumatic experiences. With some of his patients, he experimented with so-called mutual analysis, that is, he exchanged roles with them, each analysing the other in turn. Thus the emotions and traumatic experiences of Ferenczi himself appeared in the psychotherapeutic space, beside those of his patient.

His article says that one of the victims of this syndrome had been born as the tenth child of a highly overburdened mother (Ferenczi had been the eighth child in his family, followed by four more); the father of another had been fatally ill and died shortly after the birth of the patient. Ferenczi believed that such children would die easily and gladly, perhaps even by means of some organic disease. According to his conception, development is fast and extensive in the early stage of life, however, in order for undisturbed development, both the foetus and the child need to be provided with extremely favourable conditions. He did not consider "life-force" to be immanently powerful at birth, but said that it would be stabilised only by being progressively immunised against physical and mental injuries by tactful care and nurturing. An infant, being still very close to individual non-existence, would slip back to it very easily. He also poses the question whether there is any resulting difference between people who had been mistreated from the beginning and those who had been received with passionate love and were rejected subsequently.

Ferenczi was born in 1873 as the son of a book salesman and printing-works owner in the town of Miskolc, Hungary. His mother gave birth to a total of 12 children. At his birth his mother was 32 years old, and his father 43. He was 5 years old when one of his younger sisters died. In 1921, at the age of 48, he wrote to his friend Groddeck: "Your letter arrived at a critical moment: after one of the many critical nights when I woke almost breathless, skin completely chilled, with cardiac pains and almost no pulse (but occasional palpitations), having almost lost my confidence in the future – and in Groddeck –, awaiting my demise. Your letter encouraged me to further effort, and also helped me reveal myself, if only partially, to my wife." At this time Ferenczi spoke of his suppressed feeling of love for the woman's daughter; told that he had been averted from marrying the girl by a dissuasive comment of Freud and had "rigidly rejected her." After this confession to his wife "... I do not tend so much to cool down near death at night." Then his letter lists his symptoms: inhibition from work, i.e. inability to compose his great theory of sexual development (published in Hungary in 1928 as "Catastrophes in the Development of Sexual Functioning"; the English version was published in 1938), since 1915. "Whenever I want to write, I get a pain in my back," "... for a few weeks I have been unable to write due to the swelling of my wrist ... As for my inhibition from work, I often think that the world is not giving enough to deserve these "gifts" from me ... I will not give anything until I receive some gift. But what should this gift be? Only the child, to be presented to me by the woman – or the other way round, to be borne by me for the world (the father, the mother)." "I (also) wish to tell you what an outstanding role the sensitivity to cold plays in me. – I have often thought that at night I fell back to

the poikilothermism (i.e. being of variable temperature) of fish . . . I want to play fish, or I am acting out my theory of fish sexuality, which I loathe to write. . . . (by the way, I warm up easily when walking.)” (Ferenczi and Groddeck 1986)

A better understanding of the above requires a nutshell of summary of Ferenczi’s marriage. After almost two decades of a loving relationship, he married a woman eight years older than himself (in 1919). During their relationship, in 1911, he fell in love with one of the daughters of the woman, but drew back from marriage. Ferenczi never had any children, which in my opinion is again a manifestation of the unwanted child syndrome and/or of the ambivalence of his parents. Despite all his desires for a child, in practice he relinquished marriage with a young woman.

In his letter to Groddeck, quoted above, Ferenczi wrote of his mother that she may have been “very rigorous: I received very little love and too much strictness in my childhood. Sentimentality and fondling were unheard of in our family. Fearful respect to parents was cherished all the more. What else could have been the consequence of this upbringing but hypocrisy?” Throughout his life, Ferenczi continued to struggle against hypocrisy in word and in his therapeutic practice, striving for the complete openness and transparency of the analyst.

Of his sentiments related to his mother, we can also learn the following: “I have a special kind of shyness with strong women, originating in my childhood. The women I consider “likeable” are the ones who adore me and subject themselves to my ideas and characteristics; strong ones, however, frighten me and provoke the defiance and hate of my childhood. Emotional over-performance, especially excessive friendliness, is equivalent to my sentiments concerning my mother. My mother’s claim that I was wicked used to make me even more wicked at that time. But she hurt me the most by saying that I was killing her. This was the turning-point at which I forced myself to be good and obedient in spite of my internal conviction.” With his patient Elisabeth Severn (R.N.) he felt the same hate, despite all external friendliness, as he had used to feel against his mother. I believe that it is the aggression of his mother against him that charges the sentence “I am killing her” with affect, whereas it also evokes the thought of those mothers who had felt a fear of death while giving birth, that is, that the child being born is threatening their life. “My actual mother had been stern and energetic,” he says elsewhere, writing about Severn. Add to this his first impression of this patient whom he saw as “over-independent, overconfident,” with a “face hard as marble,” revealing “incredibly great willpower.” His interpretation of his hate for women is also interesting. The base of this interpretation was provided by the following scene: “. . . a passionate scene had probably actually taken place, in which a chambermaid allowed me to play with her breasts, but then pushed my head in between her legs, so that I felt anxious and suffocating . . . This is the source of my hate against women: I want to dissect, that is, to kill them. This is why my mother’s accusation, “you are a murderer” had stabbed me to the heart; this is what finally made me want compulsively to help all sufferers, especially women, and flee from situations where I should have been aggressive.” “The scar from the pre-primeval mother–child conflict may be the base of subsequent traumas. An infant’s desire to be loved, to be the centre of the world, is his natural emotional state.”

In June 1932, one year before his premature death, Ferenczi treated the mother–child relationship from the aspect of its effects on society, and it bears a resemblance to the conceptions of his first work, “Psychoanalysis and Education” (Ferenczi 1908a). He wrote: “If there were some way to moderate human beings impulse to be passionate by allowing them to enjoy the real happiness of childhood a little longer, by taming one’s own inclination to be passionate toward them and by not making the unavoidable efforts of resignation in the adaptation period more difficult through superfluous suffering: then it might not be impossible to reduce the conflicts of individual egoism, and to promote the development of the child’s nature, which is perhaps not completely selfish to begin with, particularly its conciliatory and balancing aspects and the aspects that delight in progress.” (Ferenczi 1988)

The concept of the death instinct is a very problematic issue, in which many psychoanalysts and biologists disagree with Freud. In August 1932, Ferenczi contemplated it in this way: “The concept of the death instinct goes too far, reaching a sadistic tint. An instinctual drive (Trieb) for rest, and the sharing of immeasurably accumulated joy and pain is the real thing, or was until it was disturbed artificially, traumatically.” The sphere of thought of “The Unwelcome Child and His Death Instinct” is concordant with the conception of psychologist and etologist Norbert Bischof: “From the viewpoint of natural science, disintegration is a fate which threatens all complex organisms due to the principle of entropy. Thus it is, to some extent, self-evident, while the only thing that wants explanation is what prevents disintegration.” (Bischof 1989)

Ferenczi’s discovery of the effect of a mother’s attitudes on her foetus and child is presently being confirmed ever more widely. However, it is not essentially necessary to employ the concept of the death instinct.

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