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Dr Erikson has been Professor Emeritus of Human Development at Harvard University, and Senior Consultant in Psychiatry for the Mount Zion Hospital in San Francisco. He now works at the London University Institute of Psychiatry where he is Professor of Psychology. He is Pulitzer Prize winner and his publications include *Young Man Luther*, *Insight and Responsibility*, *Gandhi's Truth: On the Origins of Militant Nonviolence*, *Identity: Youth and Crisis*, *Dimensions of a New Identity*, *In Search of Common Ground*, *Life History and the Historical Moment* and *Toys and Reason*.

ERIK H. ERIKSON

Childhood and Society

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To our children's children

Contents

Foreword to the Second Edition

As I re-read the Foreword to the First Edition the phrase 'conceptual itinerary' caught my eye – and I italicized it, for I was in search of a formula which would explain the fate of this book. Originally written to supplement the psychiatric education of American physicians, psychologists, and social workers, it has gone its own way, into colleges and into the graduate schools of a variety of fields in this and in a number of foreign countries. A second edition, and with it the question of a revision, has become a matter of practical urgency.

The thought that this book was being widely read by younger as well as older people who could not judge it on the basis of clinical experience, has at times embarrassed me. Before starting the revision, I took this matter up with my freshman seminar (1961–62) at Harvard, and I found that the personal unity which, for better or for worse, characterizes an itinerary may, in fact, help young students gain a first guided overview of a field which encroaches upon their self-consciousness and their vocabulary from so many divers sources. My students, incidentally, decided almost unanimously that I should not make any drastic changes – as if tampering with an itinerary written in younger years was not one of an older man's prerogatives. My thanks to their diligence and solicitude.

But the book has also been used in the training of professional workers concerned with psychoanalysis. Here, too, I have come to the conclusion that the book's shortcomings are inseparable from its character as a record of the first phase of one worker's itinerary and that like many first voyages it provides impressions which on re-visiting prove resistant to undoing or doing over. I have, therefore, revised only in order to clarify my original intentions and added only material from the same period of my work.

In what revision has taken place, then, I have first of all corrected those passages which on re-reading I did not quite understand myself. Secondly, I have amplified or corrected descriptions and explanations which have often been misunderstood or repeatedly questioned by students of whatever field. Lengthy additions are to be found primarily at the end of Part One and throughout Part Three. Finally, I have provided initialled footnotes which reflect critically on what I wrote a decade and a half ago, and refer to later writings of mine which develop the themes then initiated.

The acknowledgements in the Foreword to the First Edition do not include the name of the late David Rapaport. He had read the manuscript but I had not received his suggestions (immensely detailed, as I need not tell those who knew him) when the book went to press. In subsequent years we worked together; and he more than anybody else (and this includes me) made explicit the theoretical implications of my work and its relation to that of other psychoanalysts and psychologists. I can only gratefully refer to some of his writings which contain exhaustive bibliographies.

Longer additions to the Second Edition are based on the papers 'Sex Differences in the Play Construction of Pre-Adolescents,' *Journal of Orthopsychiatry*, XXI, 4, 1951; and 'Growth and Crises of the "Healthy Personality,"' *Symposium on the Healthy Personality* (1950), M. J. E. Senn, editor, New York, Josiah Macy, Jr, Foundation.

Centre for the Advanced Study in the Behavioral Sciences
Stanford, California
March 1963

ERIK HOMBURGER ERIKSON.

Foreword to the First Edition

A foreword enables an author to put his afterthoughts first. Looking back on what he has written, he can try to tell the reader what lies before him.

First: this book originated in the practice of psychoanalysis. Its main chapters are based on specimen situations which called for interpretation and correction: anxiety in young children, apathy in American Indians, confusion in veterans of war, arrogance in young Nazis. In these, as in all situations, the psychoanalytic method detects conflict; for this method was first focused on mental disturbance. Through the work of Freud, neurotic conflict has become the most comprehensively studied aspect of human behaviour. However, this book avoids the easy conclusion that our relatively advanced knowledge of neurosis permits us to view mass phenomena – culture, religion, revolution – as analogies of neuroses in order to make them amenable to our concepts. We will pursue a different path.

Psychoanalysis today is implementing the study of the ego, a concept denoting man's capacity to unify his experience and his action in an adaptive manner. It is shifting its emphasis from the concentrated study of the conditions which blunt and distort the individual ego to the study of the ego's roots in social organization. This we try to understand not in order to offer a rash cure to a rashly diagnosed society, but in order first to complete the blueprint of our theory. In this sense, this is a psychoanalytic book on the relation of the ego to society.

This is a book on childhood. One may scan work after work on history, society, and mortality and find little reference to the fact that all people start as children and that all peoples begin in their nurseries. It is human to have a long childhood; it is civilized to have an ever longer childhood. Long childhood makes a technical and mental virtuoso out of man, but it also

leaves a lifelong residue of emotional immaturity in him. While tribes and nations, in many intuitive ways, use child training to the end of gaining their particular form of mature human identity, their unique version of integrity, they are, and remain, beset by the irrational fears which stem from the very state of childhood which they exploited in their specific way.

What can a clinician know about this? I think that the psychoanalytic method is essentially a historical method. Even where it focuses on medical data, it interprets them as a function of past experience. To say that psychoanalysis studies the conflict between the mature and the infantile, the up-to-date and the archaic layers in the mind, means that psychoanalysis studies psychological evolution through the analysis of the individual. At the same time it throws light on the fact that the history of humanity is a gigantic metabolism of individual life cycles.

I would like to say, then, that this is a book on historical processes. Yet the psychoanalyst is an odd, maybe, a new kind of historian: in committing himself to influencing what he observes, he becomes part of the historical process which he studies. As a therapist, he must be aware of his own reaction to the observed: his 'equations' as an observer become his very instruments of observation. Therefore, neither terminological alignment with the more objective sciences nor dignified detachment from the clamouring of the day can and should keep the psychoanalytic method from being what H. S. Sullivan called 'participant', and systematically so.

In this sense, this is and must be a subjective book, a *conceptual itinerary*. There is no attempt at being representative in quotations or systematic in references. On the whole, little is gained from an effort to reinforce as yet vague meanings with seemingly conscientious quotations of vaguely similar meaning from other contexts.

This personal approach calls for a short statement of my training and of my over-all intellectual indebtedness.

I came to psychology from art, which may explain, if not justify, the fact that at times the reader will find me painting contexts and backgrounds where he would rather have me point to facts and concepts. I have had to make a virtue out of a constitutional necessity by basing what I have to say on representative description rather than on theoretical argument.

I first came face to face with children in a small American school in Vienna which was conducted by Dorothy Burlingham and Eva Rosenfeld, and directed by Peter Blos. I began my clinical career as a child analyst. In this I was guided by Anna Freud and August Aichhorn. I graduated from the Vienna Psychoanalytic Institute.

Henry A. Murray and his co-workers at the Harvard Psychological Clinic gave me my first intellectual home in this country. Over the years I had the privilege of long talks with anthropologists, primarily Gregory Bateson, Ruth Benedict, Martin Loeb, and Margaret Mead. Scudder Mekeel and Alfred Kroeber introduced me to 'the field'. My very special debt to them will be dealt with in detail in Part Two. It would be impossible to itemize my over-all indebtedness to Margaret Mead.

My comparative views on childhood developed through research to which I was first encouraged by Lawrence K. Frank. A grant from the Josiah Macy, Jr, Foundation enabled me to join in a study of incipient infantile neuroses at Yale (Department of Psychiatry, School of Medicine and Institute of Human Relations); and a grant from the General Education Board permitted me to participate for a time in Jean Walker Macfarlane's long-range study of representative California children (Institute of Child Welfare, University of California, Berkeley).

My wife, Joan Erikson, has edited this book.

In the completion of the manuscript I was counselled by Helen Meiklejohn, and also by Gregory Bateson, Wilma Lloyd, Gardner and Lois Murphy, Laurence Sears, and Don MacKinnon. I am grateful to them.

In the text a number of fictitious names appear: Sam, Ann, and Peter; the Marine, Jim the Sioux, and Fanny the shaman; Jean and her mother, Mary, and others. They were the patients and subjects who unknowingly provided me with 'specimens' of lucid behaviour which over the years stood out in my memory and gained in scope and significance. I hope that my reports convey my appreciation of their partnership in this work of clarification.

I owe certain data reported in this book to my work on the following staffs and with the following individuals: Harvard Medical School, Department of Neuropsychiatry – Frank

Fremont-Smith, M.D.; Yale School of Medicine, Department of Psychiatry – Felice Begg-Emery, M.D., Marian Putnam, M.D., and Ruth Washburn; Menninger Foundation, Southard School – Mary Leitch, M.D.; Children's Hospital of the East Bay, Child Development Centre – Wilma Lloyd; Mount Zion Hospital, Veteran's Rehabilitation Clinic – Emanuel Windholz, M.D.; Child Guidance Clinics, San Francisco Public Schools.

Parts of the book are based on previously published studies, in particular 'Configurations in Play: Clinical Observations,' *Psychoanalytic Quarterly*; 'Problems of Infancy and Early Childhood,' *Cyclopaedia of Medicine, Etc.*, Second Revised Edition, Davis and Company; *Studies in the Interpretation of Play: I. Clinical Observation of Play Disruption in Young Children*, Genetic Psychology Monographs; 'Observations on Sioux Education,' *Journal of Psychology*; 'Hitler's Imagery and German Youth,' *Psychiatry*; *Observations on the Yurok: Childhood and World Image*, University of California Publications in American Archaeology and Ethnology; 'Childhood and Tradition in Two American Indian Tribes,' in *The Psychoanalytic Study of the Child*, I, International Universities Press (revised and reprinted in *Personality*, edited by Clyde Kluckhohn and Henry A. Murray, Alfred A. Knopf); 'Ego Development and Historical Change,' in *The Psychoanalytic Study of the Child*, II, International Universities Press.

Orinda, California ERIK HOMBURGER ERIKSON

Part One

Childhood and the Modalities of Social Life

1 Relevance and Relativity in the Case History

In every field there are a few simple questions which are highly embarrassing because the debate which for ever arises around them leads only to perpetual failure and seems consistently to make fools of the most expert. In psychopathology such questions have always concerned the location and the cause of a neurotic disturbance. Does it have a visible onset? Does it reside in the body or in the mind, in the individual or in his society?

For centuries this query centred around the ecclesiastical argument over the origin of lunacy: was it an indwelling devil or an acute inflammation of the brain? Such simple contraposition now seems long outdated. In recent years we have come to the conclusion that a neurosis is psycho- *and* somatic, psycho- *and* social, and *inter*personal.

More often than not, however, discussion will reveal that these new definitions too are only different ways of combining such separate concepts as psyche and soma, individual and group. We now say 'and' instead of 'either – or', but we retain at least the semantic assumption that the mind is a 'thing' separate from the body, and a society a 'thing' outside of the individual.

Psychopathology is the child of medicine which had its illustrious origin in the quest for the location and causation of disease. Our institutions of learning are committed to this quest, which gives to those who suffer, as well as to those who administer, the magic reassurance emanating from scientific tradition and prestige. It is reassuring to think of a neurosis as a disease, because it does feel like an affliction. It is, in fact, often accompanied by circumscribed somatic suffering: and we have well-defined approaches to disease, both on the individual and on the epidemiological level. These approaches have resulted in a sharp decline of many illnesses, and in a decrease of mortality in others.

Yet something strange is happening. As we try to think of neuroses as diseases, we gradually come to reconsider the whole problem of disease. Instead of arriving at a better definition of neurosis, we find that some widespread diseases, such as afflictions of the heart and stomach, seem to acquire new meaning by being considered equivalent to neurotic symptoms, or at any rate to symptoms of a central disturbance rather than of a peripheral happening in isolated afflicted parts.

Here the newest meaning of the 'clinical' approach becomes strangely similar to its oldest meaning. 'Clinical' once designated the function of a priest at the sickbed when the somatic struggle seemed to be coming to an end, and when the soul needed guidance for a lonely meeting with its Maker. There was, in fact, a time in medieval history when a doctor was obliged to call a priest if he proved unable to cure his patient within a certain number of days. The assumption was that in such cases the sickness was what we today might call spirituosomatic. The word 'clinical' has long since shed this clerical garb. But it is regaining some of its old connotation, for we learn that a neurotic person, no matter where and how and why he feels sick, is crippled at the core, no matter what you call that ordered or ordering core. He may not become exposed to the final loneliness of death, but he experiences that numbing loneliness, that isolation and disorganization of experience, which we call neurotic anxiety.

However much the psychotherapist may wish to seek prestige, solidity, and comfort in biological and physical analogies, he deals, above all, with *human anxiety*. About this he can say little that will not tell all. Therefore, before enlarging upon wider applications, he may well state explicitly where he stands in his clinical teaching.

This book consequently begins with a specimen of pathology – namely, the sudden onset of a violent somatic disturbance in a child. Our searchlight does not attempt to isolate and hold in focus any one aspect or mechanism of this case, rather it deliberately plays at random around the multiple factors involved, to see whether we can circumscribe the area of disturbance.

A NEUROLOGICAL CRISIS IN A SMALL BOY: SAM

Early one morning, in a town in northern California, the mother of a small boy of three was awakened by strange noises emanating from his room. She hurried to his bed and saw him in a terrifying attack of some kind. To her it looked just like the heart attack from which his grandmother had died five days earlier. She called a doctor, who said that Sam's attack was epileptic. He administered sedatives and had the boy taken to a hospital in a near-by metropolis. The hospital staff were not willing to commit themselves to a diagnosis because of the patient's youth and the drugged state in which he had been brought in. Discharged after a few days, the boy seemed perfectly well, his neurological reflexes were all in order.

One month later, however, little Sam found a dead mole in the back yard and became morbidly agitated over it. His mother tried to answer his very shrewd questions as to what death was all about. He reluctantly went to sleep after having declared that his mother apparently did not know either. In the night he cried out, vomited, and began to twitch around the eyes and the mouth. This time the doctor arrived early enough to observe the symptoms, which culminated in a severe convulsion over the whole right side of his body. The hospital concurred in diagnosing the affliction as epilepsy, possibly due to a brain lesion in the left hemisphere.

When, two months later, a third attack occurred after the boy had accidentally crushed a butterfly in his hand, the hospital added an amendment to its diagnosis: 'Precipitating factor: psychic stimulus.' In other words, because of some cerebral pathology this boy had a lower threshold for convulsive explosion; but it was a psychic stimulus, the idea of death, which precipitated him over his threshold. Otherwise neither his birth history, nor the course of his infancy, nor his neurological condition between attacks showed specific pathology. His general health was excellent. He was well nourished, and his brain waves at the time only indicated that epilepsy 'could not be excluded'.

What was the 'psychic stimulus'? Obviously it had to do with death: dead mole, dead butterfly – and then we remember his mother's remark that in his first attack he had looked just like his dying grandmother.

Here are the facts surrounding the grandmother's death:

Some months before, the father's mother had arrived for her first visit to the family's new house in X. There was an undercurrent of excitement which disturbed the mother more deeply than she then knew. The visit had the connotation of an examination to her: had she done well by her husband and by her child? Also there was anxiety over the grandmother's health. The little boy, who at the time enjoyed teasing people, was warned that the grandmother's heart was not too strong. He promised to spare her, and at first everything went well. Nevertheless, the mother seldom left the two alone together, especially since the enforced restraint seemed to be hard on the vigorous little boy. He looked, the mother thought, increasingly pale and tense. When the mother slipped away for a while one day, leaving the child in her mother-in-law's care, she returned to find the old woman on the floor in a heart attack. As the grandmother later reported, the child had climbed on a chair and had fallen. There was every reason to suspect that he had teased her and had deliberately done something which she had warned him against. The grandmother was ill for months, failed to recover, and finally died a few days before the child's first attack.

The conclusion was obvious that what the doctors had called the 'psychic stimulus' in this case had to do with his grandmother's death. In fact, the mother now remembered what at the time had seemed irrelevant to her – namely, that Sam, on going to bed the night before the attack, had piled up his pillows the way his grandmother had done to avoid congestion and that he had gone to sleep in an almost sitting position – as had the grandmother.

Strangely enough, the mother insisted that the boy did not know of his grandmother's death. On the morning after it occurred she had told him that the grandmother had gone on a long trip north to Seattle. He had cried and said, 'Why didn't she say good-bye to me?' He was told that there had not been time. Then, when a mysterious, large box had been carried out of the house, the mother had told him that his grandmother's books were in it. But Sam had not seen the grandmother either bring or use such a lot of books, and he could not quite see the reason for all the tears shed over a box of books by the hastily congregated relatives. I doubted, of course, that the boy had

really believed the story; and indeed, the mother had puzzled over a number of remarks made by the little teaser. Once when she had wanted him to find something which he did not want to look for, he had said mockingly, 'It has gone on a lo-ong trip, all the way to See-attle.' In the play group which he later joined as part of the treatment plan, the otherwise vigorous boy would, in dreamy concentration, build innumerable variations of oblong boxes, the openings of which he would carefully barricade. His questions at the time justified the suspicion that he was experimenting with the idea of how it was to be locked up in an oblong box. But he refused to listen to his mother's belated explanation, now offered almost pleadingly, that the grandmother had, in fact, died. 'You're lying,' he said. 'She's in Seattle. I'm going to see her again.'

From the little that has been said about the boy so far, it must be clear that he was a rather self-willed, vigorous, and precociously intelligent little fellow, not easily fooled. His ambitious parents had big plans for their only son: with his brains he might go east to college and medical school, or maybe to law school. They fostered in him a vigorous expression of his intellectual precocity and curiosity. He had always been wilful and from his first day unable to accept a 'no' or a 'maybe' for an answer. As soon as he could reach, he hit – a tendency which was not considered unsound in the neighbourhood in which he had been born and raised: a neighbourhood mixed in population, a neighbourhood in which he must have received at an early age the impression that it was good to learn to hit first, just in case. But now they lived, the only Jewish family, in a small but prosperous town. They had to tell their little boy not to hit the children, not to ask the ladies too many questions, and – for heaven's sake and also for the sake of business – to treat the Gentiles gently. In his earlier *milieu*, the ideal image held out for a little boy had been that of a tough guy (on the street) and a smart boy (at home). The problem now was to become quickly what the Gentiles of the middle class would call 'a nice little boy, in spite of his being Jewish'. Sam had done a remarkably intelligent job in adjusting his aggressiveness and becoming a witty little teaser.

Here the 'psychic stimulus' gains in dimensions. In the first place, this had always been an irritable and an aggressive child.

Attempts on the part of others to restrain him made him angry; his own attempts at restraining himself resulted in unbearable tension. We might call this his *constitutional intolerance*, 'constitutional' meaning merely that we cannot trace it to anything earlier, he just always had been that way. I must add, however, that his anger never lasted long and that he was not only a very affectionate, but also an outstandingly expressive and exuberant child, traits which helped him adopt the role of one who commits good-natured mischief. About the time of his grandmother's arrival, however, something, it now appeared, had robbed him of his humour. He had hit a child, hard. A little blood had trickled, ostracism had threatened. He, the vigorous extravert, had been forced to stay at home with his grandmother, whom he was not allowed to tease.

Was his aggressiveness part of an epileptic constitution? I do not know. There was nothing feverish or hectic about his vigour. It is true that his first three major attacks were all connected with ideas of death and two later ones with the departures of his first and second therapists, respectively. It is also true that his much more frequent minor attacks – which consisted of staring, gagging, and swooning from which he would recover with the worried words, 'What happened?' – often occurred immediately after sudden aggressive acts or words on his part. He might throw a stone at a stranger, or he might say, 'God is a skunk,' or, 'The whole world is full of skunks,' or (to his mother), 'You are a stepmother.' Were these outbursts of primitive aggression for which he was then forced to atone in an attack? Or were they desperate attempts at discharging with violent action a foreboding of an impending attack?

These were the impressions I had gathered from the doctor's case history and the mother's reports when I took over the boy's treatment about two years after the onset of his illness. And soon I was to witness one of his minor spells. We had played dominoes, and in order to test his threshold I had made him lose consistently, which was by no means easy. He grew very pale and all his sparkle dimmed out. Suddenly he stood up, took a rubber doll, and hit me in the face, hard. Then his glance turned into an aimless stare, he gagged as if about to vomit, and swooned slightly. Coming to, he said in a hoarse and urgent voice, 'Let's go on,' and gathered together his dominoes, which had tumbled