

Las Formaciones del Inconsciente (1957-1958)

Artículos psicoanalíticos citados por Lacan en su seminario

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Ego Psychology and Interpretation in Psychoanalytic Therapy

Ernst Kris, Ph.D.

While during half a century of its history the development of psychoanalysis has been comparatively little influenced by simultaneous discoveries in other fields of science, the various applications of psychoanalysis have almost continuously influenced each other. It is in this sense that the history of psychoanalysis can be viewed as a

progressive integration of hypotheses. The clearest interrelationship exists between clinical observations and the development of both psychoanalytic technique and theory (23), (24). The development of the structural point of view in psychoanalysis, i.e., the development of psychoanalytic ego psychology, can profitably be traced in terms of such an interdependence. Freud was at one point influenced by his collaborators in Zürich who impelled him to an intensified interest in the psychoses. This led him to formulate the concept of narcissism and thus to approach the ego not as a series of isolated functions but as a psychic organization. The second group of clinical impressions that favored the development of a structural psychology was the observation by Freud of individuals motivated by an unconscious sense of guilt, and of patients whose response to treatment was a negative therapeutic reaction. These types of behavior reinforced his conception of the unconscious nature of self-reproaches and autopunitive tendencies, and thus contributed to the recognition of important characteristics of the superego. There is little doubt that other clinical impressions to which Freud referred during these years were derived from what we would today describe as 'character neuroses'—cases in whose analyses the unconscious nature of resistance and defense became particularly clear and which, therefore, facilitated formulations of unconscious and preconscious functions of the ego.

However, these events were not fortuitous. Nobody can believe that the clinical impressions of which we speak reached Freud accidentally. Surely Freud did not turn to the study of psychoses merely to engage in polemics with Jung, or in response to suggestions of Abraham; nor can it be assumed that his interest in character neuroses was due only to an increase in the incidence of character neuroses among his patients during the early 1920's, and hence to a 'psychosocial' event (17)—though it is probable that such a change of frequency distribution occurred. It is obviously more sensible to assume that a readiness in the observer and a change in the objects observed were interacting.

Freud's readiness for new formulations is perhaps best attested by the fact that the principles of ego psychology had been anticipated in his Papers On Technique¹(18). Most of these papers were written contemporaneously with his first and never completed attempt at a reformulation of theory, which was to be achieved in the Papers On Metapsychology.² The precedence of technical over theoretical formulations extended throughout Freud's development. It was evident during the 1890's when in the Studies in Hysteria³ Freud reserved for himself the section on therapy and not that on theory. Several years later, when his interest in dreams and neuroses was synthesized, and the importance of infantile sexuality gained ascendancy, he was first concerned with a modification of therapeutic procedure: the 'concentration technique' was replaced by the technique of free association (22). Similarly, Freud's papers on technique during the second decade of the century anticipate by implication what a few years later he was to formulate in terms of ego psychology. His advice that analysis should start from the surface, and that resistance be analyzed before interpreting content implies principles basic in ego psychology. This accounts for

1 Freud: *Coll. Papers, II*.

2 Freud: *Coll. Papers, IV*.

3 Freud (with Breuer): *Studies in Hysteria*. Translated by A. A. Brill. New York: *Nervous and Mental Disease Monographs*, 1936.

the status of Freud's papers on technique in psychoanalytic literature: they have retained a pivotal position and most treatises on technique have illustrated or confirmed rather than modified his rare fundamental precepts. If one rereads Freud's address to the Psychoanalytic Congress in Budapest in 1918 (11), one becomes aware of the fact that many current problems concerning the variation of technical precepts in certain types of cases, as well as the whole trend of the development that at present tries to link psychoanalytic therapy to psychotherapy in the broader sense, were accurately predicted by Freud. The development which he predicted became possible, however, through the new vistas that ego psychology opened to the earliest and probably best systematized modifications of psychoanalytic techniques, the development of child analysis by Anna Freud, the psychoanalysis of delinquents by Aichhorn, and later to some of the various modifications of technique in the psychoanalytic treatment of borderline cases and psychoses.

Not only did ego psychology extensively enlarge the scope of psychoanalytic therapy, but the technique of psychoanalysis of the neuroses underwent definite changes under its impact. These changes are part of the slow and at times almost imperceptible process of development of psychoanalytic technique. Isolated changes which constitute this development are difficult to study because what one may describe as *change* can also be viewed as *difference*, and differences in technique among analysts who share approximately the same fundamental views may be due to many factors; however, if we study the trends of changing attitudes, we are in a more favorable position.

Neither all nor most of the changes in psychoanalytic technique are consequences of the development of some aspect of psychoanalytic theory. If we reread Freud's older case histories, we find, for example, that the conspicuous intellectual indoctrination of the Rat Man was soon replaced by a greater emphasis on reliving in the transference, a shift which has no apparent direct relation to definite theoretical views. Similarly, better understanding and management of transference was probably not initially connected with any new theoretical insight. It was

4 Such a view is not uncontested. In describing her own development as an analyst Ella Sharpe stresses the fact that only familiarity with the structural concept, particularly the superego, enabled her to handle transference problems adequately (31, p. 74). For a similar report of his early technical vicissitudes see also Abraham (1).

5 This naturally does not apply to all individuals. The relation of theoretical insight to therapeutic procedure varies from analyst to analyst, and there is no evidence upon which to base an opinion as to which type of relation is optimal.

6 These or similar formulations of the analysis of resistance were achieved in two steps, in the writings of Wilhelm Reich (27), (28), and of Anna Freud (6). The difference between them is significant. Reich regards the problem predominantly as one of technical 'skill'; formulations tend to be oversimplified or exaggerated. They lead to the rigorous 'resistance' or layer analysis, the shortcomings of which have been criticized by Hartmann (18). By Anna Freud, resistance is fully seen as part of the defensive function of the ego.

a process of increasing skill, of improved ability, in which Freud and his early collaborators shared,⁴ not dissimilar to that process of a gradual acquisition of assurance in therapy which characterizes the formative decade in every analyst's development. But other changes in psychoanalytic therapy can, I believe, clearly be traced to the influence of theoretical insight.⁵ Every new discovery in psychoanalysis is bound to influence to some extent therapeutic procedure. The value of clinical presentations is that in listening to them we are stimulated to review our own clinical experiences, revise our methods, and to profit—in what we may have overlooked or underrated—from the experience of others. To assess this influence of ego psychology it is necessary to recall the ideas which developed synchronously with or subsequent to the new structural orientation: the psychoanalytic theory of instinctual drives was extended to include aggression, and the series of ontogenetic experiences studied included in ever greater detail preoedipal conflicts deriving from the uniqueness of the mother-child relation. A historical survey of the psychoanalytic literature would, I believe, confirm that these new insights were having reverberations in therapy, influencing, however, mainly the content of interpretation and not the technique of therapy in a narrower sense. A gradual transformation of technique came about largely through better understanding and improvement in the handling of resistances. In interpreting resistance we not only refer to its existence and determine its cause, but seek also its method of operation which is then reviewed in the context of other similar types of behavior as part of the defensive activities of the ego. Resistance is no longer simply an 'obstacle' to analysis, but part of the 'psychic surface' which has to be explored.⁶ The term resistance then loses the unpleasant connotation of a patient who 'resists' a physician who is angry at the patient's opposition. This was the manifestation of a change in what may be described as the 'climate' of analysis.

In one of his last papers Freud (12) defended analytic interpretations against the reproach of arbitrariness especially in dealing with resistance; he discussed in detail the criteria according to which, by the patient's subsequent reaction, correctness of the interpretations can be verified. In doing so he stresses an area of coöperation between analyst and patient and implicitly warns against dictatorially imposed interpretations.⁷ That does not mean that it is possible or desirable always to avoid opposition of the patient to any interpretation, but it means that through the development of ego psychology a number of changes in the technique of interpretation have come about—not 'random' changes, characteristic of the work of some analysts and not of others, but changes that constitute a set of adjustments of psychoanalytic technique to psychoanalytic theory.

ILLUSTRATIONS

To clarify issues, I cite first a simplified version of an incident in the analysis of a six-year-old boy reported by Anna Freud (6, p. 119). The visit to the dentist had been painful. During his analytic interview the little boy displayed a significant set of symptomatic actions related to this experience. He damaged or destroyed various objects belonging to the analyst, and finally repeatedly broke off the points and resharpened a set of pencils. How is this type of behavior to be interpreted?

⁷ Waelder (33) has further elaborated this point.

The interpretation may point to retaliatory castration, may stress the turning of a passive experience into an active one, or may demonstrate that the little boy was identifying himself with the dentist and his aggression. All three interpretations can naturally be related to the anxiety which he had experienced. The choice between these and other possible interpretations will clearly depend on the phase of the analysis. The first interpretation, an 'id interpretation', is directly aimed at the castration complex. The second and the third aim at mechanisms of defense. The second emphasizes that passivity is difficult to bear and that in assuming the active role danger is being mastered. The third interpretation implements the second by pointing out that identification can serve as a mechanism of defense. It might well prove to be a very general mechanism in the little boy's life. It may influence him not only to react aggressively,⁸ but to achieve many goals, and may be the motivation of many aspects of his behavior. The interpretation that stresses the mechanism of identification is, therefore, not only the broadest, but it may also open up the largest number of new avenues, and be the one interpretation which the little boy can most easily apply in his self-observation. He might learn to experience certain of his own reactions as 'not belonging' (i.e., as symptoms) and thus be led an important step on the way toward readiness for further psychoanalytic work.

We did not choose this example to demonstrate the potentialities of an interpretation aimed at making the use of a mechanism of defense conscious, but rather in order to demonstrate that the situation allows for and ultimately requires all three interpretations. A relevant problem in technique consists in establishing the best way of communicating the full set of meanings to the patient. The attempt to restrict the interpretation to the id aspect only represents the older procedure, the one which we believe has on the whole been modified by the change of which we speak. To restrict interpretation to the defense mechanism only may be justifiable by the assumption that the

8 This is probably what Anna Freud means when she says that the child was not identifying himself 'with the person of the aggressor but with his aggression'.

9 Another apparent discontinuity or 'jump' in reaction, no less frequent and no less important, is designated by what Hartmann calls 'the principle of multiple appeal' in interpretations (18). Examples of this kind make the idea of interpretation proceeding in layers, advocated by Wilhelm Reich, highly doubtful (27), (28); see also in this connection Nunberg (26) and Alexander (2).

patient is not yet ready—a valuable piece of caution, though it seems that there is a tendency among some analysts to exaggerate such caution at times. It may also happen that though we carefully restrict the range of interpretation the patient reacts as if we had not done so. While our interpretation points to the mechanism by which he wards off danger (e.g., identification), the next set of associations causes the patient to react as if we had interpreted his femininity. A sequence of this kind indicates normal progress: the interpretation concerns the warding-off device, the reaction reveals the impulse warding off.⁹

No truly experimental conditions can be achieved in which the effects of alternative interpretations can be studied. Comparisons of 'similar cases' or comparisons of patients' reactions to 'similar situations' help us to reach some useful generalizations. The

occasional situation under which somewhat more precise comparisons can be made is the study of patients who have a second period of analysis with a different analyst. The need for a second analysis is no disparagement of the first analyst, nor does it imply that the first course of treatment was unsuccessful. In several instances of reanalysis in which I functioned as second analyst, the first analysis had been undertaken at a time when the problems of ego psychology had not yet influenced analytic technique, or by a colleague who (at the time) did not appreciate its importance. The initial treatment had produced considerable improvements, but the very same problems appeared in a new light, or new relationships, when interpretations of a different kind, 'closer to the surface', were 'inserted'. In a few of the cases in which these conditions existed, a published record of the first analysis was available and furnished some reliable comparison.

At the time of his second analysis a patient, who was a young scientist in his early thirties, successfully filled a respected academic position without being able to advance to higher rank because he was unable to publish any of his extensive researches. This, his chief complaint, led him to seek further analysis. He remembered with gratitude the previous treatment which had improved his potency, diminished social inhibitions, producing a marked change in his life, and he was anxious that his resumption of analysis should not come to the notice of his previous analyst (a woman) lest she feel in any way hurt by his not returning to her; but he was convinced that after a lapse of years he should now be analyzed by a man.

He had learned in his first analysis that fear and guilt prevented him from being productive, that he 'always wanted to take, to steal, as he had done in puberty'. He was under constant pressure of an impulse to use somebody else's ideas—frequently those of a distinguished young scholar, his intimate friend, whose office was adjacent to his own and with whom he engaged daily in long conversations.

Soon, a concrete plan for work and publication was about to materialize, when one day the patient reported he had just discovered in the library a treatise published years ago in which the same basic idea was developed. It was a treatise with which he had been familiar, since he had glanced at it some time ago. His paradoxical tone of satisfaction and excitement led me to inquire in very great detail about the text he was afraid to plagiarize. In a process of extended scrutiny it turned out that the old publication contained useful support of his thesis but no hint of the thesis itself. The patient had made the author say what he wanted to say himself. Once this clue was secured the whole problem of plagiarism appeared in a new light. The eminent colleague, it transpired, had repeatedly taken the patient's ideas, embellished and repeated them without acknowledgment. The patient was under the impression he was hearing for the first time a productive idea without which he could not hope to master his own subject, an idea which he felt he could not use because it was his colleague's property.

Among the factors determining the patient's inhibitions in his work, identification with his father played an important part. Unlike the grandfather, a distinguished scientist, the father had failed to leave his mark in his field of endeavor. The patient's striving to find sponsors, to borrow ideas, only to find that they were either unsuitable or could only be plagiarized, reproduced conflicts of his earlier relationship with his father. The projection of ideas to paternal figures was in part determined by the wish for a great and successful father (a *grandfather*). In a dream the Oedipal conflict with the father was represented as a battle in which books were weapons and conquered books were swallowed during combat. This was interpreted as the wish to incorporate the

father's penis. It could be related to a definite phase of infancy when, aged four and five, the little boy was first taken as father's companion on fishing trips. 'The wish for the bigger fish', the memory of exchanging and comparing fishes, was recalled with many details. The tendency to take, to bite, to steal was traced through many ramifications and disguises during latency and adolescence until it could be pointed out one day that the decisive displacement was to ideas. Only the ideas of others were truly interesting, only ideas one could take; hence the taking had to be engineered. At this point of the interpretation I was waiting for the patient's reaction. The patient was silent and the very length of the silence had a special significance. Then, as if reporting a sudden insight, he said: 'Every noon, when I leave here, before luncheon, and before returning to my office, I walk through X Street [a street well known for its small but attractive restaurants] and I look at the menus in the windows. In one of the restaurants I usually find my preferred dish—fresh brains.'

It is now possible to compare the two types of analytic approach. In his first analysis the connection between oral aggressiveness and the inhibition in his work had been recognized: 'A patient who during puberty had occasionally stolen, mainly sweets or books, retained later a certain inclination to plagiarism. Since to him activity was connected with stealing, scientific endeavor with plagiarism, he could escape from these reprehensible impulses through a far-reaching inhibition of his activity and his intellectual ventures' (30). The point which the second analysis clarified concerned the mechanism used in inhibiting activity. The second set of interpretations, therefore, implemented the first by its greater concreteness, by the fact that it covered a large number of details of behavior and therefore opened the way to linking present and past, adult symptomatology and infantile fantasy. The crucial point, however, was the 'exploration of the surface'. The problem was to establish how the feeling, 'I am in danger of plagiarizing', comes about.

The procedure did not aim at direct or rapid access to the id through interpretation; there was rather an initial exploratory period, during which various aspects of behavior were carefully studied. This study started on a descriptive level and proceeded gradually to establish typical patterns of behavior, present and past.¹⁰ Noted first were his critical and admiring attitudes of other people's ideas; then the relation of these to the patient's own ideas and intuitions. At this point the comparison between the patient's own productivity and that of others had to be traced in great detail; then the part that such comparisons had played in his earlier development could be clarified. Finally, the distortion of imputing to others his own ideas could be analyzed and the mechanism of 'give and take' made conscious. The exploratory description is aimed, therefore, mainly at uncovering a defense mechanism and not at an id content. The most potent interpretative weapon is naturally the link between this defense and the patient's resistance in analysis, an aspect which in the present context will not be discussed in any detail. The

10 The value of similar attempts at starting from careful descriptions has been repeatedly discussed by Edward Bibring. I quote his views from a brief report given by Waelder (32, p. 471). 'Bibring speaks of "singling out" a patient's present patterns of behavior and arriving, by way of a large number of intermediate patterns, at the original infantile pattern. The present pattern embodies the instinctual impulses and anxieties now operative, as well as the ego's present methods of elaboration (some of which are stereotyped responses to impulses and anxieties which have ceased to

exist). Only by means of the most careful phenomenology and by taking into consideration all the ego mechanisms now operative can the present pattern of behavior be properly isolated out. If this is done imperfectly ... or if all the earlier patterns are not equally clearly isolated, there is a danger that we shall never arrive at a correct knowledge of the infantile pattern and the result may well be an inexact interpretation of infantile material.'

11 When analyzing the patient here discussed I was familiar with Deutsch's paper. Without being consciously aware of it, I followed her example when entering into the detailed examination of the patient's intellectual pursuits.

12 In the case here discussed the analysis was interrupted by the Second World War. During its course the patient published at least one of the contributions he had for a long time planned to publish. He intended to resume analysis after the end of the war but contact with him could not be re-established at the time. I have since heard that he has found satisfaction in his home life and in his career.

exploratory steps in this analysis resemble those which Helene Deutsch (3) describes in a strikingly similar case, in which the unconscious tendency to plagiarize ideas of an admired friend led to so severe a memory disturbance that the psychoanalytic method was used to eliminate fully the diagnosis of neurological disease. Had it been possible to obtain material from the childhood of Helene Deutsch's patient, we might have been able to link similarities and dissimilarities in the early history of both men to the later differences in the structure of their defenses and their symptomatology.¹¹ The mechanism described and made conscious in our patient's analysis, the id impulse, the impulse to devour, emerged into consciousness and further steps of interpretation led without constraint into the area which the first analysis had effectively analyzed. It is naturally not claimed that such procedures were altogether new at the time. There surely always have been analysts who approach a problem of interpretation approximately as outlined here. This type of approach has to some extent been systematized by the support and guidance of ego psychology. It seems that many more analysts now proceed similarly and that they have gained the impression that such a shift in emphasis is therapeutically rewarding.¹²

PLANNING AND INTUITION

One difference between older and newer methods of analyzing defense mechanisms and linking 'surface' and 'depth' of psychoanalytic findings to each other deserves a more detailed discussion. The advance in theory has made the interrelations of various steps in analytic work clearer and has thus facilitated communication about these problems. We can now teach more accurately both the 'hierarchy' and the 'timing' of interpretations,

13 See Fenichel (4), Glover (14), (15), Sharpe (31) and particularly Lorand (23) who discuss some of these problems. A group of colleagues has started a highly promising method of investigation. Long after graduation from supervised work, they continue regularly to consult with several others on some of their cases over periods of years in order to make comparisons of the analytic 'style' among the consultants. It is to be

hoped that this comparison will include the problem of prediction in analytic discussions.

14 The idea of small teams working over a number of years (with or without institutional backing) seems rapidly to be gaining ground among analysts. The comparison of technique in general and specifically the study of planning and predicting might well be ideally suited to stimulate team work, which, if adequately recorded, might prove to be of considerable documentary value.

and the 'strategy' and 'tactics' of therapy (25). We are, however, gradually becoming aware of many uncertainties in this area. In speaking of hierarchy and timing of interpretations, and of strategy or tactics in technique, do we not refer to a plan of treatment, either to its general outline or to one adapted to the specific type of case and the specific prognosis? How general or specific are the plans of treatment which individual analysts form? At what point of the contact with the patient do the first elements of such plans suggest themselves, and at what point do they tend to merge? Under what conditions are we compelled to modify such impressions and plans; when do they have to be abandoned or reshaped? These are some of the questions on which a good deal of our teaching in psychoanalysis rests, and which are inadequately represented in the literature.¹³ The subject is of considerable importance because in using checks and controls on prediction we could satisfy ourselves as to the validity and reliability of tentative forecasts of those operations on which analytic technique partly depends.¹⁴

The tendency to discuss 'planning' and 'intuition' as alternatives in analytic technique permeates psychoanalytic writings though it has repeatedly been shown that such an antithesis is unwarranted.¹⁵ Theodor Reik's and Wilhelm Reich's unprofitable polemics against each other are liberally quoted in such discussions. In my opinion not only this controversy but the problem which it attempted to clarify is spurious. It is merely

15 See Fenichel (4), and particularly Herold (19) and Grotjahn (16), who make similar points.

to be determined at what point preconscious thought processes in the analyst 'take over' and determine his reaction, a question which touches upon every analyst's personal experience. There are some who are inhibited if they attempt consciously to formulate the steps to be taken, with whom full awareness acts as inhibition or distraction. There are those who at least from time to time wish to think over what they are doing or have done in a particular case, and others who almost incessantly wish to know 'where they are'. No optimal standard can be established. The idea, however, that the preconscious reactions of the analyst are necessarily opposed to 'planning' seems, in the present stage of our knowledge about preconscious thought processes, to say the least, outdated (21).

Once we assume that the optimal distance from full awareness is part of the 'personal equation' of the analyst, the contribution of preconscious processes gains considerable importance.¹⁶ For one thing, it guarantees the spontaneity that prompts an analyst to say to a patient who showed considerable apprehension on the eve of a holiday interruption of analysis: 'Don't trouble, I shall be all right'. Many may at first feel that Ella Sharpe (31, p. 65), who reported this instance, had taken a daring step, and

thought we may conclude that, provided the patient had been suitably prepared for the appearance of aggressive impulses within the transference, the wit of the interpretation may have struck home and created insight. Whether or not one approves of such surprise effects—and I confess my own hesitation—it is obvious that conscious premeditation could hardly bring them about. But even those of us who do not share the ebullient mastery of Ella Sharpe have reason to believe in the constructive contribution of intuition. Let me briefly refer to a patient who had been analyzed as a child, and whom I saw fifteen years after his first analytic experience had been interrupted through the influence of a truly seductive mother who could no longer bear to share the child with the child analyst. I was familiar with

16 See Freud's description of these relationships in various passages of his early papers (13, p. 334).

some of the aspects of the earlier analysis. Some of the symptoms had remained unchanged, some had returned, particularly prolonged states of sexual excitement, interrupted but hardly alleviated by compulsive masturbation or its equivalents, which in some cases led to disguised impulses toward exhibitionism. Long stretches of the analysis were at first devoted to the details of these states of excitement. It became clear that they regularly were initiated and concluded by certain eating and drinking habits. The total condition was designated by the patient and myself as 'greed'. In a subsequent phase phallic fantasies about the seductive mother were gradually translated into oral terms; the violent demand for love became a key that opened up many repressed memories which had not been revealed during the child's analysis. At one point, however, the process began to stagnate, the analysis became sluggish, when suddenly a change occurred. During one interview the patient manifested vivid emotions; he left the interview considerably moved and reported the next day that 'this time it had hit home'. He now understood. And as evidence he quoted that when his wife had jokingly and mildly criticized him he had started to cry and, greatly relieved, had continued to cry for many hours. What had happened? In repeating the interpretation I had without conscious premeditation used different terms. I did not speak of his *demand for love*, but of his *need for love* or expressions with a connotation which stressed not the aggressive but the passive craving in his oral wishes. Intuition had appropriately modified what conscious understanding had failed to grasp or, to be kinder to myself, had not yet grasped. This instance may serve to illustrate the necessary and regular interaction of planning and intuition, of conscious and preconscious stages of understanding psychoanalytic material. It is my impression that all advances in psychoanalysis have come about by such interactions, which have later become more or less codified in rules of technique.

Whenever we speak of the intuition of the analyst, we are touching upon a problem which tends to be treated in the psychoanalytic literature under various headings. We refer to

the psychic equilibrium or the state of mind of the analyst. One part of this problem, however, is directly linked to the process of interpretation. Many times a brief glance in the direction of self-analysis is part and parcel of the analyst's intervention. The interconnection between attention, intuition, and self-analysis in the process of interpretation has been masterfully described by Ferenczi (5):

One allows oneself to be influenced by the free associations of the patient; simultaneously one permits one's own imagination to play on these associations; intermittently one compares new connections that appear with previous products of the analysis without, for a moment, losing sight of, regard for, and criticism of one's own biases.

Essentially, one might speak of an endless process of oscillation between empathy, self-observation, and judgment. This last, wholly spontaneously, declares itself intermittently as a signal that one naturally immediately evaluates for what it is; only on the basis of further evidence may one ultimately decide to make an interpretation.

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Jones, E. (1933) *The Phallic Phase*. *Int. J. Psycho-Anal.*, 14:1-33

The Phallic Phase1 **Ernest Jones**

If one studies closely the many important contributions made in the past ten years, particularly by women analysts, to the admittedly obscure problems relating to the early development of female sexuality one perceives an unmistakable disharmony among the various writers, and this is beginning to shew also in the field of male sexuality. Most of these writers have been laudably concerned to lay stress on the points of agreement

with their colleagues, so that the tendency to divergence of opinion has not always come to full expression. It is my purpose here to investigate it unreservedly in the hope of crystallizing it. If there is confusion it is desirable to clear it up; if there is a divergence of opinion we should, by defining it, be able to set ourselves interesting questions for further research.

For this purpose I will select the theme of the phallic phase. It is fairly circumscribed, but we shall see that it ramifies into most of the deeper and unsolved problems. In a paper read before the Innsbruck Congress in 1927, 2 I put forward the suggestion that the phallic phase in the development of female sexuality represented a secondary solution of psychical conflict, of a defensive nature, rather than a simple and direct developmental process; last year Professor Freud³

1 Read in brief before the Twelfth International Psycho-Analytical Congress, Wiesbaden, September 4, 1932, and in full before the British Psycho-Analytical Society, October 19 and November 2, 1932.

2 The Early Development of Female Sexuality', this JOURNAL, 1927, Vol. VIII, pp. 468–9.

3 Freud: 'Female Sexuality', this JOURNAL, 1932, Vol. XIII, p. 297.

4 Karen Horney: 'The Dread of Women', this JOURNAL, 1932, Vol. XIII, p. 353.

declared this suggestion to be quite untenable. Already at that time I had in mind similar doubts about the phallic phase in the male also, but did not discuss them since my paper was concerned purely with female sexuality; recently Dr. Horney⁴ has voiced scepticism about the validity of the concept of the male phallic phase, and I will take this opportunity to comment on the arguments she has advanced.

I will first remind you that in Freud's⁵ description of the phallic phase the essential feature common to both sexes was the belief that only one kind of genital organ exists in the world—a male one. According to Freud, the reason for this belief is simply that the female organ has at this age not yet been discovered by either sex. Human beings are thus divided, not into those possessing a male organ and those possessing a female organ, but into those who possess a penis and those who do not: there is the penis-possessing class and the castrated class. A boy begins by believing that everyone belongs to the former class, and only as his fears get aroused does he begin to suspect the existence of the latter class. A girl takes the same view, save that here one should at first use the corresponding phrase, 'clitoris-possessing class'; and only after comparing her own with the male genital does she form a conception of a mutilated class, to which she belongs. Both sexes strive against accepting the belief in the second class, and both for the same reason, namely—from a wish to disbelieve in the supposed reality of castration. This picture as sketched by Freud is familiar to you all, and the readily available facts of observation from which it is drawn have been confirmed over and over again. The interpretation of the facts, however, is of course another matter and is not so easy.

I would now call your attention to a consideration which is implied in Freud's account, but which needs further emphasis for the sake of clarity. It is that there would appear to be two distinct stages in the phallic phase. Freud would, I know, apply the same term, 'phallic phase', to both, and so has not explicitly subdivided them. The first of the

two—let us call it the proto-phallic phase —would be marked by innocence or ignorance—at least in consciousness—where there is no conflict over the matter in question, it being confidently assumed by

5 Freud: *'The Infantile Genital Organisation of the Libido', Collected Papers (International Psycho-Analytical Library, 1924). Vol. II, p. 245.*

the child that the rest of the world is built like itself and has a satisfactory male organ—penis or clitoris, as the case may be. In the second or deuterio-phallic phase there is a dawning suspicion that the world is divided into two classes: not male and female in the proper sense, but penis-possessing and castrated (though actually the two classifications overlap pretty closely). The deuterio-phallic phase would appear to be more neurotic than the proto-phallic—at least in this particular context. For it is associated with anxiety, conflict, striving against accepting what is felt to be reality, i.e. castration, and over-compensatory emphasis on the narcissistic value of the penis on the boy's side with a mingled hope and despair on the girl's.

It is plain that the difference between the two phases is marked by the idea of castration, which according to Freud is bound up in both sexes with actual observation of the anatomical sex differences. As is well known, he⁶ is of opinion that the fear or thought of being castrated has a weakening effect on the masculine impulses with both sexes. He considers that with the boy it drives him away from the mother and strengthens the phallic and homosexual attitude, i.e. that the boy surrenders some of his incestuous heterosexuality to save his penis; whereas with the girl it has the more fortunate opposite effect of impelling her into a feminine, heterosexual attitude. According to this view, therefore, the castration complex weakens the boy's Oedipus relationship and strengthens the girl's; it drives the boy into the deuterio-phallic phase, while—after a temporary protest on that level—it drives the girl out of the deuterio-phallic phase.

As the development of the boy is supposed to be better understood, and is perhaps the simpler of the two, I will begin with it. We are all familiar with the narcissistic quality of the phallic phase here, which Freud says reaches its maximum about the age of four, though it is certainly manifest long before this⁷; I am speaking particularly of the deuterio-phallic phase. There are two outstanding differences between it and the earlier stages: (1) it is less sadistic, the main relic

6 Freud: *'Some Psychological Consequences of the Anatomical Distinction between the Sexes', this JOURNAL, 1927, Vol. VIII, pp. 133, 141.*

7 *When this paper was read before the British Psycho-Analytical Society three child analysts (Melanie Klein, Melitta Schmideberg and Nina Searl) gave it as their experience that traces of the deuterio -phallic phase can be detected before the end of the first year.*

of this being a tendency to omnipotence phantasies; and (2) it is more self-centred, the chief allo-erotic attribute still remaining being its exhibitionistic aspect. It is thus less aggressive and less related to other people, notably to women. How has this change been brought about? It would seem to be a change in the direction of phantasy and away from the real world of contact with other human beings. If so, this would in itself

justify a suspicion that there is a flight element present, and that we have not to do simply with a natural evolution towards greater reality and a more developed adjustment.

This suspicion is very evidently borne out in one set of circumstances, namely—when the phallic phase persists into adult life. In applying the psycho-analytic microscope to investigate a difficult problem we may make use of the familiar magnification afforded by neurosis and perversion. Elucidation of the operative factors there gives us pointers to direct our attention in examining the so-called normal; as will be remembered, this was the path Freud followed to reach in general the infantile sexuality of the normal. Now with these adult cases it is quite easy to ascertain the presence of secondary factors in the sexual life, factors particularly of fear and guilt. The type I have especially in mind is that of the man, frequently hypochondriacal, who is concerned with the size and quality of his penis (or its symbolic substitutes) and who shows only feeble impulses towards women, with in particular a notably weak, or even non-existent, impulse towards penetration; narcissism, exhibitionism (or undue modesty), masturbation and a varying degree of homosexuality are common accompanying features. In analysis it is easily seen that all these inhibitions are repressions or defences motivated by deep anxiety; the nature of the anxiety I shall discuss presently.

Having our eyes sharpened by such experiences to the secondary nature of narcissistic phallicism, we may now turn to similar attitudes in boyhood—I am again referring to the deutero-phallic phase and in pronounced examples—and I maintain that we find there ample evidence to come to a similar conclusion. To begin with, the picture is essentially the same. There is the narcissistic concentration on the penis, with doubts or uncertainties about its size and quality. Under the heading of 'secondary reinforcement of penis-pride', Melanie Klein⁸ has in her recent book discussed at length the value of the

8 Melanie Klein: The Psycho-Analysis of Children (International Psycho-Analytical Library, 1932), p. 341.

penis to the boy in mastering deep anxieties from various sources, and she maintains that the narcissistic exaggeration of phallicism—i.e. the phallic phase, although she does not use that term in this connection—is due to the need of coping with specially large amounts of anxiety.

It is noteworthy how much of the boy's sexual curiosity of this period, to which Freud⁹ called special attention in his original paper on the subject, is taken up, not with interest in females, but with comparisons between himself and other males. This is in accord with the striking absence of the impulse towards penetration, an impulse which would logically lead to curiosity and search for its complement. Karen Horney¹⁰ has rightly called special attention to this feature of inhibited penetration, and as the impulse to penetrate is without doubt the main characteristic of penis functioning it is surely remarkable that just where the idea of the penis dominates the picture its most salient characteristic should be absent. I do not for a moment believe that this is because the characteristic in question has not yet been developed, a retardation due perhaps to simple ignorance of a vaginal counterpart. On the contrary, in earlier stages—as child

analysts in particular have shewn—there is ample evidence of sadistic penetrating tendencies in the phantasies, games and other activities of the male infant. And I quite agree with Karen Horney¹¹ in her conclusion that 'the undiscovered vagina is a denied vagina'. I cannot resist comparing this supposed ignorance of the vagina with the current ethnological myth that savages are ignorant of the connection between coitus and fertilization. In both cases they know, but do not know that they know. In other words, there is knowledge, but it is unconscious knowledge —revealed in countless symbolic ways. The conscious ignorance is like the 'innocence' of young women—which still persists even in these enlightened days; it is merely unsanctioned or dreaded knowledge, and it therefore remains unconscious.

Actual analysis in adult life of the memories of the phallic stage yields results that coincide with the state of affairs where the phallic stage has persisted into adult life, as mentioned above, and also with the results obtained from child analysis¹² during the phallic stage itself. They are, as Freud first pointed out, that the narcissistic concentration

9 Freud: *'The Infantile, etc.'*, *Collected Papers (International Psycho-Analytical Library, 1924), Vol. II, p. 246.*

10 Karen Horney: *'The Dread, etc.'*, *this JOURNAL, 1932, Vol. XIII, pp. 353, 354.*

11 Karen Horney: *'The Dread, etc.'*, *this JOURNAL, 1932, Vol. XIII, p. 358.*

12 See in particular Melanie Klein: *The Psycho-Analysis of Children.*

on the penis goes hand in hand with dread of the female genital. It is also generally agreed that the former is secondary to the latter, or at all events to the fear of castration. It is not hard to see, further, that these two fears—of the female genital and of castration—stand in a specially close relationship to each other, and that no solution of the present group of problems can be satisfactory which does not throw equal light on both.

Freud himself does not use the word 'anxiety' in regard to the female genital, but speaks of 'horror' (Abscheu) of it. The word 'horror' is descriptive, but it implies an earlier dread of castration, and therefore demands an explanation of this in its turn. Some passages of Freud's read as if the horror of the female were a simple phobia protecting the boy from the thought of castrated beings, as it would from the sight of a one-legged man, but I feel sure he would admit a more specific relationship than this between the idea of castration and the particular castrated organ of the female; the two ideas must be innately connected. I think he implies that this horror is an associative reminder of what awful things, i.e. castration, happen to people (like women) who have feminine wishes or who get treated as women. It is certainly plain, as we have long known, that the boy here equates copulation with castration of one partner; and he evidently fears lest he might be that unfortunate partner. In this connection we may remember that to the neurotic phallic boy the idea of the female being castrated involves not simply a cutting off, but an opening being made into a hole, the well-known 'wound theory' of the vulva. Now in our everyday practice we should find it hard to understand such a fear except in terms of a repressed wish to play the feminine part in copulation, evidently with the father. Otherwise castration and copulation would not be equated. A fear of this wish

being put into effect would certainly explain the fear of being castrated, for by definition it is identical with this, and also the 'horror' of the female genital, i.e. a place where such wishes had been gratified. But that the boy equates copulation with castration seems to imply a previous knowledge of penetration. And it is not easy on this hypothesis to give adequate weight to the well-known connection between the castration fear and rivalry with the father over possession of the mother, i.e. to the Oedipus complex. But we can at least see that the feminine wish must be a nodal point in the whole problem.

There would seem to be two views on the significance of the phallic phase, and I shall now attempt to ascertain in what respect they are

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opposed to each other and how far they may be brought into harmony. We may call them the simple and the complex view respectively. On the one hand, the boy, in a state of sex ignorance, may be supposed to have always assumed that the mother has a natural penis of her own until actual experience of the female genital, together with ideas of his own concerning castration (particularly his equating of copulation with castration), makes him reluctantly suspect that she has been castrated. This would accord with his known wish to believe that the mother has a penis. This simple view rather skims over the evidently prior questions of where the boy gets his ideas of copulation and castration from, but it does not follow that these could not be answered on this basis; that is a matter to be held in suspension for the moment. On the other hand, the boy may be supposed to have had from very early times an unconscious knowledge that the mother has an opening—and not only the mouth and anus—into which he could penetrate. The thought of doing so, however, for reasons we shall discuss in a moment, brings the fear of castration, and it is as a defence against this that he obliterates his impulse to penetrate, together with all idea of a vagina, replacing these respectively by phallic narcissism and insistence on his mother's similar possession of a penis. The second of these views implies a less simple—and avowedly a more remote—explanation of the boy's insistence on the mother's having a penis. It is, in effect, that he dreads her having a female organ more than he does her having a male one, the reason being that the former brings the thought and danger of penetrating into it. If there were only male organs in the world there would be no jealous conflict and no fear of castration; the idea of the vulva must precede that of castration. If there were no dangerous cavity to penetrate into there would be no fear of castration. This is, of course, on the assumption that the conflict and danger arise from his having the same wishes as his father, to penetrate into the same cavity; and this I believe—in conjunction with Melanie Klein and other child analysts—to be true of the earliest period, and not simply after the conscious discovery of the cavity in question.

We come now to the vexed question of the source of castration fears. Various authors hold different views on this question. Some of them are perhaps differences in accent only; others point to opposing conceptions. Karen Horney, 13 who has recently discussed the matter in relation to the boy's dread of the female genital, has very definite views

13 Karen Horney *'The Dread, etc.'*, this JOURNAL, 1932, Vol. XIII, p. 351.

14 Karen Horney: *'The Dread, etc.'*, this JOURNAL, 1932, Vol. XIII, pp. 352, 356.

on the matter. Speaking of the dread of the vulva she says: 'Freud's account fails to explain this anxiety. A boy's castration-anxiety in relation to his father is not an adequate reason for his dread of a being whom this punishment has already overtaken. Besides the dread of the father there must be a further dread, the object of which is the woman or the female genital'. She even maintains the exceptional opinion that this dread of the vulva is not only earlier than that of the father's penis—whether external or concealed in the vagina—but deeper and more important than it; in fact much of the dread of the father's penis is artificially put forward to hide the intense dread of the vulva.¹⁴ This is certainly a very debatable conclusion, although we must admit the technical difficulty of quantitatively estimating the amount of anxiety derived from different sources. We listen with curiosity to her explanation of this intense anxiety in regard to the mother. She mentions Melanie Klein's view of the boy's talion dread born in relation to his sadistic impulses towards the mother's body, but the most important source of his dread of the vulva she would derive from the boy's fear of his self-esteem being wounded by knowing that his penis is not large enough to satisfy the mother, the mother's denial of his wishes being interpreted in this sense; the talion dread of castration by the mother is later and less important than the fear of ridicule.¹⁵ One often gets, it is true, a vivid clinical picture of how strong this motive can be, but I doubt whether Dr. Horney has carried the analysis of it far enough. In my experience the deep shame in question, which can certainly express itself as impotence, is not simply due to the fear of ridicule as an ultimate fact; both the shame and the fear of ridicule proceed from a deeper complex—the adoption of a feminine attitude towards the father's penis that is incorporated in the mother's body. Karen Horney also calls attention to this feminine attitude, and even ascribes to it the main source of castration fear, but for her it is a secondary consequence of the dread of ridicule. We are here again brought back to the question of femininity and perceive that to answer it satisfactorily is probably to resolve the whole problem.

I will now try to reconstruct and comment on Karen Horney's argument about the connection between the dread of the vulva and the fear of castration. At the start the boy's masculinity and femininity are relatively free. Karen Horney quotes Freud's well-known views on primal bisexuality in support of her belief that the feminine wishes are primary. There probably are such primary feminine wishes, but I am convinced that conflict arises only when they are developed or exploited as a means of dealing with a dreaded father's penis. However, Karen Horney thinks that before this happens the boy has reacted to his mother's denial of his wishes and, as described above, feels shame and a deep sense of inadequacy in consequence. As a result of this he can no longer express his feminine wishes freely. There is a gap in the argument here. In the first place we are to assume that the boy at once equates his phallic inadequacy with femaleness, but it is not explained how the equation is brought about. At all events, he is now ashamed of his earlier feminine wishes and dreads these being gratified because it would signify castration at the hands of the father; in fact, this is the essential cause of these castration fears. Surely there is another big gap in the argument here. How does the father suddenly appear on the scene? The essential point in the argument, and one on which I

would join issue with Dr. Horney, would appear to be that the boy's sense of failure due to his mother's refusal leads him to fall back from his masculine wishes to feminine ones, which he then applies to the father but dreads to have gratified because of the admission they imply of his masculine inferiority (as well as the equivalence of castration). This is rather reminiscent of Adler's early views on the masculine protest. My experience leads me, on the contrary, to see the crucial turning-point in the Oedipus complex itself, in the dreaded rivalry with the father. It is to cope with this situation that the boy falls back on a feminine attitude with its risk of castration. Whereas Dr. Horney regards the feminine attitude as a primary one which the boy comes to repress because of the fear of ridicule of his masculine inferiority, this fear being the active dynamic agent, I should consider that the sense of inferiority itself, and the accompanying shame, are both secondary to the feminine attitude and to the motive for this. This whole group of ideas is strongest in men with a 'small penis' complex, often accompanied by impotence, and it is with them that one gets the clearest insight into the genesis. What such a man is really ashamed of is not that his penis is 'small', but the reason why it is 'small'.

On the other hand I fully agree with Karen Horney and other workers, notably Melanie Klein, 16 in the view that the boy's reaction

16 Melanie Klein: 'Early Stages of the Oedipus Conflict', this JOURNAL, Vol. IX, 1928, p. 167.

17 Numerous publications in this JOURNAL.

to the crucial situation of the Oedipus complex is greatly influenced by his earlier relationship with his mother. But this is a much more complicated matter than wounded vanity: far grimmer factors are at work. Melanie Klein lays stress on the fear of the mother's retaliation for the boy's sadistic impulses against her body; and this independently of any thought of the father or his penis, though she would agree that the latter heightens the boy's sadism and thus complicates the picture. As she has pointed out in detail, 17 however, these sadistic impulses have themselves an elaborate history. We have to begin with the alimentary level to appreciate the nature of the forces at work. Privations on this level—especially perhaps oral privations—are undoubtedly of the greatest importance in rendering harder the later task of coping with the parents on the genital level, but we want to know exactly why this should be so. I could relate cases of a number of male patients whose failure to achieve manhood—in relation to either men or women—was strictly to be correlated with their attitude of needing first to acquire something from women, something which of course they never actually could acquire. Why should imperfect access to the nipple give a boy the sense of imperfect possession of his own penis? I am quite convinced that the two things are intimately related, although the logical connection between them is certainly not obvious.

I do not know to what extent a boy in the first year of life feels sure his mother has a genital organ like his own, on grounds of natural identification, but my impression is that any such idea has no serious interest for him until it gets involved in other associations. The first of these would appear to be the symbolic equivalency of nipple and penis. Here the mother's penis is mainly a more satisfying and nourishing nipple,

its size alone being an evident advantage in this respect. Now how precisely does a bilateral organ, the breast, get changed into a medial one, the penis? When this happens does it mean that the boy, perhaps from his experiences or phantasies of the primal scene, has already come across the idea of the father's penis, or is it possible that even before this his early masturbatory experiences—so often associated with oral ones—together with the commonly expressed oral attitude towards his own penis, alone suffice for the identification? I am inclined to the latter opinion, but it is hard to get unequivocal data on the matter. Whichever of these alternatives is true, however, the attitude towards the mythical maternal penis must from the very first be ambivalent. On the one side there is the conception of a visible, and therefore accessible, friendly and nourishing organ which can be received and sucked. But on the other side the sadism stimulated by oral frustration—the very factor that first created the conception—must by projection create the idea of a sinister, hostile and dangerous organ which has to be destroyed by swallowing before the boy can feel safe. This ambivalence, beginning in regard to the mother's nipple (and nipple-penis), is greatly intensified when the father's penis becomes involved in the associations. And it does so, I feel convinced, very early in life—certainly by the second year. This may be quite irrespective of actual experiences, even of the father's very existence, and is generated mainly by the boy's own libidinal sensations in his penis with their inevitable accompaniment of penetrative impulses. The ambivalent attitude is intensified on both sides. On the one hand the tendency to imitate the father gets related to the idea of acquiring strength from him, first of all orally, and on the other hand we get the well-known Oedipus rivalry and hostility, which also is first dealt with in terms of oral annihilation.

These considerations relating to the oral level begin to throw light on the riddle I propounded earlier, namely, why so many men feel unable to put something into a woman unless they have first got something out of her; why they cannot penetrate; or—put more broadly—why they need to pass through a satisfactory feminine stage before they can feel at home in a masculine one. I pointed out earlier on that in the feminine wishes of the boy must lie the secret of the whole problem. The first clue is that this feminine stage is an alimentary one, primarily oral. Satisfaction of wishes in this stage have to precede masculine development; failure in this respect results in fixation on the woman at an oral or anal level, a fixation which although originating in anxiety may become intensely eroticised in perverse forms.

I shall now try to proceed further in the answering of our riddle, and for the sake of simplicity shall consider separately the boy's difficulties with the mother and father respectively. But I must preface this by laying stress on its artificiality. When we consider the parents as two distinct beings, to be viewed separately one from the other, we are doing something that the infant is not yet capable of and something that does not greatly concern the infant in his (or her) most secret phantasies. We are artificially dissecting the elements of a concept (the 'combined parent concept', as Melanie Klein well terms it) which to the infant are still closely interwoven. The findings of child analysis lead us to ascribe ever increasing importance to the phantasies and emotions attaching to this concept, and I am very inclined to think that the expression 'per-Oedipal phase' used recently by Freud and other writers must correspond extensively with the phase of life dominated by the 'combined parent' concept.

At all events let us consider first the relation to the mother alone. Leaving the father's

penis quite out of account, we are concerned with the riddle of how the boy's acquiring something from the mother is related to his secure possession of the use of his own penis? I believe this connection between the oral and the phallic lies in the sadism common to both. The oral frustration evokes sadism and the penetrating penis is used in phantasy as a sadistic weapon to reach the oral aims desired, to open a way to the milk, fæces, nipple, babies and so on, all of which the infant wants to swallow. The patients I alluded to earlier as having a perverse oral fixation on women were all highly sadistic. The equation tooth = penis is familiar enough, and it must begin in this sadistic pregenital stage of development. The sadistic penis has also important anal connections, e.g. the common phantasy of fetching a baby out of the bowel by the penis. The penis itself thus comes to be associated with the acquiring attitude, and thwarting of the latter to be identified with thwarting of the former; i.e. not being able to get milk, etc., is equivalent to not being able to use the penis. The thwarting leads further to retaliation fears of the mother damaging the weapons themselves. This I have even found on occasion equated with the earliest frustration. The mother's withholding of the nipple gave her the character of a nipple or penis hoarder who would surely keep permanently any penis brought near her, and the boy's sadism can in such cases manifest itself—as a sort of double bluff—by a sadistic policy of withholding from the woman whatever she may desire, e.g. by being impotent.

Though this conflict with the mother no doubt lays the basis for later difficulties, my experience seems to teach me that greater importance is to be attached in the genesis of castration fear to the conflict with the father. But I have at once to add a very important proviso. In the boy's imagination the mother's genital is for so long inseparable from the idea of the father's penis dwelling there that one would get a very false perspective if one confined one's attention to his relationship to his actual 'external' father; this is perhaps the real difference between Freud's pre-oedipal stage and Oedipus complex proper. It is the hidden indwelling penis that accounts for a very great part of the trouble, the penis that has entered the mother's body or been swallowed by her—the dragon or dragons that haunt cloacal regions. Some boys attempt to deal with it on directly phallic lines, to use their penis in their phantasy for penetrating the vagina and crushing the father's penis there, or even—as I have many times found—by pursuing this phantasy to the length of penetrating into the father's body itself, i.e. sodomy. One sees again, by the way, how this illustrates the close interchangeability of the father and mother imagines; the boy can suck either or penetrate into either. What we are more concerned with here, however, is the important tendency to deal with the father's penis on feminine lines. It would be better to say 'on apparently feminine lines', for true feminine lines would be far more positive. Essentially I mean 'on oral- and anal-sadistic lines', and I believe it is the annihilation attitude derived from this level that affords the clue to the various apparently feminine attitudes: the annihilation is performed by the mouth and anus, by teeth, fæces and—on the phallic level—urine. Over and again I have found this hostile and destructive tendency to lie behind not merely the obviously ambivalent attitude in all femininity in men, but behind the affectionate desire to please. After all, apparently complacent yielding is the best imaginable mask for hostile intentions. The ultimate aim of most of this femininity is to get possession of, and destroy, the dreaded object. Until this is done the boy is not safe; he cannot really attend to women, let alone penetrate into them. He also projects his oral and anal

destructive attitude, which relates to the father's penis, on to the cavity that is supposed to contain it. This projection is facilitated by association with the earlier sadistic impulses, oral and phallic, against the mother's body, with their talion consequences. Destruction of the father's penis further means robbing the penis-loving mother of her possession. To penetrate into this cavity would therefore be as destructive to his own penis as he knows penetration of his father's penis into his mouth would be to it. We thus obtain a simple formula for the Oedipus complex: my (so-called feminine, i.e. oral destructive) wishes against my father's penis are so strong that if I penetrate into the mother's vagina with them still in my heart the same fate will happen to me, i.e. if I have intercourse with my mother my father will castrate me. Penetration is equated with destruction, or—to recur to the more familiar phrase used earlier—copulation is equated with castration. But—and this is the vital point—what is at stake is not castration of the mother, but of the boy or else his father.

After having considered the various sources of castration anxiety, and the problem of femininity in the male, I now return to the original question of why the boy in the phallic phase needs to imagine that his mother really has a penis, and I will couple with it the further question—not often raised—of whose penis it really is. The answer is given in preceding considerations, and to avoid repetition I will simply express it as a statement. The presence of a visible penis in the mother would signify at once a reassurance in respect of the early oral needs, with a denial of any need for dangerous sadism to deal with privation, and above all a reassurance that no castration has taken place, that neither his father nor himself is in danger of it. This conclusion also answers the question of whose penis it is the mother must have.¹⁸ It is her own only in very small part, the part derived from the boy's earliest oral needs. To a much greater extent it is the father's penis; though it may also in a sense be said to be the boy's own, inasmuch as his fate is bound up with it through the mutual castration danger to both his father and himself.

The reason why actual sight of the female genital organ signalises the passage from the proto- to the deuterio-phallic phase has also to be given. Like the experiences of puberty, it makes manifest what had previously belonged solely to the life of phantasy. It gives an actuality to the fear of castration. It does this, however, not by conveying the idea that the father has castrated the mother—this is only a mask of rationalisation in consciousness—but by arousing the possibility that a dangerous repressed wish may be gratified in reality, namely, the wish to have intercourse with the mother and to destroy the father's penis. In spite of various suggestions to the contrary, the Oedipus complex provides the key to the problem of the phallic phase, as it has done to so many others.

We have travelled far from the conception that the boy, previously ignorant of the sex difference, is horrified to find that a man has violently created one by castrating his mate and turning her into a woman, a castrated creature. Even apart from actual analysis of the early childhood years, the proposition that the boy has no intuition of

18 Melanie Klein, 'The Psycho-Analysis of Children' (International Psycho-Analytical Library, 1932 p. 333), answers this question categorically: "'The woman with a penis' always means, I should say, the woman with the father's penis'.

the sex difference is on logical grounds alone hard to hold. We have seen that the

(deutero-) phallic phase depends on the fear of castration and that this in its turn implies the danger of penetration; it would appear to follow from this alone that intuition of a penetrable cavity is an early underlying assumption in the whole complex reaction. When Freud says that the boy renounces his incest wishes towards his mother in order to save his penis, this implies that the penis was the offending carrier of those wishes (in the proto-phallic phase). Now what could these penis wishes that endanger its existence have been if not to perform the natural function of the penis—penetration? And this inference is amply substantiated by actual research.

I may now summarize the conclusions reached. The main one is that the typical phallic stage in the boy is a neurotic compromise rather than a natural evolution in sexual development. It varies, of course, in intensity, probably with the intensity of the castration fears, but it can be called inevitable only in so far as castration fears, i.e. infantile neuroses, are inevitable; and how far these are inevitable we shall know only when we have further experience of early child analysis. At all events the mere need to renounce incest wishes does not make it inevitable; it is not the external situation that engenders the phallic phase, but—probably avoidable—complications in the boy's inner development.

To avoid the imagined and self-created dangers of the Oedipus situation the boy in the phallic phase abandons the masculine attitude of penetration, with all interest in the inside of the mother's body, and comes to insist on the assured existence of his own and his 'mother's' external penis. This is tantamount to Freud's 'passing of the Oedipus complex', the renunciation of the mother to save the penis, but it is not a direct stage in evolution; on the contrary, the boy has later to retrace his steps in order to evolve, he has to claim again what he had renounced—his masculine impulses to reach the vagina; he has to revert from the temporary neurotic deutero-phallic phase to the original and normal proto-phallic phase. Thus the typical phallic phase, i.e. the deutero-phallic phase, in my opinion, represents a neurotic obstacle to development rather than a natural stage in the course of it.¹⁹

19 It may be of interest to note the respects in which the conclusions here put forward agree with or differ from those of the two authors, Freud and Karen Horney, with whose views there has been most occasion to debate. In agreement with Freud is the fundamental view that the passage from the proto- to the deutero-phallic phase is due to fear of castration at the hands of the father, and that this essentially arises in the Oedipus situation. Freud would, I think, also hold that the feminine wishes behind so much of the castration fear are generated as a means of dealing with the loved and dreaded father: he would possibly lay more stress on the idea of libidinally placating him, whereas I have directed more attention to the hostile and destructive impulses behind the feminine attitude. On the other hand I cannot subscribe to the view of sex ignorance on which Freud repeatedly insists—though in one passage on primal scenes and primal phantasies (Ges. Sch., Bd. XI, S. 11) he appears to keep the question open—and I regard the idea of the castrated mother as essentially a mother whose man has been castrated. Nor do I consider the deutero-phallic phase as a natural stage in development.

With Karen Horney there is agreement in her scepticism about sex ignorance, in her doubts about the normality of the (deutero-) phallic phase, and in her opinion that the

boy's reaction to the Oedipus situation is greatly influenced by his previous relation to his mother. But I think she is mistaken in her account of the connection between these two last matters, and consider that the boy's fear of his feminine wishes—which we all appear to hold lie behind the castration fear—arise not in shame at his literal masculine inferiority in his relation to his mother, but in the dangers of his alimentary sadism when this operates in the Oedipus situation.

Turning now to the corresponding problem in girls we may begin by noting that the distinction mentioned earlier between the proto- and the deuterio-phallic phase is if anything more prominent with girls than with boys. So much so that when I made the suggestion that the phallic phase in girls represents a secondary solution of conflict I was under the impression that by the phallic phase was meant what I now see to be only the second half of it, a misapprehension Professor Freud corrected in a recent correspondence; incidentally, his condemnation of my suggestion²⁰ was partly based on the same misunderstanding, since on his part he naturally thought I was referring to the whole phase. In extenuation I may remark that in his original paper Freud gave no account of the phallic phase in girls, on the score of its extreme obscurity, and that his definition—a phase in which it is believed that the sex difference is between penis-possessing and castrated beings—strictly applies only to the deuterio-phallic phase, the penis being supposed to be unknown in the first one.

The difference between the two halves of the phase in Freud's

20 Freud: 'Female Sexuality', this JOURNAL, 1932, Vol. XIII, p. 297.

conception is similar to that pointed out earlier with boys. According to him, a clitoris supremacy sets in at a certain age when the girl is ignorant of the difference between the clitoris and the penis and so is in a state of contented bliss in the matter; this I am calling for the moment the proto-phallic phase of girls, which corresponds with that of boys when they are similarly supposed to be ignorant of the sex difference. In the deuterio-phallic phase, the one I had suggested was a secondary defensive reaction, the girl is aware of the difference and, like the boy, either admits it reluctantly—and in this case resentfully—or tries to deny it. In the denial, however, unlike the state of affairs alleged to exist with boys, there is implied some real knowledge of the difference, for the girl does not maintain the previous belief—that both sexes have a satisfactory clitoris—but wishes that she now had a different organ from before, viz. a real penis. This wish goes on to imaginary fulfilment with homosexual women, who reveal implicitly in their behaviour and explicitly in their dreams the belief that they really have a penis; but even with the more normal girl during her deuterio-phallic phase the same belief that she has a penis alternates with the wish to have one.

As with boys, the two halves of the phase are divided by the castration idea, by the idea that women are nothing but castrated beings—there being no such thing as a true female organ. The boy's wish in the deuterio-phallic stage is to restore the security of the proto-phallic one which has been disturbed by the supposed discovery of castration; to revert to the original identity of the sexes. The girl's wish in the deuterio-phallic stage is similarly to restore the undisturbed proto-phallic one, and even to intensify its phallic character; thus to revert to the original identity of the sexes. This I take to be a more

explicit statement of Freud's conception.

Two distinct views appear to be held in respect of female sexual development, and to bring out the contrast between them I will exaggerate them in the following over-simple statement. According to one, the girl's sexuality is essentially male to start with (at least as soon as she is weaned), and she is driven into femaleness by failure of the male attitude (disappointment in the clitoris). According to the other, it is essentially female to start with, and she is—more or less temporarily—driven onto a phallic maleness by failure of the female attitude.

This is avowedly an imperfect statement, which does not do justice to either view, but it may serve to point a discussion. I will call the two A and B respectively and add a few obvious modifications which

21 Incidentally, I may comment here on the ambiguity of such phrases as 'to desire a penis', 'the wish for a penis'. In fact three meanings of such phrases are to be discerned in connection with infantile female sexuality: (1) The wish to acquire a penis, usually by swallowing, and to retain it within the body, often converting it there into a baby; (2) The wish to possess a penis in the clitoritic region: for this purpose it may be acquired in more than one way; (3) The adult wish to enjoy a penis in coitus. I shall try to make it clear in each case which meaning is intended.

will make them more exact and also diminish the grossness of the difference between them. The supporters of A would, of course, admit an early bisexuality, though they maintain that the male (clitoris) attitude predominates; they would also agree to the so-called regressive (anxiety) factors in the deuterio-phallic phase, though they hold these to be less important than the libidinal impulse to maintain the original maleness. On the other side the supporters of B would also admit an early bisexuality, an early clitoris maleness in addition to the more pronounced femaleness: or—to put it more cautiously without begging any question—the co-existence of active and passive aims which tend to get associated with particular genital areas. They would also admit that there is often little apparent love for the father, who is regarded mainly as a rival, in the early stage of mother fixation; and in the deuterio-phallic phase they would agree that direct auto-erotic, and therefore libidinal, penis envy plays an important part together with the anxiety factors in driving the girl from femaleness into the phallic maleness. Again, there is general agreement that the experience of seeing a penis powerfully influences the transition from the proto- to the deuterio-phallic phase, though not about the reasons why it does so. Further, both views agree that in the deuterio-phallic phase the girl desires a penis, 21 and blames the mother for her lack of it, though whose penis she desires and why she desires it are questions not so readily answered.

Nevertheless, in spite of these modifications, there remain differences of opinion in regard to both halves of the phase, and by no means in respect of accent only. In investigating the corresponding obscurity of male sexual development it proved useful to lay stress on the correlation between the problems of castration fear and dread of the vulva. Here I would similarly bring into prominence a correlation between the problems of the girl's desire to own a penis and her hate of her mother, since I feel sure that to explain either of these is to explain the other. And I will anticipate my

conclusions to the extent of remarking that it may prove possible to combine in a single formula the male equation of problems with the female one.

In attempting to elucidate the contrasting views described above I will avail myself of two clues, both provided by Freud. The first of them is contained in his remark²² that the girl's earliest attachment to her mother 'has in analysis seemed to me so elusive, lost in a past so dim and shadowy, so hard to resuscitate that it seemed as if it had undergone some specially inexorable repression'. We must all agree when he points out that the ultimate solution of all these problems lies in a finer analysis of the girl's very earliest period of attachment to the mother, and it is highly probable that the differences of opinion in respect of the later stage of development are mainly, and perhaps altogether, due to different assumptions concerning the earlier stage.

To give an example of this: Freud, ²³ in criticizing Karen Horney, describes her view as being that the girl, from fear of advancing to femininity, regresses in the deuterophallic stage. So sure is he that the earlier (clitoris) stage can only be a phallic one. But this is just one of the questions at issue; to anyone taking the opposite view the process just mentioned would not be a regression, but a neurotic new-formation. And it is a question to be discussed. We should not take it too much for granted that the use of the clitoris is altogether the same thing psychologically as the use of the penis simply because they are physio-genetically homologous. Sheer accessibility may also play its part. The clitoris is after all a part of the female genitals. Clinically the correspondence between clitoris masturbation and a male attitude is very far indeed from being invariable. I have known, on the one hand, a case where the clitoris could not function because of a congenital malformation, but where the vulval masturbation was distinctly male in type (prone posture, etc.). On the other hand, cases where clitoris masturbation in the adult accompanies the most pronouncedly feminine heterosexual phantasies are an everyday experience, and Melanie Klein²⁴ states that this combination is characteristic of the earliest infancy. In my Innsbruck paper I expressed the opinion that vaginal excitation played a more important part in the earliest

²² Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 282.

²³ Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 296.

²⁴ Melanie Klein: *The Psycho-Analysis of Children*, (*International Psycho-Analytical Library*, 1932), p. 288.

²⁵ Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 283.

²⁶ Melanie Klein: 'From the Analysis of an Obsessional Neurosis in a six-year-old Child', *First German Psycho-Analytical Assembly, Würzburg, October 11, 1924*.

²⁷ Josine Müller: 'A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls', *this JOURNAL*, 1932, Vol. XIII, p. 361.

²⁸ Karen Horney: 'The Flight from Womanhood', *this JOURNAL*, 1926, Vol. VII, p. 334. She has comprehensively sustained this opinion in a paper published in the present number of *this JOURNAL*, see p. 57.

childhood than was recognised—in contradistinction from Freud's²⁵ opinion that it begins only at puberty—a view that had been previously expressed by several women analysts, Melanie Klein²⁶ (1924), Josine Müller²⁷ (1925) and Karen Horney²⁸ (1926).

This opinion I had reached first from the same class of material as Josine Müller quotes: namely, women who shew strong masculine propensities in conjunction with vaginal anæsthesia. What is important about this early vaginal functioning, so deeply repressed, is the extraordinary amount of anxiety that goes with it (far more than with clitoric functioning), a matter to which we shall have to recur. Actual vaginal masturbation is often considered by physicians to be commoner than clitoris masturbation in the first four or five years of life, whereas it certainly is not so during the latency period—a fact in itself suggesting a change from feminine to more masculine attitudes. Apart, however, from actual vaginal functioning there is extensive evidence of feminine phantasies and wishes in early childhood to be obtained from both adult and early analyses: phantasies relating to the mouth, vulva, womb, anus and the receptive attitude of the body in general. For all these reasons I feel that the question of the alleged clitoritic and therefore masculine primacy of the female infant may well be kept in suspense until we know more about the sexuality of this very early stage.

A cognate example of misunderstanding due to differing primary assumptions arises in connection with the problem of the intensity and of the direction (aim) characteristic of the deuterio-phallic phase. Freud, who holds that both intensity and direction are to be explained in terms of the proto-phallic masculine phase, and that the trauma of seeing the penis only reinforces this, criticizes Karen Horney for believing that the direction alone is given by the proto-phallic phase, the intensity being derived from later (anxiety) factors.²⁹ In so far,

29 Freud: 'Female Sexuality', this JOURNAL, 1932, Vol. XIII, p. 296.

however, as Karen Horney is a supporter of view B—and I cannot of course say just how far this is so—she would maintain the exact converse of the view Freud ascribes to her; she would agree with him that the intensity of the deuterio-phallic phase is derived from the earlier one (though with displacement) and differ from him only in holding that its direction is not so derived, being in the main determined by secondary factors. All this again depends on whether the earlier phase is regarded as predominantly masculine and auto-erotic or predominantly feminine and allo-erotic.

Freud³⁰ would appear to hold that the question is settled by the very fact that many young girls have a long and exclusive mother attachment. He calls this a pre-oedipal stage of development, one where the father plays very little part and that a negative one (rivalry). These facts of observation are not to be doubted—I can myself quote an extreme case where the exclusive mother attachment was prolonged till near puberty, at which age an equally exclusive transference to the father took place. But they do not in themselves exclude a positive Oedipus complex in the girl's unconscious imagination: they prove only that, if this does exist, it has not yet learned to express itself in relation to the actual father. In my experience of typical cases of this kind, however, and in that of child analysts, particularly of Melanie Klein, Melitta Schmideberg and Nina Searl, analysis shows that the girls had from very early times definite impulses towards an imaginary penis, one incorporated into the mother but derived from the father, together with elaborate phantasies on the subject of parental coitus. I would again remind you at this point of the stress laid in the earlier part of the paper on the 'combined parent concept', the picture of parents fused in coitus.

We are here led to consider the second of the clues to which I referred just now. It concerns the young girl's theories of coitus, which play a highly important part in her sexual development. They should be helpful in the present connection, since—as Freud has long ago shown—the sexual theories of a child are a mirror of its particular sexual constitution. A few years ago Professor Freud wrote to me that of the two points of which he felt most sure in the obscurity of female sexual development one was that of the young girl's first idea of coitus was an oral one, i.e. fellatic.³¹ Here, as usual, he put his

30 Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 296.

31 I may also quote the other point, since any pronouncement from such a source must command interest. It was that the girl gives up masturbation because of her dissatisfaction with the clitoris (in comparison with the penis).

32 Melanie Klein: *The Psycho-Analysis of Children*, (International Psycho-Analytical Library, 1932), p. 326.

finger on a central point. But it is probable that the matter is more complex: at all events, this central consideration has several corollaries that are worth pursuing. In the first place, it is hardly likely that a purely oral conception would develop if the first thought of coitus occurred years after the infant's own oral experiences; and detailed analysis of this early period, especially by child analysts, confirms what one might expect:—namely, that the experiences and the conception are closely related not only genetically, but also chronologically. Melanie Klein³² attributes great importance to the stimulus given to the child's desires by the inevitable imperfections and dissatisfactions of the suckling period, and would connect the weaning time both with the deepest sources of hostility to the mother and with a dawning idea of a penis-like object as a more satisfying kind of nipple. That nipple wishes are transferred to the idea of the penis, and that the two objects are extensively identified in the imagination, is fairly familiar ground, but it is hard to say when this transference begins to be applied to the father in person. It is, I think, certain that for a relatively long time they apply more to the mother than to the father, i.e. that the girl seeks for a penis in her mother. By the second year of life this vague aspiration is getting more definite and is getting connected with the idea of the mother's penis having been derived from the father in the supposed act of fellatio between the parents.

In the next place, the fellatic idea can hardly be confined to the notion of purposeless sucking. The child well knows that one sucks for a purpose—to get something. Milk (or semen) and (nipple-) penis are thus things to swallow, and by the familiar symbolic equations, as well partly from the child's own alimentary experiences, we reach also the ideas of excrement and baby—equally obtained from this primordial sucking act. According to Freud, ³³ the child's love and sexuality are essentially devoid of aim (ziellos), and for this very reason are doomed to disappointment. The contrary view is that in the unconscious there are very definite aims, and the disappointment is due to their not being reached.

I wish to make clear at this point that the wishes here referred to are in my opinion essentially allo-erotic. The girl infant has not yet had the occasion to develop auto-

erotic envy at the sight of a boy's penis; the desire to possess one herself, for the reasons so clearly

33 Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 286.

34 Karen Horney: 'On the Genesis of the Castration Complex in Women', *this JOURNAL*, 1924, Vol. V, pp. 52–54.

35 Freud: 'Some Psychological Consequences, etc.', *this JOURNAL*, 1927, Vol. VIII, p. 140.

36 Melanie Klein: *The Psycho-Analysis of Children*, (International Psycho-Analytical Library, 1932), p. 309.

stated by Karen Horney, 34 comes later. At the earlier stage the wish to take the penis into the body, through the mouth, and make a (fæcal) baby out of it is, though still on an alimentary level, nevertheless akin to the allo-erotism of the adult woman. Freud³⁵ holds that when the girl's wish to own a penis is disappointed it is replaced by a substitute—the wish to have a child. I would, however, agree rather with Melanie Klein's³⁶ view that the penis-child equation is more innate, and that the girl's wish to have a child—like the normal woman's wish—is a direct continuance of her allo-erotic desire for the penis; she wants to enjoy taking the penis into the body and to make a child from it, rather than to have a child because she cannot have a penis of her own.

The purely libidinal nature of the wishes manifests itself in many ways, of which I will mention only one. The insertion of the nipple into the mouth is followed by the anal-erotic pleasure at the passage of fæces, and the cleansing process associated with this is often felt by the girl to be a sexual experience with the mother (or nurse). The point of this observation is that the mother's hand or finger is equated to a penis and is often the seduction that leads to masturbation.

Now if the mother gets all this—just what the girl longs for—from the father, then a situation of normal Oedipus rivalry must surely exist, and in exact proportion to the girl's own dissatisfaction. The accompanying hostility is in direct line with that felt previously towards the mother in the suckling period, being of the same order; and it reinforces it. The mother has got something the girl wants and will not give it to her. In this something the idea of the father's penis soon comes to crystallize more and more definitely, and the mother has obtained it from the father in successful competition with the girl, as well as the baby she can make from it. This is in disagreement with Freud's³⁷ formidable statement that the concept of the Oedipus complex is strictly applicable only to male children and 'it is only in male children that there occurs the fateful conjunction of love for the one parent and hatred of the other as rival'. We seem compelled here to be plus royalist que le roi.

37 Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 284.

Freud's fellatio account of coitus, however, from which we started, yields no explanation for the important observation on which he insists, ³⁸ that the girl infant feels rivalry for her father. The fellatio conception of coitus, in fact, would seem to be

only one half of the story. One finds also the complementary idea that the father not only gives to the mother, but receives from her; that in short she suckles him. And it is here that the direct rivalry with the father is so strong, for the mother is giving him just what the girl wants (nipple and milk); other sources of rivalry, hate and resentment in respect of the father I shall mention presently. When this 'mammalingus' conception, as it may be called, gets sadistically cathected, then we have the familiar feminist idea of the man who 'uses' the woman, exhausts her, drains her, exploits her, and so on.

The girl infant doubtless identifies herself with both sides in these conceptions, but in the nature of the case her wanting, receiving desires must be more prominent than the giving ones; there is so much that she wants and so little that she has to give at that age. What then of the phallic activity against the mother recorded by Helene Deutsch, Jeanne Lampl-De Groot, Melanie Klein and other women analysts? We must not forget how early the child apprehends the penis not simply as an instrument of love, but also as a weapon of destruction. In the girl's sadistic furor against the mother's body, due largely to her inability to suffer thwarting, she clutches at all weapons, mouth, hands, feet; and in this connection the sadistic value of the penis, and the power it gives of directing destructive urine, is perhaps not the least of its uses which she envies the boy. We know that thwarting stimulates sadism, and, to judge from their phantasies as well as actual conduct, it would seem very difficult to overestimate the quantity of sadism present in infants. On talion grounds this leads to corresponding fear, and again it seems difficult to overestimate the depth and intensity of fear in infants. We must regard the sexual development of both boys and girls as influenced at all points by the need to cope with fear, and I must agree with Melanie Klein's³⁹ scepticism about the success of Freud's⁴⁰ avowed endeavour to depict sexual development without reference to the super-ego, i.e. to the factors of guilt and fear.

38 Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 282.

39 Melanie Klein: *The Psycho-Analysis of Children*, (*International Psycho-Analytical Library*, 1932), p. 323.

40 Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, p. 294.

At this point I am constrained to express the doubt whether Freud does not attach too much significance to the girl's concern about her external organs (clitoris-penis) at the expense of her terrible fears about the inside of her body. I feel sure that to her the inside is a much stronger source of anxiety and that she often parades concern about the outside as a defensive attitude, a conclusion the truth of which Melanie Klein⁴¹ has demonstrated in great detail in her penetrating investigations of the earliest years of female development. Josine Müller⁴² has happily remarked that the anatomical fact of the girl's having two genital organs—the internal vagina (and womb) and the external clitoris—enables her to displace erotogenicity from the internal to the external when the former is threatened. After all, the central dread of the guilty girl—even in consciousness—is that she will never be able to bear children, i.e. that her internal organs have been damaged. We are reminded of Helene Deutsch's⁴³ triad of equivalent female fears: castration, defloration and parturition—though the first of these needs careful definition—and of the characteristic adult fears of 'internal diseases', prominent

among which is cancer of the womb.

The early dread of the mother, just as the hate of her, is transferred to the father, and both dread and hate are often curiously concentrated on the idea of the penis itself. Just as the boy projects his sadism on to the female organs, and then exploits these dangerous organs as a means of destroying his father homosexually, so does the girl project her sadism on to the male organ, and very largely with a similar outcome. It is one of the oddest experiences to find a woman who has devoted herself to a penis-acquiring career (homosexually) having at the same time fear, disgust and hatred of any real penis. In such cases one gets a vista of the dread and horror that get developed in regard to the penis, the most destructive of all lethal weapons, and how terrifying can be the idea of its penetrating into the inside of the body.⁴⁴ This particular projection is so important that one must ask how much of the girl's fear is the result of her sadistic wishes to bite

41 Melanie Klein: The Psycho-Analysis of Children, (International Psycho-Analytical Library, 1932), pp. 269 et seq.

42 Josine Müller, 'A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls', this JOURNAL, 1932, Vol. XIII, p. 363.

43 Helene Deutsch: 'The Significance of Masochism in the Mental Life of Women', this JOURNAL, 1930, Vol. XI, p. 48.

44 Hence, amongst other things, the frequency of beating phantasies where penetration is obviated.

away (and swallow) the penis, tearing it from the mother, or later the father, with the consequent dread lest the dangerous—because sadistically conceived—penis penetrate her; it is hard to say, but this may possibly be the very centre of the matter.

As the girl grows she often transfers her resentment from the mother to the father when she more clearly understands that he it is who really owns (and withholds) the penis. Freud⁴⁵ quotes this curious transference of hostility, resentment and dissatisfaction from the mother to the father as a proof that it cannot arise from rivalry with the mother, but we have just seen that another explanation is at least possible. It is fully intelligible that there should be resentment at the thwarting of the allo-erotic penis desire, which the father's presence stimulates, and that this applies first to the mother and then to the father. An additional tributary flows into the resentment against the father for his thwarting the libidinal desire; namely, that this thwarting has also the effect of exposing the girl to her dread of the mother. For where there is a dread of punishment for a wish then gratification of this wish may be the strongest safeguard against the anxiety, or at least is commonly believed by the unconscious to be so; and anyone, therefore, who denies this gratification commits a double crime—he refuses at the same time both libidinal pleasure and security.

We have to bear in mind all this background, which is doubtless only an extract of the true complexity, when we attempt to reconstruct the development of the deuterio-phallic phase. At this point the girl becomes consciously aware of a real penis attached to male beings, and she characteristically reacts to it by wishing to possess one herself. Why exactly does she have this wish? What does she want the penis for? That is a crucial

question, and the answer to it must also provide the answer to the equally crucial question of the source of the girl's hostility to her mother. Here we get a fairly clear-cut issue between views A and B, one which should prove stimulating to further research.

The answer to both questions given by view A undoubtedly has the merit of being simpler than that given by view B. According to it the girl wishes to possess the penis she sees because that is the sort of thing she has always prized, because she sees in it her wildest dreams of an efficient clitoris being realised in the n th degree. There is no serious internal conflict in the matter, only resentment, particularly against her mother whom she holds responsible for the disappointment that

45 Freud: 'Female Sexuality', *this JOURNAL*, 1932, Vol. XIII, pp. 281, 286.

46 Karen Horney: 'On the Genesis, etc.', *this JOURNAL*, 1924, Vol. V, pp. 52–54.

inevitably ensues. Envy of the penis is the principal reason for turning from the mother. The actual value of the clitoris-penis would appear to be essentially auto-erotic, the best exposition of which was given years ago by Karen Horney.⁴⁶ The wish is almost entirely libidinal, and is in the same direction as the girl's earlier tendencies. When this wish is disappointed, the girl falls back on a feminine incestuous allo-erotic attitude, but as a second best. Any so-called defence there may be against femininity, or rather objection to it, is dictated not so much by any deep fear of it in itself, but by the desire to retain the masculine clitoris-penis position, which it imperils; in other words, by the same objection boys would have were they offered the alternative, namely, because it is tantamount to castration. This view, which in a word explains both the hate of the mother and the strength of the deuterio-phallic phase by one main factor—the autoerotic desire to possess a clitoris-penis—is both simple and consistent. The question is, however, whether it is also comprehensive, i.e. whether its underlying assumptions in the proto-phallic phase take into due account all the ascertainable factors.

The answer given by view B is that the girl originally desired the penis allo-erotically, but is driven into an auto-erotic position (in the deuterio-phallic phase) in the same way that boys are—from fear of the supposed dangers attaching to the allo-erotic desires. I may here cite a few authors who illustrate sharply the contrasting views. On the one hand Helene Deutsch,⁴⁷ in accord with Freud, writes: 'My view is that the Oedipus complex in girls is inaugurated by the castration-complex'. On the other hand Karen Horney⁴⁸ speaks of 'these typical motives for flight into the male rôle—motives whose origin is the Oedipus complex', and Melanie Klein⁴⁹ asserts 'in my view the girl's defence against her feminine attitude springs less from her masculine tendencies than from her fear of her mother'.

The masculine form of auto-erotism is thus here the second best; it is adopted because femininity—the real thing desired—brings danger and intolerable anxiety. The deepest source of resentment against the mother is the imperfect oral satisfaction, which leads the girl to seek a more potent nipple—a penis—in an allo-erotic and later in a heteroerotic,

47 Helene Deutsch: 'The Significance, etc.', *this JOURNAL*, 1930, Vol. XI, p. 53.

48 Karen Horney: 'The Flight, etc.', *this JOURNAL*, 1926, Vol. VII, p. 337.

direction; the libidinal attitude towards the nipple here expresses itself as feminine phantasies associated with vulval—either vaginal or clitoritic—masturbation, alone or with the nurse in cleansing operations. She is homosexually attached to the mother at this stage, because it is only from her that she can hope to obtain the desired penis satisfaction, by guile or force. This is all the easier because after all the mother is still at this early age the main source of (allo-erotic) libidinal gratification. And she is dependent on her mother not only for affection and gratification, but also for the satisfying of all her vital needs. Life would be impossible without the mother and the mother's love. There are therefore the strongest possible motives for the girl's intense attachment to her mother.

Nevertheless in the unconscious there is another side to the picture, and a much grimmer one. The sadistic impulse to assault and rob the mother leads to intense dread of retaliation, which often develops—as was explained earlier—into dread of the penetrating penis; and this is revived when she comes across a real penis attached, not to the mother, but to the father or brother. Here she is actually no worse off than before—she still has a clitoris, and the mother has taken nothing away from her. She blames her, however, for not having given her more—a penis—but behind this reproach that the mother has insufficiently attended to her auto-erotic desires lies the deeper and stronger one that she has thwarted the true, feminine needs of her receptive and acquisitive nature and has threatened to destroy her body if she persists in them. View B would therefore appear to give more adequate reasons for hostility to the mother than does view A. Both agree about the pregenital thwarting at the mother's hands, but they differ in their estimate of the thwarting on the genital level. There, according to the one view, A, the mother deprives the girl of nothing, but there is resentment at not being given more; according to the other view, B, the mother both thwarts the feminine aims (towards the penis) and also threatens to mutilate the body—i.e. to destroy the real feminine penis-receiving and child-bearing organs—unless the girl renounces those aims. Small wonder that she does renounce them, always to some extent and often altogether.

The deutero-phallic phase is her reaction to this situation, her defence against the dangers of the Oedipus complex.⁵⁰ Her desire in

50 This view, maintained in my Innsbruck Congress paper, was, I think, first put forward by Karen Horney ('On the Genesis, etc.', this JOURNAL, 1924, Vol. V, p. 50), and has been elaborately developed by Melanie Klein: The Psycho-Analysis of Children, (International Psycho-Analytical Library, 1932,) pp. 271, etc.

it to possess a penis of her own saves her threatened libido by deflecting it into the safer auto-erotic direction, just as it is saved when deflected into a perversion. This shifting on to the auto-erotic (and therefore more ego-syntonic), with its consequent neurotic intensification, meets in its turn with disappointment. There are very few girls who do

not deceive themselves—to some extent throughout life—about the source of their inferiority feelings. The real source, as always with inferiority feelings, is internal forbiddenness because of guilt and fear, and this applies to the allo-erotic wishes far more than to the auto-erotic ones.

But there are additional advantages in this phallic position, hence its great strength. It is a complete refutation of the feared mother's attack on her femininity, because it denies its very existence and therefore all reason for any such attack. And there are also still more irrational unconscious phantasies. The ambivalence towards the mother can be dealt with. On the one hand the girl is now armed with the most powerful weapon of attack, and therefore of protection; Joan Riviere⁵¹ has called special attention to this motive. On the other hand, by the important mechanism of restitution, one to which Melanie Klein has devoted important studies in this connection, she can compensate for her dangerous wishes to rob the mother of a penis: she now has a penis to restore to the deprived mother, a process which plays an extensive part in female homosexuality. Further, she no longer runs any risk of being sadistically assaulted by the man's dangerous penis. Freud⁵² asks whence, if there were any flight from femininity, could it derive its source except from masculine strivings. We have seen that there may be much deeper sources of emotional energy in the girl than masculine strivings, though these can often prove a well-disguised outlet for them.

There will, I think, be general agreement on one point at least—namely, that the girl's desire for a penis is bound up with her hate of the mother. The two problems are inherently related, but it is over the nature of this relationship that there is the sharpest division of opinion. Whereas Freud holds that the hate is a resentment at the girl's not being granted a penis of her own, the view presented here,

51 Joan Riviere: 'Womanliness as a Masquerade', this JOURNAL, 1929, Vol. X, p. 303.

52 Freud: 'Female Sexuality, ' this JOURNAL, 1932, Vol. XIII, p. 297.

53 Melanie Klein: The Psycho-Analysis of Children, (International Psycho-Analytical Library, 1932), p. 270.

one which has been well sustained by Melanie Klein, ⁵³ is that the hate is essentially a rivalry over the father's penis. In the one view the deuterio-phallic phase is a natural reaction to an unfortunate anatomical fact, and when it leads to disappointment the girl falls back on heteroerotic incest. In the other view the girl develops at a very early age hetero-erotic incest, with Oedipus hate of the mother, and the deuterophallic phase is an escape from the intolerable dangers of that situation; it thus has exactly the same significance as the corresponding phenomenon with the boy.

I should like now in summing up to institute a general comparison between these problems in boys and girls respectively. With both the idea of functioning in the hetero-erotic direction appropriate to their nature (penetrating with boys, receiving penetration with girls) is absent—? renounced—in the deuterio-phallic phase. And with both there is an equally strong denial—? repudiation—of the vagina: every effort is made towards the fiction that both sexes have a penis. There must surely be a common explanation for this central feature of the deuterio-phallic phase in both sexes, and both the views here discussed provide one. According to the first, it is the discovery of the sex difference—with its unwelcome implication; according to the second it is a deep

dread of the vagina, derived from anxiety about the ideas of parental coitus associated with it, a dread which is often re-activated by seeing the genital organ of the opposite sex.

Probably the central difference between the two views, the one from which other differences emanate and where therefore our research must be specially directed, is over the varying importance attached by different analysts to the early unconscious phantasy of the father's penis incorporated in the mother. That the phantasy in question occurs has been well known to analysts for more than twenty years, but—as a result especially of Melanie Klein's notable researches—we may have to recognise it as a never-failing feature of infantile life and to learn that the sadism and anxiety surrounding it play a dominating part in the sexual development of both boys and girls. This generalization could profitably be extended to all the phantasies described by Melanie Klein and other child analysts in connection with what she has called the 'combined parent' concept, one which I suggested earlier is closely associated with Freud's pre-oedipal stage of development.

Not only is the main characteristic of the deuterio-phallic phase—the suppression of hetero-erotic functioning—essentially the same with boys and girls, but so also is the motive for it. The renunciation is effected in both cases for the sake of bodily integrity, to save the sexual organs (external with the boy, internal with the girl). The girl will not risk having her vagina or womb damaged any more than the boy will his penis. Both sexes have the strongest motives for denying all ideas of coitus, i.e. of penetration, and they therefore keep their minds set on the outside of the body.⁵⁴

In the two sections of this paper I used as a starting-point a pair of related problems: with boys the fear of castration and the dread of the vulva, with girls the desire to own a penis and the hate of the mother. It is now possible to shew that the essential nature of these two apparently unlike pairs is common to both sexes. The common features are the avoidance of penetration and fear of injury from the parent of the same sex. The boy fears castration at the hands of his father if he penetrates into the vagina; the girl fears mutilation at the hands of the mother if she allows herself to have a penetrable vagina. That the danger is often associated, by projection, with the parent of the opposite sex, in the manner I have described above, is a secondary manifestation; its real source is hostility towards the rival parent of the same sex. We have in fact the typical Oedipus formula: incestuous coitus brings with it fear of mutilation by the rival parent. And this is as true of the girl as of the boy, in spite of the more extensive homosexual disguise she is compelled to adopt.

To return to the concept of the phallic phase. If the view here advanced is valid, then the term proto-phallic I suggested earlier applies to the boy only. It is unnecessary, since it really means simply genital; it can even be misleading, since it predisposes one to think of the boy's early genital functions in a purely phallic, i.e. auto-erotic, sense to the exclusion of the allo-erotism that exists from the earliest times—in the first year of life itself. For girls the term will be still more misleading in the eyes of those who hold that the earliest stage of their development is essentially feminine. As to the sex ignorance

54 I am not suggesting that this is the only motive force at work. As Joan Riviere

pointed out in the discussion when this paper was read before the British Society, it falls into line with the general tendency towards exteriorization in the growing child's search to establish contact with the outer world.

said to characterise the proto-phallic phase this is no doubt true of consciousness, but there is extensive evidence to shew that it is not true of the unconscious; and the unconscious is an important part of the personality.

I come now to what I call the deuterio-phallic phase, the one generally meant when one uses simply the term 'phallic phase'. View A we have discussed above tends to regard the deuterio-phallic phase as a natural development, in both sexes, out of a proto-phallic phase, its direction being much the same in the two. View B lays more stress on the extent to which the deuterio-phallic phase is a deflection from the earlier one, comprising in important respects even a reversal of the direction of the latter. This may perhaps be most sharply expressed by saying that the previous heterosexual allo-erotism of the early phase is in the deuterio-phallic one—in both sexes—largely transmuted into a substitutive homosexual auto-erotism. This later phase would thus—in both sexes—be not so much a pure libidinal development as a neurotic compromise between libido and anxiety, between the natural libidinal impulses and the wish to avoid mutilation. Strictly speaking, it is not a neurosis proper, inasmuch as the libidinal gratification still open is a conscious one, not unconscious as it is in neurosis. It is rather a sexual aberration and might well be given the name of the phallic perversion. It is closely akin to sexual inversion, manifestly so with girls. This connection is so close that—although it is not strictly germane to the purpose of my paper—I will venture to apply to the problem of inversion some considerations that arise from the present theme. It would seem as if inversion is in essence hostility to the rival parent that has been libidinised by the special technique of appropriating the dangerous organs of the opposite sex, organs that have been made dangerous by sadistic projection. We saw earlier to what an extent the genital sadism was derived from the earlier oral sadism, so it may well be that the oral sadism I suggested on an earlier occasion⁵⁵ was the specific root of female homosexuality is that of male homosexuality also.⁵⁶

To avoid any possible misunderstanding I would remind you that the phallic phase, or phallic perversion, is not to be regarded as a definitely fixed entity. We should think of it, as of all similar processes, in dynamic and economic terms. It shows, in other words, every

55 I am not suggesting that this is the only motive force at work. As Joan Riviere pointed out in the discussion when this paper was read before the British Society, it falls into line with the general tendency towards exteriorization in the growing child's search to establish contact with the outer world.

56 Melanie Klein ('Early Stages of the Oedipus Conflict', this JOURNAL, Vol. IX, 1928, p. 326) would trace this to an 'oral-sucking fixation'.

possible variation. It varies in different individuals from slight indications to the most pronounced perversion. And in the same individual it varies in intensity from one

period to another according to the current changes in stimulation of the underlying agencies.

Nor do I commit myself to the view that the phallic phase is necessarily pathological, though it obviously may become so through exaggeration or fixation. It is a deviation from the direct path of development, and it is a response to anxiety, but nevertheless, for all we know, research may show that the earliest infantile anxiety is inevitable and that the phallic defence is the only one possible at that age. Nothing but further experience in analysis at early ages can answer such questions. Further, the conclusions here come to do not deny the biological, psychological and social value of the homosexual constituent in human nature; there we come back to our one and only gauge—the degree of free and harmonious functioning in the mental economy.

I will allow myself now to single out the conclusions which seem to me to be the most significant.

The first is that the typical (deutero-) phallic phase is a perversion subserving, as do all perversions, the function of salvaging some possibility of libidinal gratification until the time comes—if it ever comes—when fear of mutilation can be dealt with and the temporarily renounced hetero-erotic development be once more resumed. The inversion that acts as a defence against the fear depends on the sadism that gave rise to the fear.

Then we would seem to have warrant for recognising more than ever the value of what perhaps has been Freud's greatest discovery—the Oedipus complex. I can find no reason to doubt that for girls, no less than for boys, the Oedipus situation, in its reality and phantasy, is the most fateful psychological event in life.

Lastly I think we should do well to remind ourselves of a piece of wisdom whose source is more ancient than Plato: In the beginning ... male and female created He them.

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**INTRODUCTION
THE NATURE AND FUNCTION OF PHANTASY¹
SUSAN ISAACS**

A survey of contributions to psycho-analytic theory would show that the term 'phantasy' has been used in varying senses at different times and by different authors. Its current usages have widened considerably from its earliest meanings.

Much of this widening of the concept has so far been left implicit. The time is ripe to consider the meaning and definition of the term more explicitly.

When the meaning of a technical term does become extended in this way, whether deliberately or insensibly, it is usually for a good reason—because the facts and the theoretical formulations they necessitate require it.² *It is the relationships between the facts* which need to be looked at more closely and clarified in our thoughts. This paper is mostly concerned with the definition of 'phantasy'; that is to say, with describing the *series of facts* which the use of the term helps us to identify, to organize and to relate to other significant series of facts. Most of what follows will consist of this more

¹ A chapter from a book in preparation jointly with Paula Heimann, Melanie Klein and Joan Riviere. ² In a

contribution to the British Psycho-Analytic Society in 1943, Dr. Ernest Jones commented with regard to this extension of the meaning of 'phantasy': 'I am reminded of a similar situation years ago with the word "sexuality". The critics complained that Freud was changing the meaning of this word, and Freud himself once or twice seemed to assent to this way of putting it, but I always protested that he made no change in the meaning of the word itself: what he did was to extend the conception and, by giving it a fuller content, to make it more comprehensive. This process would seem to be inevitable in psycho-analytical work, since many conceptions, e.g. that of conscience, which were previously known only in their conscious sense, must be widened when we add to this their unconscious significance.'

- 73 - careful study of the relationships between different mental processes.

As the work of psycho-analysis has gone on, in particular the analysis of young children, and our knowledge of early mental life has developed, the relationships which we have come to discern between the earliest mental processes and the later more specialized types of mental functioning commonly called 'phantasies' have led many of us to extend the connotation of the term 'phantasy' in the sense which is now to be developed. (A tendency to widen the significance of the term is already apparent in many of Freud's own writings, including a discussion of unconscious phantasy.)

It is to be shown that certain mental phenomena which have been generally described by various authors, not usually in reference to the term 'phantasy', do in fact imply the activity of unconscious phantasies. By correlating these phenomena with the unconscious phantasies with which they are bound up, their true relationships to other mental processes can be better understood, and their function and full importance in the mental life appreciated.

This paper is not primarily concerned to establish any particular content of phantasy. It will deal with the nature and function of phantasy as a whole, and its place in the mental life. Actual examples of phantasy will be used for illustrative purposes, but it is not suggested that these examples cover the field; nor are they chosen systematically. It is true that the very same evidence which establishes the existence of phantasies even at the earliest ages gives us some indication of their specific character; yet to accept the general evidence for the activity of phantasy from the beginning of life and the place of phantasy in the mental life as a whole does not automatically imply accepting any particular phantasy content at any given age. The relation of content to age will be worked out to some extent elsewhere; this paper is intended to pave the way for that by general considerations.

To understand the nature and function of phantasy in the mental life involves the study of the earliest phases of mental development, i.e. during the first three years of life. Scepticism is sometimes expressed as to the possibility of understanding the psychic life at all in the earliest years—as distinct from observing the sequence and development of behaviour. In fact we are far from having to rely upon mere imagination or blind guesswork, even as regards the first year of life. When all the observable facts of behaviour are considered in the light of *analytic* knowledge gained from adults and from children of over two years, and are brought into relation with analytic principles, we arrive at many hypotheses carrying a high degree of probability and some certainties, regarding early mental processes.

Our views about phantasy in these earliest years are based almost wholly upon inference, but then this is true at any age. Unconscious phantasies are always inferred, not observed as such; indeed, the technique of psycho-analysis as a whole is largely based upon inferred knowledge. As has often been pointed out regarding the adult patient too, he does not tell us his unconscious phantasies directly, nor, for that matter,

his preconscious resistances. We often observe quite directly emotions and attitudes of which the patient himself is unaware; these and many other observed data (such as those instanced later, on pp. 90, 91) make it possible and necessary for us to infer that such and such resistances or phantasies are operating. This is true of the young child as well as of the adult.

The data to be drawn upon here are of three main sorts, and the conclusions to be put forward are based upon a *convergence* of these lines of evidence.

a. Considerations regarding the relationships between certain established facts and theories, many of which facts and theories, although quite familiar in psycho-analytic thought, have hitherto been dealt with in a relatively isolated way. When considered fully, these relationships require the postulates which will be put forward, and by means of these postulates become better integrated and more adequately understood.

b. Clinical evidence gained by analysts from the actual analysis of adults and children of all ages.

c. Observational data (non-analytic observations and experimental studies) of the infant and young child, by the various means at the disposal of the science of child development.

I. METHODS OF STUDY

A. Observational Methods

Before considering our main thesis, it may be useful to survey briefly certain fundamental principles of method which provide us with the material for conclusions as to the nature and function of phantasy, and which are exemplified

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both in clinical (psycho-analytic) studies and in many of the most fruitful recent researches into the development of behaviour.

A variety of techniques for the study of particular aspects of child development has been evolved in recent years. It is a no table fact that observational researches into the development of personality and social relationships, and especially those which attempt to reach understanding of motives and of mental process generally tend to pay more and more regard to certain methodological principles, now to be discussed. These principles bring them into closer line with clinical studies and thus form a valuable link between observational methods and analytic technique. They are: (a) attention to details; (b) observation of context; (c) study of genetic continuity.

a. All serious contributions to child psychology in recent years could be instanced as illustration of the growing appreciation of the need to attend to *the precise details* of the child's behaviour, whatever the field of enquiry may be, emotional, social, intellectual, locomotor or manipulative skills, perception and language. The researches of Gesell (1928-40), Shirley (1933), Bayley (1936) and many others into early mental development exemplify this principle. So do the experimental and observational studies of social development, or the researches into infant behaviour by D. W. Winnicott (1941) and M. M. Middlemore (1941). Middlemore's research on the behaviour of infants in the feeding situation, for example, demonstrated how varied and complex even the earliest responses of infants turn out to be when noted and compared in close detail, and how intimately the child's experiences, for example, the way he is handled and suckled, influence succeeding phases of feeling and phantasy and his mental processes generally.

Most advances in observational and experimental technique have been devised to facilitate the precise observation and recording of details of behaviour. We shall later refer to the great importance of this principle in psycho-analytic work and the way in which it helps us to discern the content of early phantasies.

b. *The principle of noting and recording* the context of observed data is of the greatest importance, whether in the case of a particular instance or sort of social behaviour, particular examples of play, questions asked by the child in the development of speech—whatever the data may be. By 'context' is meant, not merely earlier and later examples of the same sort of behaviour, but the whole immediate setting of the behaviour being studied, in its social and emotional situation. With regard to phantasy, for example, we have to note when the child says this or that, plays this or that game, performs this or that ritual, masters (or loses) this or that skill, demands or refuses a particular gratification, shows signs of anxiety, distress, triumph, glee, affection, or other emotions; who is present—or absent—at the time; what is his general emotional attitude or immediate feeling towards these adults or playmates; what losses, strains, satisfactions have been recently experienced or are being now anticipated? And so on and so forth.

The importance of this principle of studying the psychological *context* of particular data in the mental life has become increasingly recognized amongst students of children's behaviour, whatever mental process or function of behaviour happens to be the subject of study. Many examples could be given: e.g. the study of temper tantrums, by Florence Goodenough,³ of the innate bases of fear, by C. W. Valentine⁴ (1930) ; of the development of speech in infancy, by M. M. Lewis⁵ (1936) ; of the development of sympathy in young children, by L. B. Murphy⁶ (1937).

³ Goodenough (1931) trained her observers to record not merely the frequency and time distribution of temper tantrums, but also the context of social and emotional situations and physiological conditions in which they occurred. In this way, she was able to elucidate, to a degree which had not been done before, the nature of the situations which give rise to temper tantrums in young children. ⁴Repeating Watson's work on the subject of innate fears, Valentine paid attention to the total situation in which the child was placed as well as to the precise nature of the stimuli applied. He concluded that the setting is always a highly important factor in determining the particular response of the child to a particular stimulus. It is a *whole situation* which affects the child, not a single stimulus. The presence or absence of the mother, for example, may make all the difference to the child's actual response. ⁵ Lewis not only made a complete phonetic record of the development of speech in an infant from birth onwards, but also noted the social and emotional situations in which particular speech sounds and speech forms occurred, enabling us to infer some of the emotional sources of the drive to speech development.

⁶ Lois Barclay Murphy has made a considerable contribution to problems of social development in a series of careful studies of the personalities of young children and their social relationships. She showed that it is useless to attempt either ratings of personality as a whole, or of particular traits such as sympathy, without having constant regard to the context of the behaviour studied. The social behaviour and personal characteristics of young children vary according to the specific social context. For example, one boy is excited and aggressive when another particular boy is present, but not so when that boy is absent. Murphy's work gives us many such glimpses of the feelings and motives which enter into the development of the child's traits of personality. She sums up her study of 'sympathetic behaviour' in young children playing in a group: 'the behaviour which constitutes this trait is dependent upon the functional relation of the child to each situation, and when shifts in status give a basis for a changed interpretation of the situation in which the child finds himself, changed behaviour occurs. A significant proportion of the variations in a child's behaviour which we have discussed are related to the child's security, as affected by competitive relations

with other children, disapproval by adults, or guilt and self-accusation in relation to injury to another child, ' thus emphasising that sympathetic behaviour (as one aspect of personality) cannot be understood apart from the variations in the context in which it is shown.

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Murphy's work, in especial, has shown how indispensable is this principle in the study of social relationships, and how far more fruitful it proves than any purely quantitative or statistical treatment of types of behaviour or traits of personality, made without reference to context.

One of the outstanding examples of the way in which attention to precise details in their total context may reveal the significance of a piece of behaviour in the inner psychic life of the child is Freud's observation of the play of a boy of eighteen months of age. This boy was a normal child, of average intellectual development, and generally well behaved. Freud writes: 'He did not disturb his parents at night; he scrupulously obeyed orders about not touching various objects and not going into certain rooms; and above all he never cried when his mother went out and left him for hours together, although the tie to his mother was a very close one: she had not only nourished him herself, but had cared for him and brought him up without any outside help. Occasionally, however, this well-behaved child evinced the troublesome habit of flinging into the corner of the room or under the bed all the little things he could lay his hands on, so that to gather up his toys was often no light task. He accompanied this by an expression of interest and gratification, emitting a loud long-drawn-out "o-o-o-oh" which in the judgement of the mother (one that coincided with my own) was not an interjection but meant "gone away" (*fort*). I saw at last that this was a game, and that the child used all his toys only to play "being gone" (*fortsein*) with them. One day I made an observation that confirmed my view. The child had a wooden reel with a piece of string wound round it ... he kept throwing it with considerable skill, held by the string, over the side of his little draped cot, so that the reel disappeared into it, then said his significant "o-o-o-oh" and drew the reel by the string out of the cot again, greeting its reappearance with a joyful " *Da* " (there). This was therefore the complete game, disappearance and return, the first act being the only one generally observed by the onlookers, and the one untiringly repeated by the child as a game for its own sake, although the greater pleasure unquestionably attached to the second act.

The meaning of the game was then not far to seek. It was connected with the child's great cultural achievement—the forgoing of the satisfaction of an instinct—as the result of which he could let his mother go away without making any fuss. He compensated himself for this, as it were, by himself enacting the same disappearance and return with the objects within his reach (1922).

Later on, Freud also noted a further detail in the boy's behaviour: 'One day when the mother had been out for some hours she was greeted on her return by the information "Baby o-o-o-oh" which at first remained unintelligible. It soon proved that during his long lonely hours he had found a method of bringing about his own disappearance. He had discovered his reflection in the long mirror which nearly reached to the ground and had then crouched down in front of it, so that the reflection was "gone".'

The observation of this detail of the sounds with which the boy greeted his mother's return called attention to the further link of the child's delight in making his own image appear and disappear in the mirror, with its confirmatory evidence of his triumph in controlling feelings of loss, by his play, as a consolation for his mother's absence.

Freud also brought to bear upon the boy's play with the wooden reel other and more remote facts which many observers would not have thought had any relation to it, such

as the child's general relationship to his mother, his affection and obedience, his capacity to refrain from disturbing her and to allow her to absent herself for hours together without grumbling or protest. Freud thus came to understand much of the significance of the child's play in his social and emotional life, concluding that

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in the boy's delight in throwing away material objects and then retrieving them, he enjoyed the phantasied satisfaction of controlling his mother's comings and goings. On this basis he could tolerate her leaving him in actuality, and remain loving and obedient. The principle of observing context, like that of attention to detail, is an essential element in the technique of psycho-analysis, whether with adults or children.

c. *The principle of Genetic Continuity.*

The third fundamental principle, of value both in observational and in analytic studies, is that of *genetic continuity*⁷ (1936).

Experience has already proved that throughout every aspect of mental (no less than of physical) development, whether in posture, locomotor and manipulative skill, in perception, imagination, language, or early logic, any given phase develops by degrees out of preceding phases in a way which can be ascertained both in general outline and in specific detail. This established general truth serves as a guide and pointer in further observations. All studies of developmental status (such as those of Gesell and Shirley) rest upon this principle.

It does not mean that development proceeds at an even pace throughout. There are definite crises in growth, and there are integrations which from their nature bring radical changes in experience and further achievement, e.g. learning to walk is such a crisis; but dramatic though it be in the changes it introduces into the child's world, actual walking is but the end-phase of a long series of developing co-ordinations. Learning to talk is another such crisis; but again, one prepared for and foreshadowed in every detail before it is achieved. So true is this that the definition of ability to talk is purely a matter of convention⁸ (1933). Commonly it is taken to mean the use of two words, an arbitrary standard useful for purposes of comparison, but not intended to blur the continuous course of development. Speech development begins, as has often been shown, with the sounds made by the infant when hungry or feeding in the first few weeks of life; and on the other hand, the changes occurring *after* the mastery of the first words are as continuous and as varied and complex as those occurring before this moment.

One aspect of speech development having a special bearing upon our present problems is the fact that *comprehension of words long antedates their use*. The actual length of time during

which the child shows that he understands much that is said to him, or spoken in his presence, yet has not come to the point of using any words himself, varies much from child to child. In some highly intelligent children, the interval between comprehension and use of words may be as much as one year. This time lag of use behind comprehension is found generally throughout childhood. Many other intellectual processes, also, are expressed in action long before they can be put into words.

⁷ Referred to by Joan Riviere in her paper 'On the Genesis of Psychical Conflict in Earliest Infancy'. ⁸ Hazlitt, in her chapter on 'Retention, Continuity, Recognition and Memory' says: 'The favourite game of "peep-bo" which the child may enjoy in an appropriate form from about the third month gives proof of the continuity and retentiveness of the mind of the very young child. If impressions died away immediately and the child's conscious life were made up of a number of totally disconnected moments this game could have no charm for him. But we have ample evidence that at one moment he is conscious of the change in

experience, and we can see him looking for what has just been present and is now gone.'

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Hazlitt's whole treatment of these problems takes the line that explicit memory grows out of early recognition—i.e. 'any process of perceiving which gives rise to a feeling of familiarity.' She goes on: 'In speaking of the month-old child's sucking reaction to the sound of the human voice it has not been assumed that the child recognizes the voices, that there is a conscious experience corresponding to the idea "voices again". There may or may not be such conscious experience. ... As the weeks go by, however, numberless instances of recognition occur in which the child's expression and general behaviour form a picture so like that which accompanies conscious experience of recognition at the later stages that it is difficult to resist the inference that the child is recognizing in the true sense of the word. Records tell of children from eight weeks onwards appearing to be distressed by strange, and reassured by familiar faces.'

Hazlitt also takes the view that even judgment is present, e.g. in the child's adaptive responses, in the third and fourth months. Hazlitt has no doubt that the very earliest responses of the infant show the rudimentary qualities from which memory, imagination, thinking, etc., develop. She says: 'Another argument for the view here taken that judgment is present from a very early time is that the expression of surprise at stimuli which are not surprising through their intensity, but from being changed in some way from their usual appearance, is quite common by six months and shows itself every now and then much earlier than this.'

Another important field in which this law of genetic continuity operates is that of logical relations. Experimental studies of Hazlitt and others have shown that the child can understand and act upon certain logical relations (such as identity, exception, generalization, etc.) long before he can express these relations in words, and he can understand them in simple concrete terms before he can appreciate them in a more abstract form. E.g. he can act upon the words 'all ... but not ...' when he cannot yet understand the word 'except'; again, he can comprehend and act upon 'except' before he can use the word himself.

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Examples of rudimentary thought emerging in action and in speech from the second year of life are given in the studies of speech development by M. M. Lewis (1937). The experimental studies of the development of logical thinking, by Hazlitt (1933) and others, show the same principle at work in later years.

This general fact of genetic continuity, and its particular exemplifications in speech development, have a specific bearing upon one important question: are phantasies active in the child at the time when the relevant impulses first dominate his behaviour and his experience, or do these become so only in retrospect, when later on he can put his experience into words? The

evidence clearly suggests that phantasies are active along with the impulses from which they arise. (This question is bound up with the problem of *regression*, which will be discussed elsewhere.)

Genetic continuity thus characterizes every aspect of development at all ages. There is no reason to doubt that it holds true of fantasy as well as of overt behaviour and of logical thinking. Is it not, indeed, one of the major achievements of psycho-analysis to have shown that the development of the instinctual life, for instance, had a continuity never understood before Freud's work? The essence of Freud's theory of sexuality lies in just this fact of detailed continuity of development.

Probably no psycho-analyst would question the abstract principle, but it is not always appreciated that it is far more than this. The established principle of genetic *continuity* is

a concrete instrument of knowledge. It enjoins upon us to accept no particular facts of behaviour or mental processes as *sui generis*, ready-made, or suddenly emerging, but to regard them as items in a developing series. We seek to trace them backwards through earlier and more rudimentary stages to their most germinal forms; similarly, we are required to regard the facts as manifestations of a process of growth, which has to be followed forward to later and more developed forms. Not only is it necessary to study the acorn in order to understand the oak, but also to know about the oak in order to understand the acorn (1911).

B. The Method of Psycho-Analysis

These three ways of obtaining evidence of mental process from observation of behaviour: that of noting the context, observing details and approaching any particular data as a part of a developmental process, are essential aspects of the work of psycho-analysis, and most fully exemplified there. They are indeed its breath of life. They serve to elucidate the nature and function of phantasy, as well as of other mental phenomena.

The observation of detail and of context are so intimately bound up in analytic work that they may be briefly dealt with together. With adult patients, as well as children, the analyst not only listens to all the details of the actual content of the patient's remarks and associations, including what is not said as well as what is, but notes also where emphasis is put, and whether it seems appropriate. Repetition of what has already been told or remarked, in its immediate affective and associative context; changes occurring in the patient's account of events in his earlier life, and in the picture he presents of people in his environment, as the work goes on; changes in his ways of referring to circumstances and to people (including the names he gives them), from time to time, all serve to indicate the character and activity of the phantasies operating in his mind. So do idiosyncrasies of speech, or phrases and forms of description, metaphors and verbal style generally. Further data are the patient's selection of facts from a total incident, and his denials (e.g. of things he has previously said, of states of mind which would be appropriate to the content of what he is saying, of real objects seen or incidents occurring in the analytic room, of facts in his own life which can certainly be inferred from the other known content of his life or family history, of facts known by the patient about the analyst or of happenings in public affairs, such as war and bombs). The analyst notes the patient's manner and behaviour as he enters and leaves the room, as he greets the analyst or parts from him, and while he is on the couch; including every detail of gesture or tone of voice, pace of speaking, and variations in this, idiosyncratic routine or particular changes in mode of expression, changes of mood, every sign of affect or denial of affect, in their particular nature and intensity and their precise associative context. These, and many other such kinds of detail, taken as a context to the patient's dreams and associations, help to reveal his unconscious phantasies (among other mental facts). The particular situation in the internal life of the patient at the moment gradually becomes clear, and the relation of his immediate problem to earlier situations

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and to actual experiences in his history is gradually made plain.

The third principle, that of genetic continuity, is inherent in the whole approach and the moment-by-moment work of psycho-analysis.

Freud's discovery of the successive phases of libidinal development in the child, and the continuity of the various manifestations of the sexual wishes from infancy to maturity, has not only been fully confirmed with every patient analysed, but, as in the case of every sound generalization of observed facts, has proved to be a reliable instrument for further understanding of new data.

Observations in the analytic field of the development of phantasy and of the continuous

and developing interplay between psychic reality and knowledge of the external world, are fully in accordance with the data and generalizations regarding development arrived at in other fields, such as bodily skills, perceptions, speech and logical thinking. As with the external facts of behaviour, so with the development of phantasy, we have to regard each manifestation at any given time and in any given situation as a member of a developing series whose rudimentary beginnings can be traced backwards and whose further, more mature, forms can be followed forward. Awareness of the way in which the content and form of phantasy at any given time are bound up with the successive phases of instinctual development, and of the growth of the ego, is always operating in the analyst's mind. To make this plain (in concrete detail) to the patient is an inherent part of the work.

It was by attending to the details and the context of the patient's speech and manner, as well as of his dreams and associations, that Freud laid bare both the fundamental instinctual drives in the mental life, and the varied processes—the so-called '*mental mechanisms*'—by which impulses and feelings are controlled and expressed, internal equilibrium is maintained and adaptation to the external world achieved. These 'mechanisms' are very varied in type and many of them have received close attention. In the view of the present writers, all these various mechanisms are intimately related to particular sorts of phantasy, and at a later point, the character of this relationship will be gone into.

Freud's discoveries were made almost entirely from the analysis of adults, together with certain observations of children. Melanie Klein, in her direct analytic work with children of two years and onwards, developed the full resources of analytic technique by using the children's play with material objects, their games and their bodily activities towards the analyst, as well of course as their mien and manner and signs of feeling and their talk about what they were doing and feeling, or what had been happening in their external lives. The makebelieve and manipulative play of young children exemplify those various mental processes (and therefore, as we shall see, the phantasies) first noted by Freud in the dream life of adults and in their neurotic symptoms. In the child's relationship to the analyst, as with the adult's, the phantasies arising in the earliest situations of life are repeated and acted out in the clearest and most dramatic manner, with a wealth of vivid detail.

Transference Situation

It is especially in the patient's emotional relation to the analyst that the study of context, of details and of continuity of development proves fruitful for the understanding of phantasy. As is well known, Freud early discovered that patients repeat towards their analyst situations of feeling and impulse, and mental processes generally, which have been experienced earlier in their relationships to people in their external lives and personal histories. This transference on to the analyst of early wishes, aggressive impulses, fears and other emotions, is confirmed by every analyst.

The personality, the attitudes and intentions, even the external characteristics and the sex of the analyst, *as seen and felt in the patient's mind*, change from day to day (even from moment to moment) according to changes in the inner life of the patient (whether these are brought about by the analyst's comments or by outside happenings). That is to say, *the patient's relation to his analyst is almost entirely one of unconscious phantasy*. Not only is the phenomenon of 'transference' as a whole evidence of the existence and activity of phantasy in every patient, whether child or adult, ill or healthy; its detailed changes also enable us to decipher the particular character of the phantasies at work in particular situations, and their influence upon other mental processes. The 'transference' has turned out to be the chief instrument of learning what is going on in the patient's

mind, as well as of discovering or reconstructing his early history; the unfolding of his
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transference phantasies, and the tracing of their relation to early experiences and present-day situations, form the chief agency of the 'cure'.

Repetition of early situations and 'acting out' in the transference carry us back far beyond the earliest conscious memories; the patient (whether child or adult) often shows us, with the most vivid and dramatic detail, feelings, impulses and attitudes appropriate not only to the situations of childhood but also to those of the earliest months of infancy. In his phantasies towards the analyst, the patient is back in his earliest days, and to follow these phantasies in their context and understand them in detail is to gain solid knowledge of what actually went on in his mind as an infant.

Mental Life under Two Years of Age

For the understanding of phantasy and other mental processes in children from the end of the second year onwards, we thus have not only all the evidence of observed behaviour in ordinary life, but also the full resources of the analytic method used directly.

When we turn to children under two years, we bring certain proved instruments of understanding to the study of their responses to stimuli, their spontaneous activities, their signs of affect, their play with people and with material objects, and all the varied aspects of their behaviour. First, we have those principles of observation already outlined—the value of observing context, of noting precise details, and of regarding the data observed at any one moment as being members of a series which can be traced backward to their rudimentary beginnings and forward to their more mature forms. Secondly, we have the insight gained from direct analytic experience into the mental processes so clearly expressed in similar types of behaviour (continuous with these earlier forms) in children of more than two years; above all, the evidence yielded by the repetition of situations, emotions, attitudes and phantasies in the 'transference' during analyses of older children and of adults.

Using these various instruments, it becomes possible to formulate certain hypotheses about the earliest phases of phantasy and of learning, of mental development generally, which can be credited with a considerable degree of probability. There are gaps in our understanding, and from the nature of the case, these may take time to remove. Nor are our inferences as certain as those regarding later development. But there is much which is definitely clear, and much more that only awaits further detailed observations, or more patient correlating of the observable facts, to yield a high degree of understanding.

II. THE NATURE AND FUNCTION OF PHANTASY

To turn now to our main thesis:—

As has been said, it is on the basis of the convergence of these various lines of evidence that the present-day significance of the concept of phantasy is to be discussed. A consideration of all these sorts of fact and theory calls for a revision of the usages of the term.

Common Usages of the term 'Phantasy'

Among psycho-analytic writers, the term has sometimes referred (in line with everyday language) only to *conscious* 'fantasies', of the nature of day-dreams. But Freud's discoveries soon led him to recognize the existence of *unconscious* phantasies. This reference of the word is indispensable. The English translators of Freud adopted a special spelling of the word 'phantasy', with the *ph*, in order to differentiate the psycho-analytical significance of the term, i.e. predominantly or entirely *unconscious* phantasies, from the popular word 'fantasy', meaning conscious day-dreams, fictions, and so on. The psycho-analytical term 'phantasy' essentially connotes unconscious

mental content, which may or may not become conscious.

This meaning of the word has assumed a growing significance, particularly in consequence of the work of Melanie Klein on the early stages of development.

Again, the word 'phantasy' has often been used to mark a contrast to 'reality', the latter word being taken as identical with 'external' or 'material' or 'objective' facts. But when external reality is thus called 'objective' reality, this makes an implicit assumption which denies to psychical reality its *own objectivity as a mental fact*. Some analysts tend to contrast 'phantasy' with 'reality' in such a way as to undervalue the dynamic importance of phantasy. A related usage, very common in patients, is to think of 'phantasy' as something 'merely' or 'only' imagined, as something unreal, in contrast with what is actual, what happens to one. This kind of attitude tends towards a depreciation of psychical reality and of the significance of mental processes as such.

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Psycho-analysis has shown that the quality of being 'merely' or 'only' imagined is not the most important criterion for the understanding of the human mind. When and under what conditions 'psychical reality' is in harmony with external reality is one special part of the total problem of understanding mental life as a whole: a very important part indeed; but, still, 'only' one part. (This will be touched upon at various later points, for example p. 90 *et seq.*)

Freud's discovery of *dynamic psychical reality* initiated a new epoch of psychological understanding.

He showed that the inner world of the mind has a continuous living reality of its own, with its own dynamic laws and characteristics, different from those of the external world. In order to understand the dream and the dreamer, his psychological history, his neurotic symptoms or his normal interests and character, we have to give up that prejudice in favour of external reality, and of our conscious orientations to it, that under-valuation of internal reality, which is the attitude of the ego in Western civilized life to-day.⁹

A further point, of importance in our general thesis, is that unconscious phantasy is fully active in the normal, no less than in the neurotic mind. It seems sometimes to be assumed that only in the 'neurotic' is psychical reality (i.e. unconscious phantasy) of paramount importance, and that with 'normal' people its significance is reduced to vanishing point. This view is not in accordance with the facts, as they are seen in the behaviour of ordinary people in daily life, or as observed through the medium of psycho-analytic work, notably in the transference. The difference between normal and abnormal lies in the way in which the unconscious phantasies are dealt with, the particular mental processes by means of which they are worked over and modified; and the degree of direct or indirect gratification in the real world and adaptation to it, which these favoured mechanisms allow.

Phantasy as the Primary Content of Unconscious Mental Processes

Thus far, we have been upon familiar ground. If, however, we bring recent clinical data into closer relation with certain formulations of Freud's, we take a definite step forward in understanding the function of phantasy.

A study of the conclusions arising from the analysis of young children leads to the view that phantasies are the primary content of unconscious mental processes. Freud did not formulate his views on this point in terms of phantasy, but it can be seen that such a formulation is in essential alignment with his contributions.

Freud has said that '... everything conscious has a preliminary unconscious stage. ...'¹⁰ (1932). All mental processes originate in the unconscious and only under certain conditions become conscious. They arise either directly from instinctual needs or in

response to external stimuli acting upon instinctual impulses. 'We suppose that it (the *id*) is somewhere in direct contact with somatic processes and takes over from them instinctual needs and gives *them mental expression*.'¹¹ (1933). (My italics.) 'We must say that the Ucs is continued into its so-called derivatives, is accessible to the influence of life, perpetually acts upon the Pcs, and even is, on its part, capable of influence by the latter system.'¹² (1915B).

Now in the view of the present writers, this 'mental expression' of instinct is unconscious phantasy. Phantasy is (in the first instance) the mental corollary, the psychic representative, of instinct. There is no impulse, no instinctual urge or response which is not experienced as unconscious phantasy.

In the beginning of his researches, Freud was concerned particularly with libidinal desires, and his 'mental expression of instinctual needs' would refer primarily to libidinal aims. His later studies, however, and those of many other workers, have required us to include destructive impulses as well.

9 E.g.: 'There is a most surprising characteristic of unconscious (repressed) processes to which every investigator accustoms himself only by exercising great self-control; it results from their entire disregard of the reality-test; thought-reality is placed on an equality with external actuality, wishes with fulfilment and occurrence. ... One must, however, never allow oneself to be misled into applying to the repressed creations of the mind the standards of reality; this might result in undervaluing the importance of phantasies in symptomformation on the ground that they are not actualities; or in deriving a neurotic sense of guilt from another source because there is no proof of actual committal of any crime.' (Freud: 'Formulations Regarding the Two Principles in Mental Functioning') (1911). 'An abandonment of the over-estimation of the property of consciousness is the indispensable preliminary to any genuine insight into the course of psychic events. ...' (Freud: *The Interpretation of Dreams*, p. 562) (1932). 10 *The Interpretation of Dreams*, p. 562. 11 *New Introductory Lectures*, p. 98. 12 *'The Unconscious'*, p. 122.

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The first mental processes, the psychic representatives of bodily impulses and feelings, i.e. of libidinal and destructive instincts, are to be regarded as the earliest beginning of phantasies. In the mental development of the infant, however, phantasy soon becomes also a means of defence against anxieties, a means of inhibiting and controlling instinctual urges and an expression of reparative wishes as well. The relation between phantasy and wish-fulfilment has always been emphasized; but our experience has shown, too, that most phantasies (like symptoms) also serve various other purposes as well as wish-fulfilment; e.g. denial, reassurance, omnipotent control, reparation, etc. It is, of course, true that, in a wider sense, all these mental processes which aim at diminishing instinctual tension, anxiety and guilt also serve the aim of wish-fulfilment; but it is useful to discriminate the specific modes of these different processes and their particular aims.

All impulses, all feelings, all modes of defence are experienced in phantasies which give them mental life and show their direction and purpose.

A phantasy represents the particular content of the urges or feelings (for example, wishes, fears, anxieties, triumphs, love or sorrow) dominating the mind at the moment. In early life, there is indeed a wealth of unconscious phantasies which take specific form in conjunction with the cathexis of particular bodily zones. Moreover, they rise and fall in complicated patterns according to the rise and fall and modulation of the primary instinct-impulses which they express. The world of phantasy shows the same protean and kaleidoscopic changes as the contents of a dream. These changes occur

partly in response to external stimulation and partly as a result of the interplay between the primary instinctual urges themselves.

It may be useful at this point to give some examples of specific phantasies, without, however, discussing the particular age or time relations between these actual examples.

In attempting to give such examples of specific phantasies we are naturally obliged to put them into words; we cannot describe or discuss them without doing so. This is clearly not their original character and inevitably introduces a foreign element, one belonging to later phases of development, and to the preconscious mind. (Later on we shall discuss more fully the relation between phantasies and their verbal expression.)

On the basis of those principles of observation and interpretation, which have already been described and are well established by psycho-analytic work, we are able to conclude that when the child shows his desire for his mother's breast, he experiences this desire as a specific phantasy—'I want to suck the nipple'. If desire is very intense (perhaps on account of anxiety), he is likely to feel: 'I want to eat her all up.' Perhaps to avert the repetition of loss of her, or for his pleasure, he may feel: 'I want to keep her inside me.' If he is feeling fond, he may have the phantasy: 'I want to stroke her face, to pat and cuddle her.' At other times, when he is frustrated or provoked, his impulses may be of an aggressive character; he will experience these as, e.g.: 'I want to bite the breast; I want to tear her to bits.' Or if, e.g. urinary impulses are dominant, he may feel: 'I want to drown and burn her.' If anxiety is stirred by such aggressive wishes, he may phantasy: 'I myself shall be cut or bitten up by mother'; and when his anxiety refers to his internal object, the breast which has been eaten up and kept inside, he may want to eject her and feel: 'I want to throw her out of me.' When he feels loss and grief, he experiences, as Freud described: 'My mother has gone for ever.' He may feel: 'I want to bring her back, I must have her now', and then try to overcome his sense of loss and grief and helplessness by the phantasies expressed in auto-erotic satisfactions, such as thumb-sucking and genital play: 'If I suck my thumb, I feel she is back here with me, belonging to me and giving me pleasure.' If, after having in his phantasy attacked his mother and hurt and damaged her, libidinal wishes come up again, he may feel he wants to restore his mother and will then phantasy: 'I want to put the bits together again', 'I want to make her better', 'I want to feed her as she has fed me'; and so on and so forth.

Not merely do these phantasies appear and disappear according to changes in the instinctual urges stirred up by outer circumstances, they also exist together, side by side in the mind, even though they be contradictory; just as in a dream, mutually exclusive wishes may exist and be expressed together.

Not only so: these early mental processes have an omnipotent character. Under the pressure of instinct-tension, the child in his earliest days not only feels: 'I want to', but implicitly phantasies: 'I am doing' this and

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that to his mother: 'I *have* her inside me', when he wants to. The wish and impulse, whether it be love or hate, libidinal or destructive, tends to be felt as actually fulfilling itself, whether with an external or an internal object. This is partly because of the overwhelmingness of his desires and feelings. In these earliest days, his own wishes and impulses fill the whole world at the time when they are felt. It is only slowly that he learns to distinguish between the wish and the deed, between external facts and his feelings about them. The degree of differentiation partly depends upon the stage of development reached at the time, and partly upon the momentary intensity of the desire or emotion.

This omnipotent character of early wishes and feelings links with Freud's views about hallucinatory satisfaction in the infant.

Hallucination and Primary Introjection

Freud had been led (by his study of unconscious processes in the minds of adults) to assume that, in the beginning of mental life, '... whatever was thought of (desired) was simply imagined in a hallucinatory form, as still happens with our dream-thoughts every night'. This he calls the child's 'attempt at satisfaction by hallucination' (1911).

What, therefore, does the infant hallucinate? We may assume, since it is the oral impulse which is at work, first, the nipple, then the breast, and later, his mother as a whole person; and he hallucinates the nipple or the breast in order to enjoy it. As we can see from his behaviour (sucking movements, sucking his own lip or a little later his fingers, and so on), hallucination does not stop at the mere picture, but carries him on to what he is, in detail, going to do with the desired object which he imagines (phantasies) he has obtained. It seems probable that hallucination works best at times of less intense instinctual tension, perhaps when the infant half-awakes and first begins to be hungry, but still lies quiet. As tension increases, hunger and the wish to suck the breast becoming stronger, hallucination is liable to break down. The pain of frustration then stirs up a still stronger desire, viz. the wish to take the whole breast into himself and keep it there, as a source of satisfaction; and this in its turn will for a time omnipotently fulfil itself in belief, in hallucination. Thus we must assume that the incorporation of the breast is bound up with the earliest forms of the phantasy life. This hallucination of the internal satisfying breast may, however, break down altogether if frustration continues and hunger is not satisfied, instinct-tension proving too strong to be denied. Rage and violently aggressive feelings and phantasies will then dominate the mind, and necessitate some adaptation.

Let us consider further what Freud has to say about this situation.

He goes on: 'In so far as it is auto-erotic, the ego has no need of the outside world, but ... it cannot but for a time perceive instinctual stimuli as painful. Under the sway of the pleasure principle, there now takes place a further development. The objects presenting themselves, in so far as they are sources of pleasure, are absorbed by the ego into itself, "introjected" (according to an expression coined by Ferenczi): while, on the other hand, the ego thrusts forth upon the external world whatever within itself gives rise to pain (v. *infra*: the mechanism of projection)' (1915A).

Although in describing primary introjection, Freud does not use the phrase 'unconscious phantasy', it is clear that his concept accords with our assumption of the activity of unconscious phantasy in the earliest phase of life.

Difficulties in Early Development Arising from Phantasy

Many of the familiar difficulties of the young infant (e.g. in feeding and excreting, or his phobias of strangers and anxiety of being left alone, etc.) can best be integrated with well-established analytic views, and their significance more fully understood, if they are seen as manifestations of early phantasy.

Freud commented on some of these difficulties. E.g. he referred to '... the situation of the infant when he is presented with a stranger instead of his mother'; and after speaking of the child's anxiety, added: '... the expression of his face and his reaction of crying indicate that he is feeling pain as well. ... As soon as he misses his mother he behaves as if he were never going to see her again.' Freud also referred to 'the infant's misunderstanding of the facts. ...'

Now, by 'pain', Freud obviously does not here mean bodily, but *mental* pain; and mental pain has a content, a meaning, and implies phantasy. On the view presented here, 'he behaves as if he were never going to see her again' means his phantasy is that his mother has been destroyed (by his own hate or greed)

and altogether lost. His awareness of her absence is profoundly coloured by his feelings towards her—his longing and intolerance of frustration, his hate and consequent anxieties. His 'misunderstanding of the situation' is that same 'subjective interpretation' of his perception of her absence which, as J. Riviere points out, is a characteristic of phantasy.

On another occasion, when speaking of oral frustrations, Freud says: 'It looks far more as if the desire of the child for its first form of nourishment is altogether insatiable, and as if it never got over the pain of losing the mother's breast. ... It is probable, too, that the fears of poisoning are connected with weaning. Poison is the nourishment that makes one ill. Perhaps, moreover, the child traces his early illnesses back to this frustration' (1933).

How would it be possible for the child to 'trace back his early illnesses to this frustration' unless at the time of the frustration he experienced it *in his mind*, retained it and later on remembered it unconsciously? At the time when he experiences the frustration, there is not merely a bodily happening but also a mental process, i.e. a phantasy—the phantasy of having a bad mother who inflicts pain and loss upon him. Freud says 'the fear of poisoning is probably connected with weaning'. He does not discuss this connection further; but it implies the existence of phantasies about a poisoning breast, such as Melanie Klein's work has shown (1932).

Again, when Freud speaks of the feelings the little girl has about her mother, he refers to the child's 'dread of being killed by the mother'.¹³

Now to speak of a 'dread of being killed by the mother' is obviously a way of describing the child's phantasy of a murderous mother. In our analytic work, we find that the phantasy of the 'murderous' mother supervenes upon that of the mother who is attacked with murderous intent by the child. Sometimes the phantasy of the vengeful mother may come to conscious expression in words later on, as in the small boy reported by Dr. Ernest Jones, who said of his mother's nipple when he saw her feeding a younger child: 'That's what you bit me with.' As we can confirm by analysis of the transference in every patient, what has happened here is that the child has projected his own oral aggressive wishes on to the object of those wishes, his mother's breast. In his phantasy which accompanies this projection, she (the mother or her breast) is now going to bite him to bits as he wanted to do to her.

Phantasies and Words

We must now consider very briefly the relation between phantasies and words.

The primary phantasies, the representatives of the earliest impulses of desire and aggressiveness, are expressed in and dealt with by mental processes far removed from words and conscious relational thinking, and determined by the logic of emotion. At a later period, they may under certain conditions (sometimes in children's spontaneous play, sometimes only in analysis) become capable of being expressed in words.

There is a wealth of evidence to show that phantasies are active in the mind long before language has developed, and that even in the adult they continue to operate alongside and independently of words. Meanings, like feelings, are far older than speech, alike in racial and in childhood experience.

In childhood and in adult life, we live and feel, we phantasy and act far beyond our verbal meanings. E.g. some of our dreams show us what worlds of drama we can live through in visual terms alone. We know from dancing, acting, drawing, painting and sculpture and the whole world of art, what a wealth of implicit meaning can reside even in a shape, a colour, a line, a movement, a mass, a composition of form or colour, or of melody and harmony in music. In social life, too, we know from our own ready and

intuitive response to other people's facial expression, tones of voice, gestures, etc.,¹⁴ how much we appreciate directly without words, how much meaning is implicit in what we perceive, sometimes with never a word uttered, or even in spite of words uttered. These things, perceived and imagined and felt about, are the stuff of experience. Words are a means of referring to experience,

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These occasional references by Freud to phantasies in young children, quoted above, are examples of the way in which the intuitive insight of his genius, perforce scientifically unsupported and unexplained at the time, is being confirmed and made intelligible both by the work of certain of his followers, notably M. Klein, and by observations of behaviour.¹⁴ 'When the lady drank to the gentleman only with her eyes, and he pledged with his, was there no conversation because there was neither noun nor verb?'—Samuel Butler.

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actual or phantasied, but are not identical with it, not a substitute for it. Words may evoke feelings and images and actions, and point to situations; they do so by virtue of being signs of experience, not of being themselves the main material of experience.

Freud made quite clear, in more than one passage, his own view that words belong to the conscious mind only and not to the realm of unconscious feelings and phantasies. He spoke, e.g. of the fact that it is real objects and persons which we invest with love and interest, not their names¹⁵ (1915B).

And of visual memory he wrote: '... it approximates more closely to unconscious processes than does thinking in words, and it is unquestionably older than the latter, both ontogenetically and phylogenetically.'

Perhaps the most convincing evidence of the activity of phantasy without words is that of hysterical conversion symptoms.¹⁶ In these familiar neurotic symptoms, ill people revert to a primitive pre-verbal language, and make use of sensations, postures, gestures and visceral processes to express emotions and unconscious wishes or beliefs, i.e. phantasies. The psychogenic character of such bodily symptoms, first discovered by Freud and followed up by

Ferenczi, has been confirmed by every analyst; their elucidation is a commonplace in the work with many types of patient. Each detail of the symptoms turns out to have a specific meaning, i.e. to express a specific phantasy; and the various shifts of form and intensity and bodily part affected reflect changes in phantasy, occurring in response to outer events or to inner pressures.

We are not, however, left to depend upon even such convincing general considerations from adults and older children, but can occasionally gather quite direct evidence from a young child that a particular phantasy may dominate his mind long before its content can be put into words.

As an example: a little girl of one year and eight months, with poor speech development, saw a shoe of her mother's from which the sole had come loose and was flapping about. The child was horrified, and screamed with terror. For about a week she would shrink away and scream if she saw her mother wearing any shoes at all, and for some time could only tolerate her mother's wearing a pair of brightly coloured house shoes. The particular offending pair was not worn for several months. The child gradually forgot about the terror, and let her mother wear any sort of shoes. At two years and eleven months, however (fifteen months later), she suddenly said to her mother in a frightened voice, 'Where are Mummy's broken shoes?' Her mother hastily said, fearing another screaming attack, that she had sent them away, and the child then commented: 'They might have eaten me right up.'

The flapping shoe was thus seen by the child as a threatening mouth, and responded to as such, at one year and eight months, even though the phantasy could not be put into words. Here, then, we have the clearest possible evidence that a phantasy can be felt, and felt as real, long before it can be expressed in words.

Phantasies and Sensory Experience

Words, then, are a late development in our means of expressing the inner world of our phantasy. By the time a child can use words—even primitive words such as 'Baby o-o-oh'—he has already gone through a long and complicated history of psychic experience. The first phantasied wish-fulfilment, the first 'hallucination', is bound up with sensation. Some pleasurable sensation (organ-pleasure) there must be, very early, if the baby is to survive. E.g. if, for one reason or another, the first sucking impulse does not lead to pleasurable satisfaction, acute anxiety is aroused in the infant. The sucking impulse itself may then tend to be inhibited or to be less well co-ordinated than it should. In extreme cases, there may be complete inhibition of feeding; in less marked instances, 'pinning' and poor development. If, on the other hand, through a natural unity of rhythm between mother and child, or the skilful handling of any difficulties that may arise, the infant is soon able to receive pleasurable satisfaction at the breast, good co-ordination of sucking and a positive attitude to the suckling process is set up which goes on

15 'The system Ucs contains the thing-cathexes of the object, the first and true object-cathexes; the system Pcs originates in a hyper-cathexis of this concrete idea by a linking up of it with the verbal ideas of the words corresponding to it. It is such hyper-cathexes, we may suppose, that bring about higher organization in the mind and make it possible for the primary process to be succeeded by the secondary process which dominates Pcs.' (*The Unconscious*, *Collected Papers*, IV, pp. 133–4, 1915 B). 16 Dr. Sylvia Payne pointed out this connection in a discussion on this subject at the B.Ps-An.Soc. January 27, 1943.

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automatically thereafter, and fosters life and health (1941). Changes of contact and temperature, the inrush of sound and light stimulation, etc., are manifestly felt as painful. The inner stimuli of hunger and desire for contact with the mother's body are painful, too. But sensations of

warmth, the desired contact, satisfaction in sucking, freedom from outer stimulus, etc., soon bring actual experience of pleasurable sensation. At first, the whole weight of wish and phantasy is borne by sensation and affect. The hungry or longing or distressed infant feels actual sensations in his mouth or his limbs or his viscera, which *mean to him* that certain things are being done to him or that he is doing such and such as he wishes, or fears. He *feels as if* he were doing so and so—e.g. reaching or sucking or biting the breast which is actually out of reach, or as if he were being forcibly and painfully deprived of the breast, or as if *it* were biting *him*. And all this at first, probably without visual or other plastic images.

Interesting material bearing upon this point is offered by Middlemore, from the analysis of a girl of two years nine months, who was treated for severe feeding difficulties. In her play, both at home and during her analysis, she was continually biting. 'Among other things she pretended to be a biting dog, a crocodile, a lion, a pair of scissors that could cut up cups, a mincing machine and a machine for grinding cement.' Her unconscious phantasies and conscious imaginative play were thus of an intensely destructive nature. In actuality, she had from birth refused to suck the breast, and her mother had had to give up the attempt to breast-feed her because of the infant's complete lack of interest and response. When she came to analysis, she was eating very little and never without persuasion. She had thus had no experience of actually

'attacking' the breast, not even in sucking, let alone in biting as the animals did whose fierce attacks she played out. Middlemore suggests that the bodily sensations, i.e. the pangs of hunger, which disturbed the infant were the source of these fierce phantasies of biting and being bitten¹⁷ (1941).

The earliest phantasies, then, spring from bodily impulses and are interwoven with bodily sensations and affects. They express primarily an internal and subjective reality, yet from the beginning they are bound up with an actual, however limited and narrow, experience of objective reality.

The first bodily experiences begin to build up the first memories, and external realities are progressively woven into the texture of fantasy. Before long, the child's phantasies are able to draw upon plastic images as well as sensations—visual, auditory, kinæsthetic, touch, taste, smell images, etc. And these plastic images and dramatic representations of fantasy are progressively elaborated along with articulated perceptions of the external world.

Phantasies do not, however, take origin in articulated knowledge of the external world; their source is internal, in the instinctual impulses.

E.g. the inhibitions of feeding sometimes appearing in quite young infants, and very commonly in children after weaning and in the second year, turn out (in later analysis) to arise from the anxieties connected with the primary oral wishes of intense greedy love and hate: the dread of destroying (by tearing to bits and devouring) the very object of love, the breast that is so much valued and desired.

It has sometimes been suggested that unconscious phantasies such as that of 'tearing to bits' would not arise in the child's mind before he had gained the conscious knowledge that tearing a person to bits would mean killing them. Such a view does not meet the case. It overlooks the fact that such knowledge is inherent in bodily impulses as a vehicle of instinct, in the excitation of the organ, i.e. in this case, the mouth.

The fantasy that his passionate impulses

¹⁷ It was said by Dr. Clifford Scott, in a contribution to the discussion on this subject at the B.Ps-An.Soc. on January 27, 1943, that the adult way of regarding the body and the mind as two separate sorts of experience can certainly not hold true of the infant's world. It is easier for adults to observe the actual sucking than to remember or understand what the experience of the sucking is to the infant, for whom

there is no dichotomy of body and mind, but a single, undifferentiated experience of sucking and phantasying. Even those aspects of psychological experience which we later on distinguish as 'sensation', 'feeling', etc. cannot in the early days be distinguished and separated. Sensations, feelings, as such, emerge through development from the primary whole of experience, which is that of sucking—sensing—feeling—phantasying. This total experience becomes gradually differentiated into its various aspects of experience: bodily movements, sensations, imaginings, knowings, and so on and so forth. We recall that according to Freud, 'The ego is first and foremost a body-ego' (1927). As Dr. Scott said, we need to know more about what 'the body' means in unconscious phantasy, and to consider the various studies made by neurologists and general psychologists of the 'body schema'. On this view, the unconscious body-schema or 'phantasy of the body' plays a great part in many neuroses and in all psychoses, particularly in all forms of hypochondriasis. ¹⁸ The aim of oral love is 'incorporating or devouring, a type of love which is compatible with abolition of any separate existence on the part of the object'.

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will destroy the breast does not require the infant to have actually seen objects eaten up

and destroyed, and then to have come to the conclusion that he could do it too. This aim, this relation to the object, is inherent in the character and direction of the impulse itself, and in its related affects¹⁸ (1915A).

To take another example: the difficulties of children in the control of urination are very familiar. Persistent enuresis is a common symptom even in the middle years of childhood. In the analysis of children and adults it is found that such difficulties arise from particularly powerful phantasies regarding the destructive effect of urine and the dangers connected with the act of urinating. (These phantasies are found in normal people as well, but for particular reasons they have become specially active in incontinent children.) Now in the child's phantasies, urine is very potent for evil. His anxieties thus spring from destructive impulses. It is primarily because he *wants* his urine to be so very harmful that he comes to believe that it is so, not primarily because his mother gets cross when he wets the bed, and certainly not because he has ever observed that his urine is as harmful as in his phantasies he really believes it to be; nor because he has conscious awareness that people may be drowned and burned in external reality.

The situation goes back to early infancy. In the phantasy: 'I want to drown and burn mother with my urine', we have an expression of the infant's fury and aggression, the wish to attack and annihilate mother by means of his urine, partly because of her frustrating him. He wishes to flood her with urine in burning anger. The 'burning' is an expression both of his own bodily sensations and of the intensity of his rage. The 'drowning', too, expresses the *feeling* of his intense hate and of his omnipotence, when he floods his mother's lap. The infant feels: 'I *must* annihilate my bad mother.' He overcomes his feeling of helplessness by the omnipotent phantasy: 'I can and *will* destroy her'—by whatever means he possesses;¹⁹ and when urinary sadism is at its height, what he feels he can do is to flood and burn her with his urine. Doubtless the 'flooding' and 'burning' also refer to the way in which he feels *he* is overcome, flooded, by his helpless rage, and burnt up by it. The whole world is full of his anger, and he will himself be destroyed by it if he cannot vent it on his mother, discharging it on her with his urine. The rush of water from the tap, the roaring fire, the flooding river or stormy sea, when these are seen or known as external realities, link up in his mind with his early bodily experiences, instinctual aims and phantasies. And when he is given names for these things, he can *then* sometimes put these phantasies into words.

Similarly with the infant's feelings about his excretions as good things which he wishes to give to his mother. In certain moods and moments he does feel his urine and fæces to be something mother wants and the gift of them is his means of expressing his love and gratitude towards her. Such phantasies of fæces and urine as beneficent are certainly strengthened by the fact that mother is pleased when he gives them at the proper time and place; but his observation of his mother's pleasure is not the primary origin of his feeling of them as good. The source of this

lies in his wish to give them as good—e.g. to feed his mother as she has fed him, to please her and do what she wants; and in his feeling of the goodness of his organs and of his body as a whole, when he is loving her and feeling her good to him. His urine and fæces are then instruments of his potency in love, just as his voice and smile can also be. Since the infant has so few resources at his command for expressing either love or hate, he has to use all his bodily products and activities as means of expressing his profound and overwhelming wishes and emotions. His urine and fæces may be either good or bad in his phantasy, according to his intentions at the moment of voiding and the way (including at a later period the time and place) in which they are produced.

These feelings and fears about his own bodily products link with the so-called 'infantile

sexual theories'. Freud first drew attention to the fact, since then very widely observed, that young children, consciously as well as unconsciously, form their own spontaneous theories about the origin of babies and the nature of parental sexual intercourse, based upon their own bodily capacities. E.g. babies are made from food, and parental intercourse consists in mutual feeding or eating. Father puts the good food into mother, he feeds her with his genital

19 Grasping, touching, looking and other activities can be felt to be disastrously harmful, as well. 20 Scupin records an instance (of his own boy of eleven and a half months) which illustrates the interpretation of an observed reality in terms of phantasy arising from the infant's own primary instinctual life. 'When we (his parents) were fighting in fun, he suddenly uttered a wild scream. To try if it was the noise we made that had frightened him, we repeated the scene in silence; the child looked at his father in horror, then stretched his arms out longingly to his mother and snuggled affectionately up against her. It quite gave the impression that the boy believed his mother was being hurt, and his scream was only an expression of sympathetic fear. An example of a child in the second year being comforted by ocular proof that his parents were not fighting was noted by a colleague. His boy suffered from frequent attacks of anxiety, the cause of which was not understood, and he could take comfort from neither parent. Their caresses and soothing voices did not relieve his anxiety. But they found, at first by accident, that when he was in these moods, if they kissed *each other* (not him) in his presence, his anxiety was immediately relieved. It is thus to be inferred that the anxiety was connected with his fear of his parents quarrelling, and his phantasy of their intercourse being mutually destructive, the anxiety being relieved and the child reassured by the visible demonstration that they could love each other and be gentle together in his presence.

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in return for her feeding him with her breast, and then she has the babies inside her. Or they are made from fæces. Father puts fæces into mother and in so far as the child is loving and able to tolerate the parents' love for each other, he may feel this is good and gives mother life inside her. At other times, when he is feeling full of hate and jealousy and completely intolerant of his parents' intercourse, he wishes father to put bad fæces into mother—dangerous, explosive substances which will destroy her inside; or to urinate into her in a way that will harm her. These infantile sexual theories are obviously not drawn from observation of external events. The infant has never observed that babies are made from food and fæces, nor seen father urinate into mother. His notions of parental intercourse are derived from his own bodily impulses under the pressure of intense feeling. His phantasies express his wishes and his passions, using his bodily impulses, sensations and processes as their material of expression.²⁰

These and other specific contents of early phantasies, no less than the ways in which they are experienced by the child and their modes of expression, are in accordance with his bodily development and his capacities for feeling and knowing at any given age. They are a part of his development, and are expanded and elaborated along with his bodily and mental powers, influencing and being influenced by his slowly maturing ego.

The Relation of Early Phantasy to the Primary Process

The earliest and most rudimentary phantasies, bound up with sensory experience, and being affective interpretations of bodily sensations, are naturally characterized by those qualities which Freud described as belonging to the 'primary process': lack of co-ordination of impulse, lack of sense of time, of contradiction, and of negation. Furthermore, at this level, there is no discrimination of external reality. Experience is

governed by 'all or none' responses and the absence of satisfaction is felt as a positive evil. Loss, dissatisfaction or deprivation are felt in sensation to be positive, painful experiences.

We are all familiar with the feeling of being 'full of emptiness'. Emptiness is positive, in sensation; just as darkness is felt as an actual thing, not the mere absence of light, whatever we may *know*. Darkness falls, like a curtain or a blanket. When the light comes it drives away the darkness; and so on.

Thus, when we say (justifiably) that the infant feels a mother who does not remove a source of pain to be a 'bad' mother, we do not mean that he has a clear notion of the negative fact of his mother's not removing the source of pain. That is a later realization. The pain itself is positive; the 'bad' mother is a positive experience, undistinguished at first from the pain. When at six months or so, the infant sits up and sees that his mother, as an external object, does not come when he wants her, he may then make the link between what he sees, viz. her not coming, and the pain or dissatisfaction he feels.

When the infant misses his mother and behaves 'as if he were never going to see her again', it does not mean that he then has discriminative notions of time, but that the pain of loss is an absolute experience, with a quality of sheer 'neverness' about it—until mental development and the experience of time as a slowly built up external reality have brought discriminative perceptions and images.

The 'primary process' is, however, not to be regarded as governing the *whole* mental life of the child during any measurable period of development. It might conceivably occupy the main field for the first few days, but we must not overlook the first adaptations of the infant to his external environment, and the fact that both gratification and frustration are experienced

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from birth onwards. The progressive alterations in the infant's responses during the first few weeks and onwards show that even by the second month there is a very considerable degree of integration in perception and behaviour, with signs of memory and anticipation.

From this time on, the infant spends an increasing amount of time in experimentative play, which is, at one and the same time, an attempt to adapt to reality and an active means of expressing phantasy (a wish-enactment and a defence against pain and anxiety).

The 'primary process' is in fact a limiting concept only. As Freud said: 'So far as we know, a psychic apparatus possessing only the primary process does not exist, and is to that extent a theoretical fiction.'²¹ Later on he speaks of the 'belated arrival' of the secondary processes, which seems at first sight somewhat contradictory. The contradiction is resolved if we take the 'belated arrival' to refer not so much to the *onset* of the secondary processes, their rudimentary beginnings, but rather to their full development. Such a view would best accord with what we can see of the infant's actual development, in adaptation to reality, in control and integration.

Instinct, Phantasy and Mechanism

We must now consider another important aspect of our problem, that of the relation between instincts, phantasies and mechanisms. A good deal of difficulty and certain confusions on this matter have appeared in various discussions; one of the aims of this section is to clarify the relations between these different concepts.

The distinction between, e.g. the phantasy of incorporation and the mechanism of introjection has not always been clearly observed. For example, in discussions about specific oral phantasies of devouring or otherwise *incorporating* a concrete object, we often meet with the expression: 'The *introjected object*'. Or people have sometimes

spoken of the 'introjected breast', again mixing up the concrete bodily phantasy with the general mental process. It is especially with regard to the mechanisms of introjection and projection that these difficulties seem to have arisen, although the problem of the relation between instincts, phantasies and mechanisms can be considered in a more general way, with regard to every variety of mental mechanism.

To consider 'introjection' and 'projection', in particular: these are abstract terms, the names of certain fundamental mechanisms or methods of functioning in the mental life. They refer to such facts as that ideas, impressions and influences are often taken into the self and become part of it; or that aspects or elements of the self may be disowned and attributed to some person or group of persons, or some part of the external world. These common mental processes, plainly seen in both children and adults, in ordinary social life as well as in the consulting room, are 'mechanisms', i.e. particular ways in which mental life operates, as a means of dealing with internal tensions and conflicts.

Now these mental mechanisms are intimately related to certain pervasive phantasies. The phantasies of incorporating (devouring, absorbing, etc.) loved and hated objects, persons or parts of persons, into ourselves are amongst the earliest and most deeply unconscious phantasies, fundamentally oral in character since they are the psychic representatives of the oral impulses. Some of these oral phantasies have been described above (p. 82), for example: 'I want to take and I am taking her (mother or breast) into me.' The distinction should be kept clear between a specific phantasy of incorporating an object and the general mental mechanism of introjection. The latter has a far wider reference than the former, although so intimately related to it. To understand the relationship between phantasies and mechanisms, we must look more closely at the relation of both to instinct. On our view, phantasy is the operative link between instinct and ego mechanism.

21 More fully Freud writes:

'When I termed one of the psychic processes in the psychic apparatus the primary process, I did so not only in consideration of its status and function, but was also able to take account of the temporal relationship actually involved. So far as we know, a psychic apparatus possessing only the primary process does not exist, and is to that extent a theoretical fiction; but this at least is a fact: that the primary processes are present in the apparatus from the beginning, while the secondary processes only take shape gradually during the course of life, inhibiting and overlaying the primary, whilst gaining complete control over them perhaps only in the prime of life. Owing to this belated arrival of the secondary processes, the essence of our being, consisting of unconscious wish-impulses, remains something which cannot be grasped or inhibited by the preconscious; and its part is once and for all restricted to indicating the most appropriate paths for the wish-impulses originating in the unconscious. ...'

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An instinct is conceived of as a border-line psycho-somatic process. It has a bodily aim, directed to concrete external objects. It has a representative in the mind which we call a 'phantasy'. Every human activity derives from some instinct; it is only through the phantasy of

what would fulfil our instinctual needs that we are enabled to attempt to realize them in external reality.

Although themselves psychic phenomena, phantasies are primarily about bodily aims, pains and pleasures, directed to objects of some kind. When contrasted with external and bodily realities, the phantasy, like other mental activities, is a figment, since it cannot be touched or handled or seen; yet it is real in the experience of the subject. It is a true mental function and it has real effects, not only in the inner world of the mind but

also in the external world of the subject's bodily development and behaviour, and hence of other people's minds and bodies.

We have already touched incidentally upon many examples of the outcome of particular phantasies; for example, in young children, such difficulties as feeding and excretory troubles and phobias; to these could be added so-called 'bad habits', tics, tantrums, defiance of authority, lying and thieving, etc., etc. We have spoken also of hysterical conversion symptoms in people of all ages as being the expression of phantasy (1933). Examples are alimentary disturbances, headaches, susceptibility to catarrh, dysmenorrhœa, and many other psycho-somatic changes. But ordinary bodily characteristics, other than illnesses, such as manner and tone of voice in speaking, bodily posture, gait of walking, mode of handshake, facial expression, handwriting and mannerisms generally, also turn out to be determined directly or indirectly by specific phantasies. These are usually highly complex, related both to the internal and the external worlds, and bound up with the psychical history of the individual.

It is noteworthy how often and to what a degree such bodily expressions of individual phantasies may change, whether temporarily or permanently, during the process of analysis. In moments of depression, for instance, the manner of walking and holding the body, the facial expression and voice, the patient's whole bodily response to the physical world as well as to people, will be different from what it is at times of elation, of defiance, of surrender, of determined control of anxiety, etc., etc. These changes during analysis are sometimes quite dramatic.

In outside life, people may have phases of dropping and breaking or losing things, of stumbling and falling, of a tendency to bodily accidents.²² One has only to look round at people in ordinary life, in the tube train, the bus or restaurant or family life, to see the endless differentiations of bodily characteristics, e.g. mannerisms, individualities and idiosyncrasies in dress and speech, etc., through which dominant phantasies and the emotional states bound up with them are expressed.

Analytic work brings the opportunity to understand what these varied details signify, what particular changing sets of phantasies are at work in the patient's mind—about his own body and its contents, and about other people and his bodily or social relation to them now or in the past. Many such bodily traits become modified and sometimes considerably altered after the analysis of the underlying phantasies.

Similarly, the broader social expressions of character and personality show the potency of phantasies. E.g. people's attitudes to such matters as time and money and possessions, to being late or punctual, to giving or receiving, to leading or following, to being 'in the limelight' or content to work among others, and so on and so forth, are always found in analysis to be related to specific sets of varied phantasies, the development of which can be followed out through their various functions of defence in relation to specific situations, back to their origins in primary instinctual sources.

Freud drew attention to a striking example in his study of 'The "Exceptions"', where he discussed the interesting character trait exhibited by quite a number of people, that of proclaiming themselves as exceptions and behaving as such—exceptions from any demands made by particular persons, such as members of the patient's family or the physician, or by

reality as a whole. Freud refers to Richard III as a supreme example of this, and in his discussion, he penetrated to some of the phantasies lying behind the apparently simple defiance of Richard on account of his deformity. Freud suggests (1915)

'Accident proneness' has long been recognized among industrial psychologists. The well-known superstition that 'if you break one thing you're sure to break three before

you've finished', is a strong confirmation of the view that such tendencies spring from phantasies. 23 'But I, that am not shaped for sportive tricks, Nor made to court an amorous looking-glass; I, that am rudely stamp'd, and want love's majesty To strut before a wanton ambling nymph; I, that am curtail'd of this fair proportion, Cheated of feature by dissembling Nature, Deform'd, unfinish'd, sent before my time Into this breathing world, scarce half made up, And that so lamely and unfashionable, That dogs bark at me as I halt by them; And therefore, since I cannot prove a lover, To entertain these fair well-spoken days, I am determin'd to prove a villain, And hate the idle pleasure of these days.'

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that Richard's soliloquy²³ is by no means mere defiance, but signifies an unconscious argument (which we should call a phantasy) as follows: "'Nature has done me a grievous wrong in denying me that beauty of form which wins human love. Life owes me reparation for this, and I will see that I get it. I have a right to be an exception, to overstep those bounds by which others let themselves be circumscribed. I may do wrong myself, since wrong has been done to me.'"

An example which may be quoted from the writer's analytic experience is that of an adolescent boy who came to treatment because of serious difficulties in his home and public school life— e.g. very obvious lying of a sort that was certain to be found out, aggressive behaviour, and a wild untidiness in dress. In general the conduct and attitude of this boy of sixteen years of age were entirely out of keeping with his family traditions; they were those of a social outcast. Even when the analysis had brought sufficient improvement for him to join the Air Force, soon after the outbreak of war, he could not follow the normal course of events for those in his social circumstances. He did brilliant work in the Air Force and built up an excellent reputation, but always refused to accept a commission. At the beginning of the analysis he had been lonely and miserable, and entirely without friends. Later he was able to maintain steady friendships, and was very much liked in the sergeants' mess, but was quite unable to live up to the family social traditions, in which there were distinguished officers.

This boy's illness, as always, was determined by many complex causes of external circumstances and internal response. He had a rich phantasy life, but dominant amongst all other of his phantasies was that the only way of overcoming his aggressiveness towards his younger brother (ultimately, his father) was to renounce all ambition in their favour. He felt it impossible for both himself and his younger brother (a normal, gifted and happy person) to be loved and admired by his mother and father. In bodily terms, it was impossible for them both, himself and his younger brother (ultimately himself and his father), to be potent; this notion arose in the depths of his mind from the early phantasies of incorporating his father's genital; he felt that if he himself sucked out father's genital from his mother, swallowed it up and possessed it, then the good genital would be destroyed, his younger brother could not have it, would never grow up, never become potent or loving or wise—indeed, never exist! By electing to renounce everything in favour of his younger brother (ultimately, of his father) the boy modified and controlled his aggressive impulses towards both his parents, and his fears of them.

In this boy, many subsidiary internal processes and external circumstances had served to make this particular phantasy dominate his life—the notion that there is only one good thing of a kind— *the good breast, the good mother, the good father's penis*; and if one person has this ideal object, another must suffer its loss, and thus become dangerous to the possessor. This phantasy is widely found, although in most people it becomes modified and counterbalanced during development, so that it plays a far less dominant part in life.

Similarly, Freud brings out that Richard's claim to be an exception is one which we all of us feel, although in most people it becomes corrected and modified or covered up. Freud remarks: 'Richard is an enormously magnified representation of something we may all discover in ourselves'²⁴ (1915C). Our view that phantasy plays a fundamental and continuous part, not only in neurotic symptoms but also in normal character and personality, is thus in agreement with Freud's comments.

To return to the particular problem of the

24 Freud

writes: '... now we feel that we ourselves could be like Richard, nay, that we are already a little like him. Richard is an enormously magnified representation of something we can all discover in ourselves. We all think we have reason to reproach nature and our destiny for congenital and infantile disadvantages; we all demand reparation for early wounds in our narcissism, our self-love. Why did not nature give us the golden curls of Balder or the strength of Siegfried or the lofty brow of genius or the noble profile of aristocracy? Why were we born in a middleclass dwelling instead of in a royal palace? We could as well carry off beauty and distinction as any of those whom now we cannot but envy'.

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phantasy of incorporation; the mental process or unconscious phantasy of incorporating is described in abstract terms as the process of introjection. As we have seen, whichever it be called, its real psychic effects follow. It is not an actual bodily eating up and swallowing, yet it leads to actual alterations in the ego. These 'mere' beliefs about internal objects, such as, e.g. 'I have got a good breast inside me', or, it may be: 'I have got a bitten-up, torturing bad breast inside me—I must kill it and get rid of it', and the like, lead to real effects: deep emotions, actual behaviour towards external people, profound changes in the ego, character and personality, symptoms, inhibitions and capacities.

Now the relation between such oral phantasies of incorporation and the earliest processes of introjection has been discussed by Freud in his essay on 'Negation'. Here he not only states that even the intellectual functions of judgment and reality-testing 'are derived from the interplay of the *primary instinctual impulses*' (my italics), and rest upon the *mechanism* of introjection (a point to which we shall return shortly): he also shows us the part played in this derivation by *phantasy*. Referring to that aspect of judgment which asserts or denies that a thing has a particular property, Freud says: 'Expressed in the language of the oldest, that is, of the oral instinctual impulses, the alternative runs thus: "I should like to take this into me and keep that out of me." That is to say, it is to be either *inside me* or outside me' (1925). The wish thus formulated is the same thing as a phantasy.

What Freud picturesquely calls here 'the language of the oral impulse', he elsewhere calls the 'mental expression' of an instinct, i.e. the phantasies which are the psychic representatives of a bodily aim. In this actual example, Freud is showing us the phantasy that is the mental equivalent of an *instinct*. But he is at one and the same time formulating the subjective aspect of the mechanism of introjection (or projection). Thus *phantasy is the link between the id impulse and the ego mechanism*, the means by which the one is transmuted into the other. 'I want to eat that and therefore I have eaten it' is a phantasy which represents the *id* impulse in the psychic life; it is at the same time the subjective experiencing of the mechanism or function of introjection.

The problem of how best to describe the process of introjection related to the phantasy of incorporation is often dealt with by saying that what is introjected is an image or 'imago'. This is surely quite correct; but it is too formal and meagre a statement of a

complex phenomenon to do justice to the facts. For one thing, this describes only the preconscious processes, not the unconscious.

How does anyone—whether psychologist or other person—come to know this distinction, to realize that what he has actually 'taken inside', his internal object, is an image and not a bodily concrete object? By a long and complex process of development. This, in broad outline, must include the following steps, among others:

a. The earliest phantasies are built mainly upon oral impulses, bound up with taste, smell, touch (of the lips and mouth), kinæsthetic, visceral, and other somatic sensations; these are at first more closely linked with the experience of 'taking things in' (sucking and swallowing) than with anything else. The visual elements are relatively small.

b. These sensations (and images) are a bodily experience, at first scarcely capable of being related to an external, spatial object. (The kinæsthetic, genital and visceral elements are not usually so referred.) They give the phantasy a concrete bodily quality, a 'meness', experienced in the body. On this level, images are scarcely if at all distinguishable from actual sensations and external perceptions. The skin is not yet felt to be a boundary between inner and outer reality.

c. The visual element in perception slowly increases, becoming suffused with tactile experience and spatially differentiated. The early visual images remain largely 'eidetic' in quality—probably up to three or four years of age. They are intensely vivid, concrete and often confused with perceptions. Moreover, they remain for long intimately associated with somatic responses: they are very closely linked with emotions and tend to immediate action. (Many of the details referred to here so summarily have been well worked out by psychologists.)

d. During the period of development when the visual elements in perception (and in corresponding images) begin to predominate over the somatic, becoming differentiated and spatially integrated, and thus making clearer the distinction between the inner and the outer worlds, the concrete bodily elements in the total

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experience of perceiving (and phantasing) largely undergo *repression*. The visual, externally referred elements in phantasy become relatively de-emotionalized, de-sexualized, independent, in consciousness, of bodily ties. They become 'images' in the narrower sense, representations 'in the mind' (but not, consciously, incorporations in the body) of external objects recognized to be such. It is 'realized' that the objects are outside the mind, but their images are 'in the mind'.

e. Such images, however, draw their power to affect the mind by being 'in it', i.e. their influence upon feelings, behaviour, character and personality, upon the mind as a whole, is founded upon *their repressed unconscious somatic associates* in the unconscious whole of wish and phantasy, which *form the link with the id*; and which do mean, in unconscious phantasy, that the objects to which they refer are believed to be inside the body, to be incorporated.

In psycho-analytic thought, we have heard more of '*imago*' than of *image*. The distinctions between an '*imago*' and '*image*' might be summarized as: (a) '*imago*' refers to an unconscious image; (b) '*imago*' usually refers to a person or part of a person, the earliest objects, whilst '*image*' may be of any object or situation, human or otherwise; and (c) '*imago*' includes all the somatic and emotional elements in the subject's relation to the imaged person, the bodily links in unconscious phantasy with the *id*, the phantasy of incorporation which underlies the process

of introjection; whereas in the '*image*' the somatic and much of the emotional elements are largely repressed.

If we pay enough attention to the details of the way in which other mental mechanisms

operate in the minds of the patients, every variety of mechanism can be seen to be related to specific phantasies or sorts of phantasy. They are always experienced as phantasy. For example, the mechanism of *denial* is expressed in the mind of the subject in some such way as: 'If I don't admit it (i.e. a painful fact) it isn't true.' Or: 'If I don't admit it, no one else will know that it is true.' And in the last resort this argument can be traced to bodily impulses and phantasies, such as: 'If it doesn't come out of my mouth, that shows it isn't inside me'; or 'I can prevent anyone else knowing it is inside me.' Or: 'It is all right if it comes out of my anus as flatus or fæces, but it mustn't come out of my mouth as words.' The mechanism of *scotomization* is experienced in such terms as: 'What I don't see I need not believe'; or 'What I don't see, other people don't, and indeed it doesn't exist.'

Again, the mechanism of compulsive confession (which many patients indulge in) also implies such unconscious argument as the following: 'If I say it, no one else will', or 'I can triumph over them by saying it first, or win their love by at least appearing to be a good boy.'²⁵

In general it can be said that ego mechanisms are all derived ultimately from instincts and innate bodily reactions. 'The ego is a differentiated part of the *id*' (1926).

Phantasy, Memory-Images and Reality

In quoting just now from Freud's essay on 'Negation', we noted his view that the intellectual functions of judgment and reality testing 'are derived from the interplay of the primary instinctual impulses'. If, then, phantasy be the 'language' of these primary instinctual impulses, it can be assumed that phantasy enters into the earliest development of the ego in its relation to reality, and supports the testing of reality and the development of knowledge of the external world.²⁶

We have already seen that the earliest phantasies are bound up with sensations and affects. These sensations, no matter how selectively over-emphasized they may be under the pressure of affect, bring the experiencing mind into contact with external reality, as well as expressing impulses and wishes.

The external world forces itself upon the attention of the child, in one way or another, early and continuously. The first psychical experiences result from the massive and varied stimuli of birth and the first intake and expulsion of breath—followed presently by the first feed. These considerable experiences during the first

²⁵ In the analysis, a great deal of mocking and triumph and intention to defeat the analyst can often be discerned behind the 'goodness' of such compulsive confessions. 'He put in his thumb And pulled out a plum, And said, "What a good boy am I." ²⁶ '... one must not take the difference between ego and *id* in too hard-and-fast a sense, nor forget that the ego is a part of the *id* which has been specially modified.' (*The Ego and the Id*, pp. 51–2) (1927). Again, '... originally, of course, everything was *id*; the ego was developed out of the *id* by the continual influence of the external world. In the course of this slow development certain material in the *id* was transformed into the preconscious state and was thus taken into the ego.' ('Outline of Psycho-Analysis', *Int. J. Psycho- Anal.* (1940) 21, p. 43.) ²⁷ An appreciation of what external facts, e.g. the way he is fed and handled in the very beginning, and later the emotional attitudes and conduct of both his parents, or his actual experience of loss or change, mean to the child in terms of his phantasy life gives a greater weight to real experiences than would usually be accorded by those who have no understanding of their phantasy value to the child. Such actual experiences in early life have a profound effect upon the character of his phantasies as they develop, and therefore upon their ultimate outcome in his personality, social relationships, intellectual gifts or inhibitions, neurotic symptoms, etc.

twenty-four hours must already evoke the first mental activity, and provide material for both phantasy and memory. Phantasy and reality-testing are both in fact present from the earliest days.²⁷

External perceptions begin to influence mental processes at a certain point (actually from birth on, though at first they are not appreciated as external). At first the psyche deals with most external stimuli, as with the instinctual ones, by means of the primitive mechanisms of introjection and projection. Observation of the infant during the first few weeks shows that in so far as the external world does not satisfy our wishes, or frustrates or interferes with us, it is at once hated and rejected. We may then fear it and watch it and attend to it, in order to defend ourselves against it; but not until it is in some degree libidinized through its connections with oral satisfactions and thus receives some measure of love, can it be played with and learnt about and understood.

We conclude with Freud that the disappointingness of hallucinatory satisfaction is the first spur to some degree of adaptation to reality. Hunger is not satisfied by hallucinating the breast, whether as an external or an internal object, although waiting for satisfaction may be made more tolerable by the phantasy. Sooner or later, hallucination breaks down, and a measure of adaptation to real external conditions (e.g. making demands on the external world by crying, seeking movements, restlessness, etc., and by adopting the appropriate posture and movements when the nipple arrives) is turned to instead. Here is the beginning of adjustment to reality and of the development of appropriate skills and of perception of the external world. Disappointment may be the first stimulus to adaptative acceptance of reality, but the postponement of satisfaction and the suspense involved in the complicated learning and thinking about external reality which the child presently accomplishes—and for increasingly remote ends—can only be endured and sustained when it itself satisfies instinctual urges, represented in phantasies, as well. Learning depends upon interest, and interest is derived from desire, curiosity and fear—especially desire and curiosity.

In their developed forms, phantasy thinking and reality thinking are distinct mental processes, different modes of obtaining satisfaction. The fact that they have a distinct character when fully developed, however, does not necessarily imply that reality thinking operates quite independently of unconscious phantasy. It is not merely that they 'blend and interweave';²⁸ their relationship is something less adventitious than this. On our view, *reality-thinking cannot operate without concurrent and supporting unconscious phantasies*. E.g. we continue to 'take things in' with our ears, to 'devour' with our eyes, to 'read, mark, learn and inwardly digest', throughout life.

These conscious metaphors represent unconscious psychic reality. It is a familiar fact that all early learning is based upon the oral impulses. The first seeking and mouthing and grasping of the breast is gradually shifted on to other objects, the hand and eye only slowly attaining independence of the mouth, as instruments of exploration and of knowing the outer world.

All through the middle part of his first year, the infant's hand reaches out to everything he sees in order to put it into his mouth, first, to try and eat it, then at least to suck and chew it, and later to feel and explore it. (Only later do his hand and eye become independent of his mouth.) This means that the objects which the infant touches and manipulates and looks at and explores are invested with oral libido. He could not be interested in them if this were not so. If at any stage he were entirely auto-erotic, he could never learn. The instinctual drive towards taking things into his mind through eyes and fingers (and ears, too), towards looking and touching and exploring, satisfies some of the oral wishes frustrated by his original object. Perception

and intelligence draw upon this source of libido, for their life and growth. Hand and eye retain an oral significance

28 As Dr. Brierley once put it: 'phantasy thinking ... and reality thinking constantly blend and interweave in the patterns of current mental activity'—in adults as well as children. W. Stern too has written at length (although in reference to the child's conscious fantasies) of 'this mutual, intimate intermingling of reality and imagination', which he says is 'a fundamental fact', *Psychology of Early Childhood*, p. 277 (London: 1930, George Allen and Unwin).

- 94 - throughout life, in unconscious phantasy and often, as we have seen, in conscious metaphor.

In her papers 'Infant Analysis' and 'The Importance of Symbol Formation in the Development of the Ego' (1926), Mrs. Klein took up Ferenczi's view that (primary) identification, which is the forerunner of symbolism, 'arises out of the baby's endeavour to rediscover in every object his own organs and their functioning', and also Ernest Jones's view that the pleasure-principle makes it possible for two separate objects to be equated because of an affective bond of interest. She showed, by means of illuminating clinical material, how the primary symbolic function of external objects enables phantasy to be elaborated by the ego, allows sublimations to develop in play and manipulation, and builds a bridge from the inner world to interest in the outer world and knowledge of physical objects and events. His pleasurable interest in his body, his discoveries and experiments in this direction, are clearly shown in the play of an infant of three or four months. In this play he manifests (among other mechanisms) this process of symbol-formation, bound up with those phantasies which we later discover in analysis to have been operating at the time. *The external physical world is in fact libidinated largely through the process of symbol-formation.*

Almost every hour of free association in analytic work reveals to us something of the phantasies which have promoted (mainly through symbol-formation) and sustained the development of interest in the external world and the process of learning about it, and from which the power to seek out and organize knowledge about it is drawn. It is a familiar fact that, from one point of view, every instance of concern with reality, whether practical or theoretical, is also a sublimation²⁹ (1935).

This, in its turn, means that *pari passu* some measure of 'synthetic function' is exercised upon instinctual urges, from the beginning. The child could not learn, could not adapt to the external world (physical or human) without some sort and degree of control and inhibition, as well as satisfaction, of instinctual urges, progressively developed from birth onwards.

If, then, the intellectual functions are derived from the interplay of the primary instinctual impulses, we need, in order to understand either phantasy or reality-testing and 'intelligence', to look at mental life as a whole and to see the relation between these various functions during the whole process of development. To set them apart and say 'this is perception and knowledge, but that is something quite different and unrelated, that is mere phantasy', would be to miss the *developmental* significance of both functions.³⁰

Certain aspects of the nexus between thought and phantasy were discussed in *Intellectual Growth in Young Children*³⁰ (1944). From direct records of spontaneous make-believe play among a group of children between two and seven years of age, it was possible to show the various ways in which such imaginative play, arising ultimately from unconscious phantasies, wishes and anxieties, creates practical situations which call for knowledge of the external world. These situations may then often be pursued for their own sake, as problems of learning and understanding, and

thus lead on to actual discoveries of external fact or to verbal judgment and reasoning. This does not always happen—the play may for periods be purely repetitive; but at any moment a new line of inquiry or argument may flash out, and a new step in understanding be taken by any or all of the children taking part in the play.

In particular, observation made it clear that spontaneous make-believe play creates and fosters the first forms of 'as if' thinking. In such play, the child re-creates selectively those elements in past situations which can embody his emotional or intellectual need of the present, and adapts the details moment-by-moment to the present play situation. This ability to evoke the past in imaginative play seems to be closely connected with the growth of the power to evoke *the future* in constructive

29 See e.g. E. F. Sharpe's paper on 'Similar and Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science' (*Int J. Psycho-Anal.*, (1935) 16, Part 2). 30 Dr. Brierley has written: '... the existence of "internalized object" phantasies would not contravene the memory-trace hypothesis since memories and phantasies have a common trace origin. All images are memory-images, re-activations of past experience. It was suggested that, artificially simplified, the concept of an "internalized good object" is the concept of an unconscious phantasy gratifying the wish for the constant presence of the mother in the form of a belief that she is literally inside the child. Such an unconscious phantasy would help the child to retain conscious memory of its mother during temporary absences though it might fail to bridge a prolonged absence. A two-year-old child's memory of its mother will not be a simple system but the resultant of two years of life with her. The conscious memory will be the accessible part of a far more extensive unconscious mother-system having its roots in earliest infancy'.

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hypothesis, and to develop the consequences of 'ifs'. The child's make-believe play is thus significant not only for the adaptive and creative intentions which when fully developed mark out the artist, the novelist and the poet, but also for the sense of reality, the scientific attitude, and the growth of hypothetical reasoning.

The argument of this paper may now be summarized:

1. *The concept of phantasy* has gradually widened in psycho-analytic thought. It now requires clarification and explicit expansion in order to integrate all the relevant facts.
2. On the views here developed:
 - a. Phantasies are the primary content of unconscious mental processes.
 - b. Unconscious phantasies are primarily about bodies, and represent instinctual aims towards objects.
 - c. These phantasies are, in the first instance, the psychic representatives of libidinal and destructive instincts; early in development they also become elaborated into defences, as well as wish-fulfilments and anxiety-contents.
 - d. Freud's postulated 'hallucinatory wishfulfilment' and his 'primary introjection' and 'projection' are the basis of the phantasy life.
 - e. Through external experience, phantasies become elaborated and capable of expression, but they do not depend solely upon external experience for their existence.
 - f. Phantasies are not dependent upon words, although they may under certain conditions be capable of expression in words.
 - g. The earliest phantasies are experienced in sensations; later, they take the form of plastic images and dramatic representations.
 - h. Phantasies have both psychic and bodily effects, e.g. in conversion symptoms, bodily qualities, character and personality, neurotic symptoms, inhibitions and sublimations.

i. Unconscious phantasies form the operative link between *instincts* and *mechanisms*. When studied in detail, every variety of ego-mechanism can be seen to arise from specific sorts of phantasy, which in the last resort have their origin in instinctual impulses. 'The ego is a differentiated part of the *id*.' A mechanism is an abstract general term describing certain mental processes which are experienced by the subject as unconscious phantasies.

j. Adaptation to reality and reality-thinking require the support of concurrent unconscious phantasies. Observation of the ways in which knowledge of the external world develops shows how the child's phantasy contributes to his learning.

k. Unconscious phantasies exert a continuous influence throughout life, both in normal and neurotic people, the differences lying in the specific character of the dominant phantasies, the desire or anxiety associated with them and their interplay with each other and with external reality.

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The Psychology of Women in Relation to the Functions of Reproduction1
Helene Deutsch**

Psycho-analytic research discovered at the very outset that the development of the infantile libido to the normal heterosexual object-choice is in women rendered difficult by certain peculiar circumstances.

In males the path of this development is straightforward, and the advance from the 'phallic' phase does not take place in consequence of a complicated 'wave of repression', but is based upon a ratification of that which already exists and is accomplished through ready and willing utilization of an already urgent force. The essence of the achievement lies in the mastery of the Oedipus attitude which it connotes, and in overcoming the feelings of guilt bound up with this.

The girl, on the other hand, has in addition to this a two-fold task to perform: (1) she has to renounce the masculinity attaching to the clitoris; (2) in her transition from the 'phallic' to the 'vaginal' phase she has to discover a new genital organ.

The man attains his final stage of development when he discovers the vagina in the world outside himself and possesses himself of it sadistically. In this his guide is his own genital organ, with which he is already familiar and which impels him to the act of possession.

The woman has to discover this new sexual organ in her own person, a discovery which she makes through being masochistically subjugated by the penis, the latter thus becoming the guide to this fresh source of pleasure.

The final phase of attaining to a definitively feminine attitude is not gratification through the sexual act of the infantile desire for a penis, but full realization of the vagina as an organ of pleasure—an exchange of the desire for a penis for the real and equally valuable possession of a vagina. This newly-discovered organ must become for the woman 'the whole ego in miniature', a 'duplication of the ego', as Ferenczi² terms it when speaking of the value of the penis to the man.

1 Read before the Eighth International Psycho-Analytical Congress, Salzburg, April, 1924.

2 Ferenczi, Versuch einer Genitaltheorie (Internationale Psychoanalytische Bibliothek, Band XV, 1924).

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In the following paper I shall try to set forth how this change in the valuation of a person's own genital organ takes place and what relation it bears to the function of reproduction in women.

We know how the different organizations of libido succeed one another and how each successive phase carries with it elements of the previous ones, so that no phase seems to have been completely surmounted but merely to have relinquished its central rôle. Along each of these communicating lines of development the libido belonging to the higher stages tends regressively to revert to its original condition, and succeeds in so doing in various ways.

The consequence of this oscillation of libido between the different forms taken by it in development is not only that the higher phases contain elements of the lower ones, but, conversely, that the libido on its path of regression carries with it constituents of the higher phases which it interweaves with the earlier ones, a process which we recognize subsequently in phantasy-formation and symptoms.

Thus the first or oral phase is auto-erotic, that is to say, it has no object either narcissistically, in the ego, or in the outside world. And yet we know that the process of weaning leaves in the Ucs³ traces of a narcissistic wound. This is because the mother's breast is regarded as a part of the subject's own body and, like the penis later, is cathected with large quantities of narcissistic libido. Similarly, the oral gratification derived from the act of sucking leads to discovering the mother and to finding the first object in her.

The mysterious, heterosexual part of the little girl's libido finds its first explanation already in the earliest phase of development. To the tender love which she devotes to her father ('the sheltering male') as the nearest love-object side by side with the mother is added a large part of that sexual libido which, originating in the oral zone, in the first instance cathected the maternal breasts. Analysis of patients shows us that in a certain phase of development the Ucs equates the paternal penis with the maternal breast as an organ of suckling. This equation coincides with the conception of coitus (characteristic of this phase) as a relation between the mouth of the mother and the penis of the father and is extended into the theory of oral impregnation. The passive aim of this phase is achieved through the mucous membrane of the mouth zone, while the active organ of pleasure is the breast.

3 [This has been adopted as the English rendering of Ubw, Pcs as that of Vbw, Cs as that of Bw, and Pcpt-Cs (perception-consciousness) as that of W.Bw. —ED.]

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In the sadistic-anal phase the penis loses its significance (for phantasy-life) as an organ of suckling and becomes an organ of mastering. Coitus is conceived of as a sadistic act; in phantasies of beating, as we know, the girl either takes over the rôle of the father, or experiences the act masochistically in identification with the mother.

In this phase the passive aim is achieved through the anus, while the column of fæces becomes the active organ of pleasure, which, like the breast in the first phase, belongs at one and the same time to the outside world and to the subject's own body. By a

displacement of cathexis the faeces here acquire the same narcissistic value as the breast in the oral phase. The birth-phantasy of this phase is that of the 'anal child'.

We are familiar with the biological analogy between the anus and the mouth; that between the breast and the penis as active organs arises from their analogous functions.

One would suppose it an easy task for feminine libido in its further development to pass on and take possession of the third opening of the female body—the vagina. Biologically, in the development of the embryo, the common origin of anus and vagina in the cloaca has already fore-shadowed this step. The penis as an organ of stimulation and the active agent for this new erotogenic zone perhaps attains its function by means of the equation: breast — column of faeces — penis.

The difficulty lies in the fact that the bisexual character of development interposes between anus and vagina the masculine clitoris as an erotogenic zone. In the 'phallic' phase of development the clitoris attracts to itself a large measure of libido, which it relinquishes in favour of the 'feminine' vagina only after strenuous and not always decisive struggles. Obviously, this transition from the 'phallic' to the 'vaginal' phase (which later coincides with what Abraham⁴ terms the 'postambivalent') must be recognized as the hardest task in the libidinal development of the woman.

The penis is already in the early infantile period discovered auto-erotically. Moreover, its exposed position makes it liable to stimulation in various ways connected with the care of the baby's body, and thus it becomes an erotogenic zone before it is ready to fulfil its reproductive function. All three masturbatory phases are dominated by this organ.

The clitoris (which is in reality so inadequate a substitute for the penis) assumes the importance of the latter throughout the whole

4 Abraham, Versuch einer Entwicklungsgeschichte der Libido (Neue Arbeiten zur Aertztlichen Psychoanalyse, 1924).

5 Abraham, Versuch einer Entwicklungsgeschichte der Libido (Neue Arbeiten zur Aertztlichen Psychoanalyse, 1924).

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period of development. The hidden vagina plays no part. The child is unaware of its existence, possibly has mere vague premonitions of it. Every attempt to pacify the little girl's envy of the penis with the explanation that she also has 'something' is rightly doomed to complete failure; for the possession of something which one neither sees nor feels cannot give any satisfaction. Nevertheless, as a zone of active energy the clitoris lacks the abundant energy of the penis; even in the most intense masturbatory activity it cannot arrogate to itself such a measure of libido as does the latter organ. Accordingly the primal distribution of libido over the erotogenic zones is subject to far less modification than in the male, and the female, owing to the lesser tyranny of the clitoris, may all her life remain more 'polymorphpervers', more infantile; to her more than to the male 'the whole body is a sexual organ'. In the wave of development occurring at puberty this erotogenicity of the whole body increases, for the libido which is forced away from the clitoris (presumably by way of the inner secretions) flows back to the body as a whole. This must be of importance in the later destiny of the woman, because in this way she is regressively set back into a state in which, as Ferenczi⁵ shows, she 'cleaves to intra-uterine existence' in sexual things.

In 'transformations which take place at puberty' (and during the subsequent period of adolescence) libido has therefore to flow towards the vagina from two sources: (1) from the whole body, especially from those erotogenic zones that have the most

powerful cathexis, (2) from the clitoris, which has still to some extent retained its libidinal cathexis.

The difficulty lies in the fact that the clitoris is not at all ready to renounce its rôle, that the conflict at puberty is associated with the traumatic occurrence of menstruation; and this not only revives the castration-wound but at the same time represents, both in the biological and the psychological sense, the disappointment of a frustrated pregnancy. The periodic repetition of menstruation every time recalls the conflicts of puberty and reproduces them in a less acute form.

At the same time there is no doubt that the whole process of menstruation is calculated to exercise an eroticizing and preparatory influence upon the vagina.

The task of conducting the libido to the vagina from the two sources which I have mentioned devolves upon the activity of the penis, and that in two ways.

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First, libido must be drawn from the whole body. Here we have a perfect analogy to the woman's breast, which actively takes possession of the infant's mouth and so centres the libido of the whole body in this organ. Just so does the vagina, under the stimulus of the penis and by a process of displacement 'from above downwards', take over the passive rôle of the sucking mouth in the equation: penis—breast. This oral, sucking activity of the vagina is indicated by its whole anatomical structure (with their corresponding terms).

The second operation accomplished by the penis is the carrying-over of the remaining clitoris-libido to the vagina. This part of the libido still takes a 'male' direction, even when absorbed by the vagina; that is to say, the clitoris renounces its male function in favour of the penis that approaches the body from without.

As the clitoris formerly played its 'masculine' part by identification with the paternal penis, so the vagina takes over its rôle (that of the clitoris) by allowing one part of its functions to be dominated by an identification with the penis of the partner.

In certain respects the orgasmic activity of the vagina is wholly analogous to the activity of the penis. I refer to the processes of secretion and contraction. As in the man, we have here an 'amphimixis' of urethral and anal tendencies—of course greatly diminished in degree. Both these component-instincts develop their full activity only in that 'extension' of the sexual act, pregnancy and parturition.

We see then that one of the vaginal functions arises through identification with the penis, which in this connection is regarded as a possession of the subject's own body. Here the psychic significance of the sexual act lies in the repetition and mastery of the castration-trauma.

The truly passive, feminine attitude of the vagina is based upon the oral, sucking activity discussed above.

In this function coitus signifies for the woman a restoring of that first relation of the human being with the outside world, in which the object is orally incorporated, introjected; that is to say, it restores that condition of perfect unity of being and harmony in which the distinction between subject and object was annulled. Thus the attainment of the highest, genital, 'post-ambivalent' (Abraham) phase signifies a repetition of the earliest, pre-ambivalent phase.

In relation to the partner the situation of incorporating is a repetition of sucking at the mother's breast; hence incorporation amounts to a repetition and mastery of the trauma of weaning. In the equation penis—breast, and in the sucking activity of the vagina, coitus

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realizes the fulfilment of the phantasy of sucking at the paternal penis.

The identifications established between the two partners in the preparatory act (Ferenczi) now acquire a manifold significance, identification with the mother taking place in two ways: (1) through equating the penis with the breast, (2) through experiencing the sexual act masochistically, i.e. through repeating that identification with the mother which belongs to the phase of a sadistic conception of coitus.

Through this identification, then, the woman plays in coitus the part of mother and child simultaneously—a relation which is continued in pregnancy, when one actually is both mother and child at the same time.

As the object of maternal libido in the act of suckling, the partner therefore becomes the child, but at the same time the libido originally directed towards the father must be transferred to the partner (according to the equation: penis—organ of suckling and to the conception of coitus as a sadistic act of mastery). This shows us that ultimately coitus represents for the woman incorporation (by the mouth) of the father, who is made into the child and then retains this rôle in the pregnancy which occurs actually or in phantasy.

I arrived at this identification-series, which is complicated and may seem far-fetched, as a result of all the experience which I have had of cases of frigidity and sterility.

Ferenczi's 'maternal regression' is realized for the woman in equating coitus with the situation of sucking. The last act of this regression (return into the uterus), which the man accomplishes by the act of introjection in coitus, is realized by the woman in pregnancy in the complete identification between mother and child. In my opinion the mastery of 'the trauma of birth', which Rank⁶ has shown to be so important, is accomplished by the woman above all in the actively repeated act of parturition, for to the Ucs carrying and being carried, giving birth and being born, are as identical as giving suck and sucking.

This conception of coitus reflects the whole psychological difference displayed by men and women in their relation to the object-world. The man actively takes possession of some piece of the world and in this way attains to the bliss of the primal state. And this is the form taken by his tendencies to sublimation. In the act of incorporation

6 Rank, *Das Trauma der Geburt* (Internationale Psychoanalytische Bibliothek, Bd. XIV, 1924).

passively experienced the woman introjects into herself a piece of the object-world which she then absorbs.

In its rôle of organ of sucking and incorporation the vagina becomes the receptacle not of the penis but of the child. The energy required for this function is derived not from the clitoris, but, as I said before, from the libidinal cathexis of the whole body, this libido being conducted to the vagina by channels familiar to us. The vagina now itself represents the child, and so receives that cathexis of narcissistic libido which flows on to the child in the 'extension' of the sexual act. It becomes the 'second ego', the ego in miniature, as does the penis for the man. A woman who succeeds in establishing this maternal function of the vagina by giving up the claim of the clitoris to represent the penis has reached the goal of feminine development, has become a woman.

In men the function of reproduction terminates with the act of introjection, for with them that function coincides with the relief from sexual tension by ejaculation.

Women have to perform in two phases the function which men accomplish in a single act; nevertheless the first act of incorporation contains elements which indicate the tendency to get rid of the germplasm by expulsion, as is done by the male in coitus.

Orgasm in the woman appears not only to imply identification with the man but to have yet another motive; it is the expression of the attempt to impart to coitus itself in the interest of the race the character of parturition (we might call it a 'missed labour'). In animals the process of expulsion of the products of reproduction very often takes place during the sexual act in the female as well as in the male.

In the human female this process is not carried through, though it is obviously indicated and begun in the orgasmic function; it terminates only in the second act, that of parturition. The process therefore is a single one, which is merely divided into two phases by an interval of time. As the first act contains (in orgasm) elements of the second, so the second is permeated by the pleasure-mechanisms of the first. I even assume that the act of parturition contains the acme of sexual pleasure owing to the relief from stimulation by the germ-plasm. If this be so, parturition is a process of 'autotomy' analogous to ejaculation (Ferenczi), requiring, however, the powerful stimulus of the matured foetus in order that it may function. This reverses the view which Groddeck first had the courage to put forward, at the Hague Congress, that parturition is associated with pleasure owing to its analogy with coitus. It would rather seem that coitus acquires the

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character of a pleasurable act mainly through the fact that it constitutes an attempt at and beginning of parturition. In support of my view I would cite the following considerations.

Freud⁷ has told us that the sadistic instincts of destruction reach their fullest development when the erotic sexual instincts are put out of action. This happens after their tension has been relieved in the act of gratification. The death-instinct has then a free hand and can carry through its claims undisturbed. A classical instance of this is furnished by those lower animals in which the sexual act leads to death.

This applies to the fertilizing male, but repeats itself *mutatis mutandis* in the female also, when the fertilized ovum is expelled after a longer or shorter interval during which it has matured in the maternal body. There are many species of animals, e.g. certain spiders, in which the females perish when they have fulfilled the function of reproduction. If the liberation of the death-instinct is a consequence of the gratification of sexual trends, it is only logical to assume that this gratification reaches its highest point in the female only in the act of parturition.

In actual fact parturition is for the woman an orgy of masochistic pleasure, and the dread and premonition of death which precede this act are clearly due to a perception of the menace of the destructive instincts about to be liberated.

Conditions of insanity sometimes met with after delivery are characterized by a specially strong tendency to suicide and murderous impulses towards the newly-born child.

These facts in my opinion confirm my assumption that parturition constitutes for women the termination of the sexual act, which was only inaugurated by coitus, and that the ultimate gratification of the erotic instinct is analogous to that in men and takes place at the moment when soma and germ-plasm are separated.

The interval in time between the two acts is filled by complicated processes in the economy of the libido.

The object incorporated in coitus is introjected physically and psychically, finds its extension in the child, and persists in the mother as a part of her ego.

Thus we see that the mother's relation to the 'child' as a libidinal object is two-fold: on the one hand it is worked out within the ego in the interaction of its different parts; on

the other hand it is the extension of all those object-relations which the child embodies in our

7 Freud, Das Ich und das Es.

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identification-series. For even while the child is still in the uterus its relation to the mother is partly that of an object belonging to the outside world, such as it ultimately becomes.

The libido which in the act of incorporation has regressed to the earliest stage of development seeks out all the positions which it had abandoned, and the harmonious state of identity between subject and object does not always remain so harmonious in relation to the child as object.

The ambivalent tendencies of later phases of development, which have already manifested themselves in coitus, become stronger during pregnancy. The ambivalent conflict which belongs to the 'later oral phase of development' finds expression in the tendency to expel again (orally) the object which has been incorporated.

This manifests itself in vomiting during pregnancy and in the typical eructations and peculiar cravings for food, etc.

The regressive elements of the sadistic-anal phase find expression in the hostile tendencies to expulsion manifested in the pains which appear long before delivery. If these predominate over the tendencies to retain the foetus, the result is miscarriage. We recognize these elements again in the transitory, typically anal, changes in the character of pregnant women. The old equation, child—faeces, is in this phase revived in the Ucs, owing to the child's position in the body as something belonging to that body and yet destined to be severed from it.

In the oral incorporation a quantity of narcissistic libido has already flowed to the child as a part of the subject's own ego. Similarly the libidinal relation in the identification, child—faeces, is again a narcissistic one.

But as faeces become for children, in reaction against their original narcissistic overestimation of them, the essence of what is disgusting, so in this phase of pregnancy there arise typical feelings of disgust, which become displaced from the child to particular kinds of food, situations, etc.

It is interesting that all these sensations disappear in the fifth month of pregnancy with the quickening of the child. The mother's relation to it is now determined in two directions. In the first place that part of her own body which is moving to and fro and vigorously pulsing within her is equated with the penis; and her relation to the child, which is still rooted in the depths of her narcissism, is now raised to a higher stage of development, namely, the 'phallic'. At the same time the child gives proof through a certain developing independence that it

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belongs to the outside world and in this way enters more into an object-relation to the mother.

I have tried thus briefly to reveal in the state of pregnancy deposits of all the phases of development. I shall now return to the mother-child relation that I mentioned before, which begins with the process of incorporation, makes the child a part of the subject's own ego and works itself out within that ego.

In this process the libidinal relations to the child are formed as follows: in the process of introjection the quantities of libido sent out to the partner in the sexual act flow back to the subject's narcissism. This is a very considerable contribution, for, as I have

shown, in effecting a cathexis of the partner libido was drawn from the old father-fixation and mother-fixation.

The libido thus flowing into the ego constitutes the secondary narcissism of the woman as a mother, for, though it is devoted to the object (the child), that object represents at the same time a part of her ego. The change in the ego of the pregnant woman which follows on the process of introjection is a new edition of a process which has already taken place at a previous time: the child becomes for her the incarnation of the ego-ideal which she set up in the past. It is now for the second time built up by introjecting the father.

The narcissistic libido is displaced on to this newly erected super-ego, which becomes the bearer of all those perfections once ascribed to the father. A whole quantity of object-libido is withdrawn from its relations to the outside world and conducted to the child as the super-ego. Thus the process of sublimation in the woman is effected through her relation to her child.

The man measures and controls his ego-ideal by his productions through sublimation in the outside world. To the woman, on the other hand, the ego-ideal is embodied in the child, and all those tendencies to sublimation which the man utilizes in intellectual and social activity she directs to the child, which in the psychological sense represents for the woman her sublimation product. Hence the relation, mother-child, in pregnancy has more than one determinant. Since the child in the uterus becomes a part of the ego and large quantities of libido flow to it, the libidinal cathexis in the ego is heightened, narcissism is increased, and that primal condition is realized in which there was as yet no distinction between ego-libido and object-libido.

This primal condition, however, is disturbed by two factors: (1) by a process of sublimation the child becomes the super-ego, and our

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experience in other directions teaches us that this may enter into vigorous opposition to the ego; (2) the child is at the same time an object belonging to the outside world, in relation to which the ambivalent conflicts of all phases of libidinal development are stirred up.

Our observations enable us to distinguish two characteristic types of women according to their mental reactions to pregnancy. There are a number of women who endure their pregnancy with visible discomfort and depression. A similar unfavourable change takes place in their bodily appearance: they become ugly and shrunken, so that as the child matures they actually change into a mere appendage to it, a condition highly uncomfortable for themselves. The other type consists of those women who attain during pregnancy their greatest physical and psychical bloom.

In the first case the woman's narcissism has been sacrificed to the child. On the one hand the super-ego has mastered the ego, and on the other the child as a love-object has attracted to itself such a large measure of ego-libido that the ego is impoverished. Possibly this explains those states of melancholia which occur during pregnancy.

In the other type of woman the distribution of libido during pregnancy is different. That part of the libido which has now been withdrawn from the outside world is directed towards the child as a part of the ego. This can happen only when the formation of the super-ego is less powerful and the child is regarded less as an object and more as a part of the ego. When this is so the result is a heightening of the secondary narcissism, which is expressed in an increased self-respect, self-satisfaction, etc.

It seems as though we may conclude from these remarks that that unity, mother—child, is not so completely untroubled as we might suppose.

The original harmony of the primal state, inaugurated in the process of introjection during the sexual act, is soon disturbed by manifestations of ambivalence towards the child in the uterus. From this point of view parturition appears as the final result of a struggle which has long been raging. The stimulus which proceeds from the foetus becomes insupportable and presses for discharge. Every hostile impulse which has already been mobilized during pregnancy reaches its greatest intensity in this decisive battle. Finally the incorporated object is successfully expelled into the outside world. We have seen that the introjected object takes the place of the ego-ideal in the restored unity of the ego. When projected into the

8 Freud, 'On Narcissism: an Introduction', Collected Papers, Vol. IV.

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outside world it retains this character, for it continues to embody the subject's own unattained ideals. This is the psychological path by which, as Freud⁸ recognized, women attain from narcissism to full object-love.

The final 'maternal regression' takes place in pregnancy through identification with the child: 'the trauma of birth' is mastered through the act of parturition.

Having regard to this identity of mother and child, we may perhaps draw certain conclusions from the mother's frame of mind as to the mental condition of the child. This of course undergoes amnesia, and then is only vaguely hinted at in dreams, phantasies, etc.

In actual fact the woman feels as though the world were out of joint and coming to an end; she has a sense of chaotic uneasiness, a straining, bursting sensation displaced from the avenues of birth to her head, and with these feelings is associated an intense dread of death. Possibly here we have a complete repetition of the anxiety attaching to the trauma of birth and a discharge of it by means of actual reproduction. That which men endeavour to attain in coitus and which impels them to laborious sublimations women attain in the function of reproduction.

It is known that in the dreams of pregnant women there very often appears a swimming child. This child may always be recognized as the dreamer herself, endowed with some quality which makes her, or in childhood made her, particularly estimable in her own eyes—it is as it were an illustration of the formation of the ego-ideal in relation to the child. The birth-phantasies of women who are already mothers prove on thorough investigation to represent details of two separate births interwoven into one: the birth of the subject herself (never recalled to memory) and the delivery of a child.

The mental state of the woman after delivery is characterized by a feeling of heavy loss. After a short phase in which the sense of victorious termination of the battle preponderates, there arises a feeling of boundless emptiness and disappointment, certainly analogous to the feeling of a 'lost Paradise' in the child which has been expelled.

This blank is filled only when the first relation to the child as an object in the outside world is ultimately established. The supposition that this relation is already present during the act of delivery itself is borne out by the observation which Rank⁹ has already made in another connection, namely, that mothers who are in a state of narcosis during

9 Freud, 'On Narcissism: an Introduction', Collected Papers, Vol. IV.

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delivery have a peculiar feeling of estrangement towards their children. These mothers do not go through the phase of emptiness and disappointment, but on the other hand their joy in the child is not so intense as when delivery has taken place naturally. The child which is perceived by their senses is regarded as something alien.

This factor of loss clearly contributes to the joy of finding the child again. Apart from this, it is precisely this last factor of 'severance' which completes the analogy with coitus. The vaginal passage constitutes a frontier where the child is for the last time a part of the subject's own body and at the same time is already the object which has been thrust out. Here we have a repetition of the coitus-situation, in which the object was still felt to be a piece of the outside world but, being introjected, was on the border-line between the outside world and the ego.

Although the child has been hailed after delivery as an object belonging to the outside world, the bliss of the primal state, the unity of subject and object, is nevertheless re-established in lactation. This is a repetition of coitus, rendered with photographic faithfulness, the identification being based on the oral incorporation of the object in the act of sucking. Here again we have the equation: penis = breast. As in the first instance the penis took possession of one of the openings of the woman's body (the vagina), and in the act of mastery created an erotogenic centre, so now the nipple in a state of erection takes possession of the infant's mouth. As in coitus the erotogenicity of the whole body was attracted to the vagina, so here the whole disseminated libido of the newly-born infant is concentrated in the mouth. That which the semen accomplished in the one instance is accomplished in the other by the jet of milk. The identification made in childish phantasy between the mother's breast and the father's penis is realized a second time: in coitus the penis takes on the rôle of the breast, while in lactation the breast becomes the penis. In the identification-situation the dividing line between the partners vanishes, and in this relation, mother—child, the mother once more annuls the trauma of weaning.

The identification, penis—breast, threw light on a remarkable disturbance in lactation which I had the opportunity of observing analytically. A young mother with a very ambivalent attitude towards her child was obliged to give up suckling it, although she wished to continue and her breasts were functioning excellently. But what happened was that in the interval between the child's meals the

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milk poured out in a stream, so that the breast was empty when she wished to give it to the child. The measures she took to overcome this unfortunate condition recalled the behaviour of men suffering from *ejaculatio præcox*, who convulsively endeavour to hasten the sexual act but are always overtaken by their infirmity. In the same way this woman tried to hasten the feeding of the child, but with the same ill success—it was always too late. The analysis of this disturbance was traced to a urethral source in her, as in *ejaculatio præcox* in the man. In a disturbance of lactation more frequently met with, namely, the drying up of the secretion, the other (anal) components of the process undoubtedly predominate.

The relation between the genital processes and lactation finds very characteristic expression at the moment when the child is put to the breast. Sometimes there is even a convulsion in the uterus, as though it were terminating its activity only now when it resigns it to the breast.

So the act of reproduction, begun in oral incorporation, completes the circle by representing the same situation at the end as at the beginning.

The whole development of the libido is rapidly revived and run through once more, the effect of the primal traumata is diminished by repetitive acts, and the work of

sublimation is accomplished in relation to the child. But for the bisexual disposition of the human being, which is so adverse to the woman, but for the clitoris with its masculine strivings, how simple and clear would be her way to an untroubled mastering of existence!

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The Significance of Masochism in the Mental Life of Women

Helene Deutsch

PART I

'FEMININE' MASOCHISM AND ITS RELATION TO FRIGIDITY.¹

In the analysis of women we became familiar with the masculinity-complex before we learnt much about the 'femininity' which emerges from the conflicts accompanying development. The reasons for this later recognition were various. First of all, analysis comes to know the human mind in its discords rather than in its harmonies, and, when we turn the microscope of observation upon the woman, we see with special distinctness that the main source of her conflicts is the masculinity which she is destined to subdue. It followed that we were able to recognize the 'masculine' element in women earlier and more clearly than what we may term the nucleus of their 'femininity'. Paradoxical as it may sound, we approached the feminine element with greater interest when it formed part of a pathological structure and, as a foreign body, attracted a closer attention. When we encountered in men that instinctual disposition which we designate feminine and passive-masochistic, we recognized its origin and the weighty consequences it entailed. In the case of women we discovered that, even in the most feminine manifestations of their life—menstruation, conception, pregnancy and parturition—they had a constant struggle with the never wholly effaced evidences of the bisexuality of their nature. Hence, in my earlier writings² I shewed with what elemental force the masculinity-complex flares up in the female reproductive functions, to be once more subdued.

My aim in this paper is different. I want to examine the genesis of 'femininity', by which I mean the feminine, passive-masochistic disposition in the mental life of women. In particular I shall try to elucidate the relation of the function of feminine instinct to the function of reproduction, in order that we may first of all clarify our ideas

¹ Read at the Eleventh International Psycho-Analytical Congress, Oxford, July 27, 1929.

² Helene Deutsch: Psychoanalyse der weiblichen Sexualfunktionen. Neue Arbeiten zur ärztlichen Psychoanalyse, Nr. V.

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about sexual inhibition in women, that is to say, about frigidity. The discussion will concern itself with theoretical premises rather than with the clinical significance of frigidity.

But first let us return to the masculinity-complex.

No one who has experience of analysis can doubt that female children pass through a phase in their libidinal evolution, in which they, just like boys, having abandoned the passive oral and anal cathexes, develop an erotogenicity which is actively directed to

the clitoris as in boys to the penis. The determining factor in the situation is that, in a certain phase, sensations in the organs, which impel the subject to masturbate, tend strongly towards the genital and effect cathexis of that zone which in both sexes we have called the 'phallic'.

Penis-envy would never acquire its great significance were it not that sensations in the organs, with all their elemental power, direct the child's interest to these regions of the body. It is this which first produces the narcissistic reactions of envy in little girls. It seems that they arrive only very gradually and slowly at the final conclusion of their investigations: the recognition of the anatomical difference between themselves and boys. So long as onanism affords female children an equivalent pleasure they deny that they lack the penis, or console themselves with hopes that in the future the deficiency will be made good. A little girl, whom I had the opportunity of observing, reacted to the exhibitionistic aggression of an elder brother with the obstinate and often repeated assertion: 'Susie has got one', pointing gaily to her clitoris and labia, at which she tugged with intense enjoyment. The gradual acceptance of the anatomical difference between the sexes is accompanied by conflicts waged round the constellation which we term penis-envy and masculinity-complex.

We know that, when the little girl ceases to deny her lack of the penis and abandons the hope of possessing one in the future, she employs a considerable amount of her mental energy in trying to account for the disadvantage under which she labours. We learn from our analyses what a large part the sense of guilt connected with masturbation commonly plays in these attempts at explanation. The origin of these feelings of guilt is not quite clear, for they already exist in the phase in which the Oedipus complex of the little girl does not seem as yet to have laid the burden of guilt upon her.³

3 Freud: 'Some Psychological Consequences of the Anatomical Difference between the Sexes' (This JOURNAL, Vol. VIII, 1927). The argument in this paper of Freud's is that the Oedipus complex does not develop in girls until after the phase of phallic onanism. Cf. also Deutsch: *Psychoanalyse der weiblichen Sexualfunktionen*. Neue Arbeiten zur ärztlichen Psychoanalyse, Nr. V.

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Direct observation of children shows beyond question that these first onanistic activities are informed with impulses of a primary sadistic nature against the outside world.⁴ Possibly a sense of guilt is associated with these obscure aggressive impulses. It is probable that the little girl's illusion that she once had a penis and has lost it is connected with these first, sadistic, active tendencies to clitoral masturbation. Owing to the memory-traces of this active function of the clitoris, it is subsequently deemed to have had in the past the actual value of an organ equivalent to the penis. The erroneous conclusion is then drawn: 'I once did possess a penis'.

Another way in which the girl regularly tries to account for the loss is by ascribing the blame for it to her mother. It is interesting to note that, when the father is blamed for the little girl's lack of a penis, castration by him has already acquired the libidinal significance attaching to this idea in the form of the rape-phantasy. Rejection of the wish that the father should have been the aggressor generally betokens, even at this early stage, that rejection of the infantile feminine attitude to which I shall recur.

In his paper 'Some Consequences of the Anatomical Difference between the Sexes', Freud sees in the turning of the little girl to her father as a sexual object a direct consequence of this anatomical difference. In Freud's view, development from the castration to the Oedipus complex consists in the passing from the narcissistic wound of

4 In his paper on 'The Economic Problem in Masochism' (Collected Papers, Vol. II), Freud points out that the important task of the libido is to conduct into the outside world the instinct of destruction primarily inherent in living beings, transforming it into the 'instinct of mastery'. This is effected by means of the organ of motility, the muscular system. It appears to me that part of these destructive tendencies remains attached to the subject's own person in the earliest form of masturbation, which has as yet no libidinal object, and that it is thus intercalated between organic pleasure and motor discharge into the outside world. At any rate I have been able with some degree of certainty to establish the fact that children who are specially aggressive and active have a particularly strong urge to masturbation. (I am speaking here of the earliest masturbation, which is as yet autoerotic). We see too that in little children frustration may provoke an outburst of rage and at the same time attempts at masturbation.

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organ-inferiority to the compensation offered: that is to say, there arises the desire for a child. This is the source of the Oedipus complex in girls.

In this paper I shall follow up the line of thought thus mapped out by Freud. After the phallic phase, where the boy renounces the Oedipus complex and phallic masturbation, there is intercalated in the girl's development a phase which we may call 'post-phallic'; in this the seal is set upon her destiny of womanhood. Vaginal cathexis, however, is as yet lacking.

In spite of my utmost endeavours, I am unable to confirm the communications that have been made with reference to vaginal pleasure-sensations in childhood. I do not doubt the accuracy of these observations, but isolated exceptions in this case prove little. In my own observations I have had striking evidence in two instances of the existence of vaginal excitations and vaginal masturbation before puberty. In both, seduction with defloration had occurred very early in life.⁵ If there were in childhood a vaginal phase, with all its biological significance, it surely could not fail to appear as regularly in our analytical material as do all the other infantile phases of development. I think that the most difficult factor in the 'anatomical destiny' of the woman is the fact that at a time when the libido is still unstable, immature and incapable of sublimation, it seems condemned to abandon a pleasure-zone (the clitoris as a phallic organ) without discovering the possibility of a new cathexis. The narcissistic estimation of the non-existent organ passes smoothly (to use a phrase of Freud's) 'along the symbolic equation: penis—child, which is mapped out for it'. But what becomes of the dynamic energy of the libido which is directed towards the object and yearns for possibilities of gratification and for erotogenic cathexes?

We must also reflect that the wish-phantasy of receiving a child from the father—a phantasy of the greatest significance for the future of a woman—is, nevertheless, in comparison with the reality of the

5 Even if further observations should prove the occurrence of vaginal sensations in childhood, the subsequent cathexis of the vagina as a sexorgan would still seem to be scarcely affected by the question of whether it had transitorily been a zone of excitation, very soon repressed so as to leave scarcely a trace, or whether it were only in later years of development that it assumed for the first time the rôle of the genital apparatus. The same difficulties arise in either case.

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penis, for which it is supposed to be exchanged, a very unreal and uncertain substitute. I heard of the little daughter of an analyst mother who, at the time when she was experiencing penis-envy, was consoled with the prospect of having a child. Every morning she woke up to ask in a fury: 'Hasn't the child come yet?' and no more accepted the consolation of the future than we are consoled by the promise of Paradise. What, then, does happen to the actively directed cathexis of the clitoris in the phase when that organ ceases to be valued as the penis? In order to answer this question we may fall back on a familiar and typical process. We already know that, when a given activity is denied by the outside world or inhibited from within, it regularly suffers a certain fate—it turns back or is deflected. This seems to be so in the instance before us: the hitherto active-sadistic libido attached to the clitoris rebounds from the barricade of the subject's inner recognition of her lack of the penis and, on the one hand, regressively cathects points in the pregenital development which it had already abandoned, while, on the other hand, and most frequently of all, it is deflected in a regressive direction towards masochism. In place of the active urge of the phallic tendencies, there arises the masochistic phantasy: 'I want to be castrated', and this forms the erotogenic masochistic basis of the feminine libido. Analytic experience leaves no room for doubt that the little girl's first libidinal relation to her father is masochistic, and the masochistic wish in its earliest distinctively feminine phase is: 'I want to be castrated by my father'.⁶

In my view this turning in the direction of masochism is part of the woman's 'anatomical destiny', marked out for her by biological and constitutional factors, and lays the first foundation of the ultimate development of femininity, independent as yet of masochistic reactions to the sense of guilt. The original significance of the clitoris as an organ of activity, the masculine-narcissistic protest: 'I won't be castrated' are converted into the desire: 'I want to be castrated'. This desire assumes the form of a libidinal, instinctual trend whose object is the father. The woman's whole passive-feminine disposition, the entire genital desire familiar to us as the rape-phantasy, is finally explained if we accept the proposition that it originates in the castration-complex. My

6 That 'feminine' masochism has its origin in this regressive deflection of the libido is clear evidence of the identity of 'erotogenic' and 'feminine' masochism.

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view is that the Oedipus complex in girls is inaugurated by the castration-complex. The factor of pleasure resides in the idea of a sadistic assault by the love-object and the narcissistic loss is compensated by the desire for a child, which is to be fulfilled through this assault. When we designate this masochistic experience by the name of the wish for castration, we are not thinking merely of the biological meaning—the surrender of an organ of pleasure (the clitoris)—but we are also taking into account the fact that the whole of this deflection of the libido still centres on that organ. The onanism belonging to this phase and the masochistic phantasy of being castrated (raped) employ the same organ as the former active tendencies. The astonishing persistency of the feminine castration-complex (including all the organic vicissitudes with which is associated a flow of blood) as we encounter it in the analyses of our female patients is thus explained by the fact that this complex contains in itself not only the masculinity-complex, but also the whole infantile set towards femininity.

At that period there is a close connection between the masochistic phantasies and the wish for a child, so that the whole subsequent attitude of the woman towards her child

(or towards the reproductive function) is permeated by pleasure-tendencies of a masochistic nature.

We have an illustration of this in the dream of a patient whose subsequent analysis unequivocally confirmed what had been hinted in the manifest content of her dream; this occurred in the first phase of her analysis before much insight had been gained.

Professor X. and you (the analyst) were sitting together. I wanted him to notice me. He went past my chair and I looked up at him and he smiled at me. He began to ask me about my health, as a doctor asks his patient; I answered with reluctance. All of a sudden he had on a doctor's white coat and a pair of obstetrical forceps in his hand. He said to me: "Now we'll just have a look at the little angel". I clearly saw that they were obstetrical forceps, but I had the feeling that the instrument was to be used to force my legs apart and display the clitoris. I was very much frightened and struggled. A number of people, amongst them you and a trained nurse, were standing by and were indignant at my struggling. They thought that Professor X. had specially chosen me for a kind of experiment, and that I ought to submit to it. As everyone was against me, I cried out in impotent fury: "No, I will not be operated on, you shall not operate on me".

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Without examining the dream more closely here, we can see in its manifest content that castration is identified with rape and parturition, and the dream-wish which excites anxiety is as follows: 'I want to be castrated (raped) by my father and to have a child'—a three-fold wish of a plainly masochistic character.

The first, infantile identification with the mother is always, independently of the complicated processes and reactions belonging to the sense of guilt, masochistic, and all the active birth-phantasies, whose roots lie in this identification, are of a bloody, painful character, which they retain throughout the subject's life.⁷

In order to make my views on frigidity intelligible I had to preface them with these theoretical considerations.

I will now pass on to discuss those forms of frigidity which bear the stamp of the masculinity-complex or penis-envy. In these cases the woman persists in the original demand for possession of a penis and refuses to abandon the phallic organization. Conversion to the feminine-passive attitude, the necessary condition of vaginal sensation, does not take place.

Let me mention briefly the danger of the strong attachment of all sexual phantasies to clitoris-masturbation. I think I have made it clear that the clitoris has come to be the executive organ, not only of active but of passive masochistic phantasies. By virtue of its past phase of masculine activity, a kind of organ-memory constitutes it the great enemy of any transference of pleasure-excitation to the vagina. Moreover, the fact that the whole body receives an increased cathexis of libido (since it has failed to find its focus) brings it about that, in spite of an often very vehement manifestation of the sexual instinct, the libido never attains to its centralized form of gratification.

In far the largest number of cases, feminine sexual inhibition arises out of the vicissitudes of that infantile-masochistic libidinal development which I have postulated. These vicissitudes are manifold, and every form they assume may lead to frigidity. For instance, as a result of the repression of the masochistic tendencies a strong narcissistic cathexis of the feminine ego may be observed. The ego feels that it is threatened by these tendencies, and takes up a narcissistic

7 In the second section of this paper I will revert to the part that the sense of guilt plays in feminine masochistic phantasies. In the present argument I am indicating the purely libidinal origin of feminine masochism, as determined by the course of evolution.

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position of defence. I believe that, together with penis-envy, this is an important source of so-called feminine narcissism.

Akin to this reaction of repression is another reaction-formation which Karen Horney calls 'the flight from femininity, ' and of which she has given a very illuminating description. This flight from the incest-wish is, in my view, a shunning not only of the incestuous object (Horney), but most of all of the masochistic dangers threatening the ego which are associated with the relation to this object. Escape into identification with the father is at the same time a flight from the masochistically determined identification with the mother. Thus there arises the masculinity-complex, which I think will be strong and disturbing in proportion as penis-envy has been intense and the primary phallic active tendencies vigorous.

Repression of the masochistic instinctual tendencies may have another result in determining a particular type of object-choice later in life. The object stands in antithesis to the masochistic instinctual demands and corresponds to the requirements of the ego. In accordance with these the woman chooses a partner whose social standing is high or whose intellectual gifts are above the average, often a man whose disposition is rather of an affectionate and passive type. The marriage then appears to be peaceful and happy, but the woman remains frigid, suffering from an unsatisfied longing—the type of the 'misunderstood wife'. Her sexual sensibility is bound up with conditions whose fulfilment is highly offensive to her ego. How often do such women become the wretched victims of a passion for men who ill-treat them, thus fulfilling the women's unconscious desires for castration or rape.

I have also observed how frequently—indeed, almost invariably—women whose whole life is modelled on the lines of masculine sublimation-tendencies are markedly masochistic in their sexual experiences. They belong to that reactive masculine type which yet has failed to repress its original masochistic instinctual attitude. My experience is that the prospect of cure in these cases of relative frigidity, in which sexual sensation depends on the fulfilment of masochistic conditions, is very uncertain. It is peculiarly difficult to detach these patients from the said conditions and, when analysis has given them the necessary insight, they have consciously to choose between finding bliss in suffering or peace in renunciation.

The analyst's most important task is, of course, the abolition of the sexual inhibition in his patients, and the attainment of instinctual

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gratification. But sometimes, when the patient's instincts are so unfortunately fixed and yet there are good capacities for sublimation, the analyst must have the courage to smooth the path in the so-called 'masculine' direction and thus make it easier for the patient to renounce sexual gratification.

There are women who have strong sexual inhibition and intense feelings of inferiority, the origin of which lies in penis-envy. In such cases it is evidently the task of analysis to free these patients from the difficulties of the masculinity-complex and to convert penis-envy into the desire for a child, i.e. to induce them to adopt their feminine rôle. We can observe that during this process the 'masculine aims' become depreciated and are given up. Nevertheless we often find that, if we can succeed in making it easier for such women to sublimate their instincts in the direction of 'masculine tendencies' and so to counter the sense of inferiority, the capacity for feminine sexual sensibility develops

automatically in a striking manner. The theoretical explanation of this empirically determined fact is self-evident.

It is but rarely in analytic practice that we meet with such cases of conditioned frigidity as I have described or indeed with any cases of frigidity unaccompanied by pathological symptoms, i.e. of sexual inhibition without symptoms of suffering. When such a patient comes to us, it is generally at the desire of the husband, whose narcissism is wounded, and who feels uncertain of his masculinity. The woman, actuated by her masochistic tendencies, has renounced the experience of gratification for herself, and, as a rule, her desire to be cured is so feeble that the treatment is quite unsuccessful.

As we know, hysteria which expresses itself in symptom-formation is extraordinarily capricious and varied as regards the nature of the sexual inhibition displayed. One type of hysterical patient is driven by an everlasting hunger for love-objects, which she changes without inhibition: her erotic life appears free, but she is incapable of genital gratification. Another type is monogamous and remains tenderly attached to the love-object, but without sexual sensibility; she exhibits other neurotic reactions which testify to her morbid state. Such women often dissipate the sexual excitation in the fore-pleasure, either owing to the strong original cathexis of the pregenital zones or because by a secondary and regressive reaction they are endeavouring to withhold the libido from the genital organ which prohibitions and their own anxiety have barricaded off. Here one often receives the impression that all the sense-organs, and indeed the whole female

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body, are more accessible to sexual excitation than is the vagina, the organ apparently destined for it. But conversion-symptoms turn out to be the seat of false sexual cathexes. Behind the hysterical, pleasure-inhibiting, genital anxiety we discover the masochistic triad: castration, rape and parturition. The fixation of these wish-phantasies to the infantile object here becomes, as we know, the motive factor in the neuroses. If this attachment is resolved by analysis, sexual sensibility as a rule develops.

In touching briefly on the question of frigidity accompanying phobias and obsessions, mention must be made of the remarkable fact that in these cases the sexual disturbance is emphatically not in direct ratio to the severity of the neurosis. There are patients who remain frigid long after they have overcome their anxiety, and even after they have got rid of the most severe obsessional symptoms, and the converse is also true. The uncertainty of obsessional neurosis—in so far as the genital capacity of female patients is concerned—is most plainly manifested in certain cases (several of which have come under my observation) in which the most violent orgasm may result from hostile masculine identifications. The vagina behaves like an active organ, and the particularly brisk secretion is designed to imitate ejaculation.

At the beginning of this paper I endeavoured to show that the masochistic triad constantly encountered in the analyses of women corresponds to a definite phase of feminine libidinal development and represents, so to speak, the last act in the drama of the vicissitudes of the 'feminine castration-complex'. In neurotic diseases, however, we meet above all with the reactions of the sense of guilt, and hence we find this primary-libidinal feminine masochism already so closely interwoven and interlocked with the moral masochism, originating under pressure of the sense of guilt, that we miss the significance of that which is in origin libidinal. Thus many obscure points in connection with the feminine castration-complex become clearer if we recognize that, behind the castration-anxiety, there is further the repressed masochistic wish characteristic of a definite infantile phase of development in the normal feminine libido.

The task of psycho-analysis is to resolve the conflicts of the individual existence. The instinctual life of the individual, which is the object of analytical scrutiny, strives towards the ultimate goal, amidst conflicts and strange vicissitudes, of attainment of pleasure. The preservation of the race lies outside these aims, and, if there be a deeper significance in the fact that the same means are employed to achieve

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the racial aim as to subserve the pleasure-tendency of man's instincts, that significance is outside the scope of our individualistic task.

Here I think we have a fundamental and essential difference between 'feminine' and 'masculine'. In the woman's mental life there is something which has nothing at all to do with the mere fact of whether she has or has not actually given birth to a child. I refer to the psychic representatives of motherhood which are here long before the necessary physiological and anatomical conditions have developed in the girl. For the tendency of which I am speaking the attaining of the child is the main goal of existence, and in woman the exchange of the racial aim for the individual one of gratification may take place largely at the expense of the latter. No analytical observer can deny that in the relation of mother to child—begun in pregnancy and continued in parturition and lactation—libidinal forces come into play which are very closely allied to those in the relation between man and woman.

In the deepest experience of the relation of mother to child it is masochism in its strongest form which finds gratification in the bliss of motherhood.

Long before she is a mother, long after the possibility of becoming one has ended, the woman has ready within her the maternal principle, which bids her take to herself and guard the real child or some substitute for it.

In coitus and parturition the masochistic pleasure of the sexual instinct is very closely bound up with the mental experience of conception and giving birth; just so does the little girl see in the father, and the loving woman in her beloved—a child. For years I have traced out in analyses this most intimate blending of the sexual instinct with that of the reproductive function in women, and always the question has hovered before my mind: When does the female child begin to be a woman and when a mother? Analytic experience has yielded the answer: Simultaneously, in that phase when she turns towards masochism, as I described at the beginning of this paper. Then, at the same time as she conceives the desire to be castrated and raped, she conceives also the phantasy of receiving a child from her father. From that time on, the phantasy of parturition becomes a member of the masochistic triad and the gulf between instinctual and the reproductive tendencies is bridged by masochism. The interruption of the little girl's infantile sexual development by the frustration of her desire for the child gives to the sublimation-tendencies of the woman a very definite stamp of masochistic maternity. If

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it is true that men derive the principal forces which make for sublimation from their sadistic tendencies, then it is equally true that women draw on the masochistic tendencies with their imprint of maternity. In spite of this symbiosis, the two opposite poles, the sexual instinct and the reproductive function, may enter into conflict with one another. When this occurs, the danger is the greater in proportion as the two groups of tendencies are in close proximity.

Thus, a woman may commandeer the whole of her masochistic instinctual energy for the purpose of direct gratification and abandon sublimation in the function of reproduction. In the relation of the prostitute to the souteneur we have such an unadulterated product of the feminine masochistic instinctual attitude.

At the opposite end of the pole, yet drawing upon the same source, we have the *mater dolorosa*, the whole of whose masochism has come to reside in the relation of mother to child.

From this point I return to my original theme. There is a group of women who constitute the main body figuring in the statistics which give the large percentage of frigidity. The women in question are psychically healthy, and their relation to the world and to their libidinal object is positive and friendly. If questioned about the nature of their experience in coitus, they give answers which show that the conception of orgasm as something to be experienced by themselves is really and truly foreign to them. During intercourse what they feel is a happy and tender sense that they are giving keen pleasure and, if they do not come of a social environment where they have acquired full sexual enlightenment, they are convinced that coitus as a sexual act is of importance only for the man. In it, as in other relations, the woman finds happiness in tender, maternal giving.

This type of woman is dying out and the modern woman seems to be neurotic if she is frigid. Her sublimations are further removed from instinct and therefore, while on the one hand they constitute a lesser menace to its direct aims, they are, on the other, less well adapted for the indirect gratification of its demands. I think that this psychological change is in accordance with social developments and that it is accompanied by an increasing tendency of women towards masculinity. Perhaps the women of the next generation will no longer submit to defloration in the normal way and will give birth to children only on condition of freedom from pain.

And then in after-generations they may resort to infibulation and to refinements in the way of pain—ceremonials in connection with

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parturition. It is this masochism—the most elementary force in feminine mental life—that I have been endeavouring to analyse.

Possibly I have succeeded in throwing light on its origin and, above all, on its importance and its application in the function of reproduction. This employing of masochistic instinctual forces for the purpose of race-preservation I regard as representing in the mental economy an act of sublimation on the part of the woman. In certain circumstances it results in the withdrawal from the direct gratification of instinct of the energy involved and in the woman's sexual life becoming characterized by frigidity without entailing any such consequences as would upset her mental balance and give rise to neurosis.

Let me now at the close of my paper give its main purport:

Women would never have suffered themselves throughout the epochs of history to have been withheld by social ordinances on the one hand from possibilities of sublimation, and on the other from sexual gratifications, were it not that in the function of reproduction they have found magnificent satisfaction for both urges.

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Horney, K. (1924) On the Genesis of the Castration Complex in Women. *Int. J. Psycho-Anal.*, 5:50-65
On the Genesis of the Castration Complex in Women¹
Karen Horney

Whilst our knowledge of the forms which the castration complex may assume in women has become more and more comprehensive, ² our insight into the nature of the

complex as a whole has made no corresponding advance. The very abundance of the material collected which is now familiar to us brings to our minds more strongly than ever the remarkable character of the whole phenomenon, so that the phenomenon in itself becomes a problem. A survey of the forms assumed by the castration complex in women that have hitherto been observed and of the inferences tacitly drawn from them shows that, so far, the prevailing conception is based on a certain fundamental notion which may be briefly formulated as follows (I quote in part verbatim from Abraham's work on the subject): Many females, both children and adults, suffer either temporarily or permanently from the fact of their sex. The manifestations in the mental life of women which spring from the objection to being a woman are traceable to their coveting a penis when they were little girls. The unwelcome idea of being fundamentally lacking in this respect gives rise to passive castration phantasies, while active phantasies spring from a revengeful attitude against the favoured male. In this formulation we have it assumed as an axiomatic fact that females feel at a disadvantage in this respect of their genital organs, without this being regarded as constituting a problem in itself—possibly because to masculine narcissism this has seemed too self-evident to need explanation. Nevertheless, the conclusion so far

1 Paper delivered at the Seventh International Psycho-Analytical Congress, Berlin, Sept. 1922.

2 Cf. in particular Abraham, 'Manifestations of the Female Castration Complex' (1921), INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. III, p. 1.

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drawn from the investigations—amounting as it does to an assertion that one-half of the human race is discontented with the sex assigned to it and can overcome this discontent only in favourable circumstances—is decidedly unsatisfying, not only to feminine narcissism but also to biological science. The question arises, therefore: Is it really the case that the forms of the castration complex met with in women, pregnant with consequences as they are, not only for the development of neurosis but also for the character-formation and destiny of women who for all practical purposes are normal, are based solely on a dissatisfaction with the fact of womanhood—a dissatisfaction due to her coveting a penis? Or is this possibly but a pretext (at any rate, for the most part) put forward by other forces, the dynamic power of which we know already from our study of the formation of neurosis?

I think that this problem can be attacked from several sides. Here I merely wish to put forward from the purely ontogenetic standpoint, in the hope that they may contribute to a solution, certain considerations which have gradually forced themselves upon me in the course of a practice extending over many years, amongst patients the great majority of whom were women and in whom on the whole the castration complex was very marked.

According to the prevailing conception the castration complex in females is entirely centred in the 'penis-envy' complex; in fact the term 'masculinity-complex' is used as practically synonymous. The first question which then presents itself is: How is it that we can observe this penis-envy occurring as an almost invariable typical phenomenon, even when the subject has not a masculine way of life, where there is no favoured brother to make envy of this sort comprehensible and where no 'accidental disasters'³ in the woman's experience have caused the masculine rôle to seem the more desirable?

The important point here seems to be the fact of raising the question; once it has been put answers suggest themselves almost spontaneously from the material with which we

are sufficiently familiar. For supposing we take as our starting-point the form in which 'penis-envy' probably most frequently directly manifests itself, namely, in the desire to urinate like a man, a critical sifting of the material soon shows that this desire is made up of three component

3 Cf. Freud, 'Tabu der Virginität', Sammlung kleiner Schriften, Vierte Folge.

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parts, of which sometimes one and sometimes another is the more important.

The part about which I can speak most briefly is that of urethral erotism itself, for sufficient stress has already been laid on this factor, being as it is the most obvious one. If we want to appraise in all its intensity the envy springing from this source we must above all make ourselves realize the narcissistic overestimation⁴ in which the excretory processes are held by children. Phantasies of omnipotence, especially such as are of a sadistic character, are as a matter of fact more easily associated with the jet of urine passed by the male. As an instance of this idea—and it is only one instance amongst many—I can quote something I was told of a class in a boys' school: when two boys, they said, urinate to make a cross the person of whom they think at the moment will die. Now even though it is certain that a strong feeling of being at a disadvantage must arise in little girls in connection with urethral erotism, yet it is exaggerating the part played by this factor if, as has hitherto been done in many quarters, we straightway attribute to it every symptom and every phantasy of which the content is the desire to urinate like a man. On the contrary, the motive force which originates and maintains this wish is often to be found in quite other instinct-components—above all in active and passive scopophilia. This connection is due to the circumstance that it is just in the act of urinating that a boy can display his genital and look at himself and is even permitted to do so, and that he can thus in a certain sense satisfy his sexual curiosity, at least as far as his own body is concerned, every time he passes urine.

This factor, which is rooted in the scopophilic instinct, was particularly evident in a patient of mine in whom the desire to urinate like a male dominated the whole clinical picture for a time. During this period she seldom came to the analysis without declaring that she had seen a man urinating in the street, and once she exclaimed quite spontaneously: 'If I might ask a gift of Providence it would be to be able just for once to urinate like a man.' Her associations completed this thought beyond all possibility of doubt: 'For then I should know how I really am made.' The fact that men can see themselves when urinating, while women cannot, was in this patient,

4 Cf. Abraham, 'Zur narzisstischen Bewertung der Excretionsvorgänge in Traum und Neurose', Internationale Zeitschrift, 1920.

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whose development was to a great extent arrested at a pregenital stage, actually one of the principal roots of her very marked 'penisenvy.'

Just as woman, because her genital organs are hidden, is ever the great riddle for man, so man is an object of lively jealousy for woman precisely on account of the ready visibility of his organ.

The close connection between urethral erotism and the scopophilic instinct was obvious in yet another patient, a woman whom I will call Y. She practised masturbation in a very peculiar way which stood for urinating like her father. In the obsessional neurosis from which this patient suffered, the chief agent was the scopophilic instinct; she had

the most acute feelings of anxiety consequent on the idea of being seen by others whilst thus practising masturbation. She was therefore giving expression to the far-back wish of the little girl: I wish I had a genital too, which I could show, like father, every time I pass urine.

I think, moreover, that this factor plays a leading part in every case of exaggerated embarrassment and prudery in girls, and I further conjecture that the difference in the dress of men and women, at least in our civilized races, may be traced to this very circumstance that the girl cannot exhibit her genital organs and that therefore in respect of her exhibitionistic tendencies she regresses to a stage at which this desire to display herself still applied to her whole body. This puts us on the track of the reason of why a woman wears a low neck, while a man wears a dress-coat. I think too that this connection explains to some extent the criterion which is always mentioned first when the points of difference between men and women are under discussion—namely, the greater subjectivity of women as compared with the greater objectivity of men. The explanation would be that the man's impulse to investigate finds satisfaction in the examination of his own body and may, or must, subsequently be directed to external objects; while the woman, on the other hand, can arrive at no clear knowledge about her own person, and therefore finds it far harder to become free of herself.

Finally, the wish which I have assumed to be the prototype of 'penis-envy' has in it a third element, namely, suppressed onanistic wishes, as a rule deeply hidden but none the less important on that account. This element may be traced to a connection of ideas (mostly unconscious) by which the fact that boys are permitted to take hold of their genital when urinating is construed as a permission to masturbate.

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Thus a patient who had witnessed a father reproving his little daughter for touching that part of her body with her tiny hands said to me quite indignantly: 'He forbids her to do that and yet does it himself five or six times a day.' You will easily recognize the same connection of ideas in the case of the patient Y., in whom the male way of urinating became the decisive factor in the form of masturbation that she practised. Moreover, in this case it became clear that she could not become completely free from the compulsion to masturbate so long as she unconsciously maintained the claim that she should be a man. The conclusion I drew from my observation of this case is, I think, quite a typical one: girls have a very special difficulty in overcoming masturbation because they feel that they are unjustly forbidden something which boys are allowed to do on account of their different bodily formation. Or, in terms of the problem before us, we may put it in another way and say that the difference in bodily formation may easily give rise to a bitter feeling of injury, so that the argument which is used later to account for the repudiation of womanhood, namely, that men have greater freedom in their sexual life, is really based upon actual experiences to that effect in early childhood. Van Ophuijsen at the conclusion of his work on the masculinity-complex in women lays stress on the strong impression he received in analysis of the existence of an intimate connection between the masculinity-complex, infantile masturbation of the clitoris and urethral erotism. The connecting link would probably be found in the considerations I have just put before you.

These considerations, which constitute the answer to our initial question about the reason why 'penis-envy' is of typical occurrence, may be summarized shortly as follows: The little girl's sense of inferiority is (as Abraham has also pointed out in one passage) by no means primary. But it seems to her that, in comparison with boys, she is subject to restrictions as regards the possibility of gratifying certain instinct-components which are of the greatest importance in the pregenital period. Indeed, I think I should put the

matter even more accurately if I said that as an actual fact, from the point of view of a child at this stage of development, little girls are at a disadvantage compared with boys in respect of certain possibilities of gratification. For unless we are quite clear about the reality of this disadvantage we shall not understand that 'penis-envy' is an almost inevitable phenomenon in the life of female children, and one which cannot but complicate female development. The fact that

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later when she reaches maturity a great part in sexual life (as regards creative power perhaps even a greater part than that of men) devolves upon a woman—I mean when she becomes a mother—cannot be any compensation to the little girl at this early stage, for it still lies outside her potentialities of direct gratification.

I shall here break off this line of thought, for I now come to the second, more comprehensive, problem: Does the complex we are discussing really rest on 'penis-envy' and is the latter to be regarded as the ultimate force behind it?

Taking this question as our starting-point, we have to consider what factors determine whether the penis-complex is more or less successfully overcome or whether it becomes regressively reinforced so that fixation occurs. A consideration of these possibilities compels us to examine more closely the form of object-libido in such cases. We then find that the girls and women whose desire to be men is often so glaringly evident have at the very outset of life passed through a phase of extremely strong father-fixation. In other words: They tried first of all to master the Oedipus complex in the normal way by retaining their original identification with the mother and, like the mother, taking the father as love-object.

We know that at this stage there are two possible ways in which a girl may overcome the 'penis-envy' complex without detriment to herself. She may pass from the auto-erotic narcissistic desire for the penis to the woman's desire for the man (= the father), precisely in virtue of her identification of herself with her mother; or to the material desire for a child (by the father). With regard to the subsequent love-life of healthy as well as abnormal women it is illuminating to reflect that (even in the most favourable instances) the origin, or at any rate one origin, of either attitude was narcissistic in character and of the nature of a desire for possession.

Now in the cases under consideration it is evident that this womanly and maternal development has taken place to a very marked degree. Thus in the patient Y., whose neurosis, like all those which I shall cite here, bore throughout the stamp of the castration complex, many phantasies of rape occurred which were indicative of this phase. The men whom she thought of as committing rape upon her were one and all unmistakably father-images; hence these phantasies had necessarily to be construed as the compulsive repetition of a primal phantasy in which the patient, who till late in life felt herself one with her mother, had experienced with her the father's act of complete

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sexual appropriation. It is noteworthy that this patient, who in other respects was perfectly clear in her mind, was at the beginning of the analysis strongly inclined to regard these phantasies of rape as actual fact.

Other cases also manifest—in another form—a similar clinging to the fiction that this primal feminine phantasy is real. From another patient, whom I will call X., I heard innumerable remarks constituting direct proof of how very real this love-relation with the father had seemed to her. Once, for instance, she recollected how her father had sung a love-song to her, and with the recollection there broke from her a cry of disillusion and despair: 'And yet it was all a lie!' The same thought was expressed in one of her symptoms which I should like to cite here as typical of a whole similar

group: at times she was under a compulsion to eat quantities of salt. Her mother had been obliged to eat salt on account of hæmorrhages of the lungs, which had occurred in the patient's early childhood; she had unconsciously construed them as the result of her parents' intercourse. This symptom therefore stood for her unconscious claim to have suffered the same experience from her father as her mother had undergone. It was the same claim that made her regard herself as a prostitute (actually she was a virgin) and that made her feel a compelling need to make a confession of some kind to any new love-object.

The numerous unmistakable observations of this kind show us how important it is to realize that at this early stage—as an ontogenetic repetition of a phylogenetic experience—the child constructs, on the basis of a (hostile or loving) identification with its mother, a phantasy that it has suffered full sexual appropriation by the father; and further, that in phantasy this experience presents itself as having actually taken place—as much a fact as it must have been at that distant time when all women were primarily the property of the father.

We know that the natural fate of this love-phantasy is a denial of it by reality. In cases which are subsequently dominated by the castration complex this frustration often changes into a profound disappointment, deep traces of which remain in the neurosis. Thus there arises a more or less extensive disturbance in the development of the sense of reality. One often receives the impression that the emotional intensity of this attachment to the father is too strong to admit of a recognition of the essential unreality of the relation; in other cases again it seems as though from the outset there had

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been an excessive power of phantasy, making it difficult to grasp actuality correctly; finally the real relations with the parents are often so unhappy as to account for a clinging to phantasy.

These patients feel as if their fathers had actually once been their lovers and had afterwards been false to them or deserted them. Sometimes this again is the starting-point of doubt: Did I only imagine the whole thing, or was it true? In a patient whom I will call Z., of whom I shall have to speak in a moment, this doubting attitude betrayed itself in a repetition-compulsion which took the form of anxiety whenever a man appeared attracted to her, lest she might only be imagining this liking on his part. Even when she was actually engaged to be married she had to be constantly reassuring herself that she had not simply imagined the whole thing. In a day-dream she pictured herself as assailed by a man whom she knocked down with a blow on the nose, treading upon his penis with her foot. Continuing the phantasy, she wished to give him in charge but refrained because she was afraid he might declare she had imagined the scene. When speaking of the patient Y., I mentioned the doubt she felt as to the actuality of her phantasies of rape, and that this doubt had reference to the original experience with the father. In her it was possible to trace out the way in which the doubt from this source extended to every occurrence in her life and so actually became the basis of her obsessional neurosis. In her case, as in many others, the course of the analysis made it probable that this origin of the doubt had deeper roots than that uncertainty, with which we are familiar, about the subject's own sex.⁵

In the patient X., who used to revel in numerous recollections of that earliest period of her life which she called her childhood's paradise, this disappointment was closely connected in her memory with an unjust punishment inflicted on her by her father when she was five or six years old. It transpired that at this time a sister had been born and that she had felt herself supplanted by this sister in her father's affections. As deeper strata were revealed it became clear that behind the jealousy of her sister there lay a

furious jealousy of her mother which related in the first instance to her mother's many pregnancies. 'Mother always had the babies', she once said indignantly. More strongly repressed were two further roots (by

5 Cf. the explanation Freud gives of doubt as doubt of the subject's capacity for love (hate).

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no means equally important) of her feeling that her father was faithless to her. The one was sexual jealousy of her mother dating from her witnessing parental coitus at a time when her sense of reality was sufficiently awakened for it to be impossible for her any longer completely to incorporate all that she saw in her phantasy of an experience undergone by herself. It was a mishearing on her part which put me on the track of this last source of her feeling: once as I was speaking of a time 'nach der Enttäuschung' (after the disappointment), she understood me to say 'Nacht der Enttäuschung' (the night of the disappointment) and gave the association of Brangäne keeping vigil during Tristan and Isolde's love-night.

A repetition-compulsion in this patient spoke in language no less clear: the typical experience of her love-life was that she first of all fell in love with a father-substitute and then found him faithless. In connection with occurrences of this sort the final root of the complex became plainly evident: I allude to her feelings of guilt. Certainly a great part of these feelings was to be construed as reproaches originally directed against the father and then turned upon herself. But it was possible to trace very clearly the way in which the feelings of guilt, especially those which resulted from strong impulses to do away with her mother (to the patient this identification had the special significance of 'doing away with her' and 'replacing her') had produced in her an expectation of calamity, which of course referred above all to the relation with her father.⁶

I wish especially to emphasize the strong impression I received in this case of the importance of the desire to have a child (from the father).⁷ My reason for laying stress upon it is that I think we are inclined to underestimate the unconscious power of this wish and in particular its libidinal character, because it is a wish to which the ego can later more easily assent than to many other sexual impulses. Its relation to the 'penis-envy' complex is twofold. On the one hand it is well known that the maternal instinct receives an 'unconscious libidinal reinforcement'⁸ from the desire for a penis, a

6 [While revising the translation of this paragraph I wrote competition-repulsion instead of repetition-compulsion!—TRANS. ED.]

7 Cf. O. Rank's paper 'Perversion und Neurosis,' published in this JOURNAL, Vol. IV, Part 3.

8 Cf. Freud, 'ber Triebumsetzungen insbesondere der Analerotik', Sammlung kleiner Schriften. Vierte Folge.

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desire which comes earlier in point of time because it belongs to the auto-erotic period. Then when the little girl experiences the disappointment described in relation to her father she renounces not only her claim upon him but also the desire for a child. This is regressively succeeded (in accordance with the familiar equation) by ideas belonging to the anal phase and by the old demand for the penis. When this takes place that demand is not simply revived, but is reinforced with all the energy of the girl-child's desire for a child.

I could see this connection particularly clearly in the case of the patient Z., who, after several symptoms of the obsessional neurosis had vanished, retained as the final and most obstinate symptom a lively dread of pregnancy and childbirth. The experience which had determined this symptom proved to be her mother's pregnancy and the birth of a brother when the patient was two years old, while observations of parental coitus, continued after she was no longer an infant, contributed to the same result. For a long time it seemed that this case was singularly well calculated to illustrate the central importance of the 'penis-envy' complex. Her coveting of the penis (her brother's) and her violent anger against him as the intruder who had ousted her from her position of only child, when once revealed by analysis, entered consciousness heavily charged with affect. The envy was, moreover, accompanied by all the manifestations which we are accustomed to trace to it: first and foremost the attitude of revenge against men, with very intense castration phantasies; repudiation of feminine tasks and functions, especially that of pregnancy; and further, a strong unconscious homosexual tendency. It was only when the analysis penetrated into deeper strata under the greatest resistances imaginable that it became evident that the source of the 'penis-envy' was her envy on account of the child which her mother and not she had received from her father, whereupon by a process of displacement the penis had become the object of envy in place of the child. In the same way her vehement anger against her brother proved really to have reference to her father, who she felt had deceived her, and to her mother who, instead of the patient herself, had received the child. Only when this displacement was cancelled did she really become free from 'penis-envy' and from the longing to be a man, and was she able to be a true woman and even to wish to have children herself.

Now what process had taken place? Quite roughly it may be

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outlined as follows: (1) the envy relating to the child was displaced to the brother and his genital; (2) there clearly ensued the mechanism discovered by Freud, by which the father as love-object is given up and the object-relation to him is regressively replaced by an identification with him.

The latter process manifested itself in those pretensions to manhood on her part of which I have already spoken. It was easy to prove that her desire to be a man was by no means to be understood in a general sense, but that the real meaning of her claims was to act her father's part. Thus she adopted the same profession as her father, and after his death her attitude to her mother was that of a husband who makes demands upon his wife and issues orders. Once when a noisy eructation escaped her she could not help thinking with satisfaction: 'Just like Papa'. Yet she did not reach the point of a completely homosexual object-choice; the development of the object-libido seemed rather to be altogether disturbed, and the result was an obvious regression to an auto-erotic narcissistic stage. To sum up: displacement of the envy which had reference to children on to the brother and his penis, identification with the father, and regression to a pregenital phase all operated in the same direction—to stir up a powerful 'penis-envy' which then remained in the foreground and seemed to dominate the whole picture.

Now in my opinion this kind of development of the Oedipus complex is typical of those cases in which the castration complex is predominant. What happens is that a phase of identification with the mother gives way to a very large extent to one of identification with the father, and at the same time there is regression to a pregenital stage. This process of identification with the father I believe to be one root of the castration complex in women.

At this point I should like to answer at once two possible objections. One of them might run like this: such an oscillation between father and mother is surely nothing

peculiar. On the contrary, it is to be seen in every child, and we know that, according to Freud, the libido of each one of us oscillates throughout life between male and female objects. The second objection relates to the connection with homosexuality, and may be expressed thus: in his paper on the psychogenesis of a case of homosexuality in a woman Freud has convinced us that such a development in the direction of identification with the father is one of the bases of manifest homosexuality; yet now I am depicting the same process as resulting in the castration

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complex. In answer I would emphasize the fact that it was just this paper of Freud's which helped me to understand the castration complex in women. It is exactly in these cases that, on the one hand, the extent to which the libido normally oscillates is considerably exceeded from a quantitative point of view, whilst, on the other hand, the repression of the love-attitude towards the father and the identification with him are not so completely successful as in cases of homosexuality. And so the similarity in the two courses of development is no argument against its significance for the castration complex in women; on the contrary, this view makes homosexuality much less of an isolated phenomenon.

We know that in every case in which the castration complex predominates there is without exception a more or less marked tendency to homosexuality. To play the father's part always amounts also to desiring the mother in some sense. There may be every possible degree of closeness in the relation between narcissistic regression and homosexual object-cathexis, so that we have an unbroken series culminating in manifest homosexuality.

A third criticism which suggests itself here relates to the temporal and causal connection with 'penis-envy' and runs as follows: Is not the relation of the 'penis-envy' complex to the process of identification with the father just the opposite of that depicted here? May it not be that in order to establish this sort of permanent identification with the father there has first to be an unusually strong 'penis-envy'? I think we cannot fail to recognize that a specially powerful 'penis-envy' (whether it is constitutional or the result of personal experience) does help to prepare the way for the changeover by which the patient identifies herself with the father; nevertheless, the history of the cases I have described, and of other cases as well, shows that notwithstanding the 'penis-envy' a strong and wholly womanly love-relation to the father had been formed, and that it was only when this love was disappointed that the feminine rôle was abandoned. This abandonment and the consequent identification with the father then revives the 'penis-envy', and only when it derives nourishment from such powerful sources as these can that feeling operate in its full strength.

For this revulsion to an identification with the father to take place it is essential that the sense of reality should be at least to some extent awakened; hence it is inevitable that the little girl should no longer be able to content herself, as she formerly did, simply with a

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phantasied fulfilment of her desire for the penis, but should now begin to brood upon her lack of that organ or ponder over its possible existence. The trend of these speculations is determined by the girl's whole affective disposition; it is characterized by the following typical attitudes: a feminine love-attachment, not yet wholly subdued, to her father, feelings of vehement anger and of revenge directed against him because of the disappointment suffered through him, and last but not least, feelings of guilt (relating to incestuous phantasies concerning him) which are violently aroused under

the pressure of the privation. Thus it is that these broodings invariably have reference to the father.

I saw this very clearly in the patient Y., whom I have already mentioned more than once. I told you that this patient produced phantasies of rape—phantasies which she regarded as fact—and that ultimately these related to her father. She too had reached the point of identifying herself to a very great extent with him; for instance, her attitude to her mother was exactly that of a son. Thus she had dreams in which her father was attacked by a snake or wild beasts, whereupon she rescued him.

Her castration phantasies took the familiar form of imagining that she was not normally made in the genital region, and besides this she had a feeling as though she had suffered some injury to the genitals. On both these points she had evolved many ideas, chiefly to the effect that these peculiarities were the result of acts of rape. Indeed, it became plain that her obstinate insistence upon these sensations and ideas in connection with her genital organs was actually designed to prove the reality of these acts of violence, and so, ultimately, the reality of her love-relation with her father. The clearest light is thrown upon the importance of this phantasy and the strength of the repetition-compulsion under which she laboured, by the fact that before analysis she had insisted on undergoing six laparotomy operations, several of which had been performed simply on account of her pains. In another patient, whose coveting of the penis took an absolutely grotesque form, this feeling of having sustained a wound was displaced on to other organs, so that when her obsessional symptoms had been resolved the clinical picture was markedly hypochondriacal. At this point her resistance took the following form: 'It is obviously absurd for me to be analysed, seeing that my heart, my lungs, my stomach, and my intestines are evidently organically diseased.' Here again the insistence on the

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reality of her phantasies was so strong that on one occasion she had almost compelled performance of an intestinal operation. Her associations constantly brought the idea that she had been struck down (geschlagen) with illness by her father. As a matter of fact, when these hypochondriacal symptoms cleared up, phantasies of being struck (Schlagephantasien) became the most prominent feature in her neurosis. It seems to me quite impossible to account satisfactorily for these manifestations simply by the 'penis-envy' complex. But their main features become perfectly clear if we regard them as an effect of the impulse to experience anew after a compulsive fashion the suffering undergone at the hands of the father and to prove to herself the reality of the painful experience.

This array of material might be multiplied indefinitely, but it would only repeatedly go to show that we encounter under totally different guises this basic phantasy of having suffered castration through the love-relation with the father. My observations have led me to believe that this phantasy, whose existence has indeed long been familiar to us in individual cases, is of such typical and fundamental importance that I am inclined to call it the second root of the whole castration complex in women.

The great significance of this combination is that a highly important piece of repressed womanhood is most intimately bound up with the castration phantasies. Or, to look at it from the point of view of succession in time, that it is wounded womanhood which gives rise to the castration complex, and that it is this complex which injures (not primarily, however) feminine development.

Here we probably have the most fundamental basis of the revengeful attitude towards men which is so often a prominent feature in women in whom the castration complex is marked; attempts to explain this attitude as resulting from 'penis-envy' and the

disappointment of the little girl's expectation that her father would give her the penis as a present, do not satisfactorily account for the mass of facts brought to light by an analysis of deeper strata of the mind. Of course in psycho-analysis the 'penis-envy' is more readily exposed than is the far more deeply repressed phantasy which ascribes the loss of the male genital to a sexual act with the father as partner. That this is so follows from the fact that no feelings of guilt at all are attached to 'penis-envy' in itself.

It is specially frequent for this attitude of revenge against men to be directed with particular vehemence against the man who

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performs the act of defloration. The explanation is natural, namely, that it is precisely the father with whom, according to the phantasy, the patient mated for the first time. Hence in the subsequent actual love-life the first mate stands in a quite peculiar way for the father. This idea is expressed in the customs described by Freud in his essay on the taboo of virginity; according to these the performance of the act of defloration is actually entrusted to a father-substitute. To the unconscious mind, defloration is the repetition of the phantasied sexual act performed with the father, and therefore when defloration takes place all those affects which belong to the phantasied act are reproduced—strong feelings of attachment combined with the abhorrence of incest, and finally the attitude described above of revenge on account of disappointed love and of the castration supposedly suffered through this act.

This brings me to the end of my remarks. My problem was the question whether that dissatisfaction with the female sexual rôle which results from 'penis-envy' is really the alpha and omega of the castration complex in women. We have seen that the anatomical structure of the female genitals is indeed of great significance in the mental development of women. Also, it is indisputable that 'penis-envy' does essentially condition the forms in which the castration complex manifests itself in them. But the deduction that therefore their repudiation of their womanhood is based on that envy seems inadmissible. On the contrary we can see that 'penis-envy' by no means precludes a deep and wholly womanly love-attachment to the father and that it is only when this relation comes to grief over the Oedipus complex (exactly as in the corresponding male neuroses) that the envy leads to a revulsion from the subject's own sexual rôle.

The male neurotic who identifies himself with the mother and the female who identifies herself with the father repudiate, both in the same way, their respective sexual rôles. And from this point of view the castration fear of the male neurotic (behind which there lurks a castration wish upon which, to my mind, sufficient stress is never laid) corresponds exactly to the female neurotic's desire for the penis. This symmetry would be much more striking were it not that the man's inner attitude towards identification with the mother is diametrically opposed to that of the woman towards identification with the father. And this in two respects: in a man this wish to be a woman is not merely at variance with his conscious

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narcissism, but is rejected for a second reason, namely, because the notion of being a woman implies at the same time the realization of all his fears of punishment, centred as they are in the genital region; in a woman, on the other hand, the identification with the father is confirmed by old wishes tending in the same direction, and it does not carry with it any sort of feelings of guilt but rather a sense of acquittal. For there ensues, from the connection I have described as existing between the ideas of castration and the incest-phantasies relating to the father, the fateful result, opposite to that in men, that being a woman is in itself felt to be culpable.

In his papers entitled 'Trauer und Melancholie'⁹ (Grief and Melancholia) and 'The Psychogenesis of a Case of Female Homosexuality',¹⁰ and in his Group Psychology and Analysis of the Ego, Freud has shown more and more fully how largely the process of identification bulks in human mentality. It is just this identification with the parent of the opposite sex which seems to me to be the point from which in either sex both homosexuality and the castration complex are evolved.

9 Sammlung kleiner Schriften. Vierte Folge.

10 INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. I, p. 125.

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Josine, J. M. (1932) A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls. Int. J. Psycho-Anal., 13:361-368

A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls

Josine Muller Josine Müller

The following paper by the late Josine Müller, who died suddenly and unexpectedly on December 30, 1930, contains some important conclusions about 'a libidinal cathexis of the vagina during the infantile genital period'. The author reports that she found this cathexis precisely in women who later proved frigid and in whom the clitoris had special emphasis. The present communication was read at a meeting of the German Psycho-Analytical Society on November 10, 1925. It is really a précis of the main thesis of a comprehensive work left by the author on the 'study of femininity in the infant in the light of the illnesses of women of the narcissistic type'—a work which I hope later to get published. The book will contain in extenso both the material upon which the ideas in this article were based, and also further material collected by Josine Müller in her last five years, which has thoroughly confirmed her view. CARL MÜLLER-BRAUNSCHWEIG.

At a meeting of the Berlin Society on October 31, 1925, Frau Horney read a paper entitled: 'A Woman's Thoughts on the Masculinity-complex in Women'. This paper, which will shortly appear in the Zeitschrift, ¹ leads me to draw attention to the following conjectures. It is my belief that libidinal cathexis of the vagina occurs during the infantile genital period more frequently than has hitherto been supposed and that it causes the vagina to assume a far greater significance than any other erotogenic zone. This occurs just in those subjects who in later life prove frigid in sexual intercourse, in whom the clitoris is especially emphasized and who are burdened with a strong castration-complex and masculine character-traits. In this paper I want to limit the discussion to the libidinal cathexis of the two female genital organs. I will refer to thought processes and phantasies only in so far as they offer a key to the subject's preference for clitoral rather than vaginal pleasure, or when it is necessary to touch on the relation of the genital impulses to the castration-complex. Two kinds of material will be drawn on: first, direct observation of children, and secondly,

¹ Cf. Internationale Zeitschrift für Psychoanalyse, Bd. xii, 1926; 'The Flight from Womanhood'. This JOURNAL, Vol. VII, 1926.

the impressions received from the analyses of patients. As regards the latter, the question which has occurred to me is this: if we analyse the subject's castration-complex and trace back her perception of the clitoris to her earliest childhood, do we not regularly get a sense of yet another factor which leads us to infer that, in early life, she was aware of instinctual demands associated with the vagina, but very soon repressed them, together with the idea of the special libidinal object and aim connected with them? And further, that, though repressed, this perception permanently troubled the child's consciousness and found negative expression in a general uncertainty of will, instinct and perception?

With regard to the direct observation of children I am basing my remarks on the following recollections, dating from the period of my hospital work and the years when I was in general practice. It quite often happened that mothers consulted me about their little daughters of from two to five years old, whom they brought to see me, stating that the children had made themselves ill through playing with the vagina. I have a specially clear recollection of two such children, one nearly three and the other four years old. Often, examination revealed a reddening of the entrance to the vagina and a slight vaginal discharge. In such cases the physician will first call to mind the fact that when girls are suffering from threadworms it sometimes happens that these, on leaving the bowel, pass into the vagina and set up irritation there, causing the child to rub the part with her fingers.² While undoubtedly this is a cause of masturbation in many cases, there are others in which there is no demonstrable external cause, and such children, instead of receiving medical treatment, become the victims of the usual exhortations and threats. Now we know that only the most obvious sexual activities of children are observed by those who bring them up and by physicians. Children who practise vaginal masturbation in a masked form are not detected. Some, for instance, jerk up and down and rock to and fro in their seats, or stimulate the vagina by contracting and relaxing the surrounding muscles. Nor are those children observed who are ready on the very slightest check to conceal their activities, or even to repress the instinctual impulse

2 For instance, we find the following statement in the *Lehrbuch der speziellen Pathologie und Therapie der inneren Krankheiten*, by Strümpell (16th Edition, 1907, Bd. I, S. 684): 'In girls it is not uncommon for the oxyures to stray into the vagina and there, too, a violent irritation is set up, which sometimes acts as an incitement to masturbation'.

concerned. Nevertheless, if we question physicians, we find a remarkable number of cases of the above kind, though each doctor thinks that his cases are exceptions. Analysts, too, have given me some striking instances. Frau M. Klein referred me to the cases she had already reported from her analyses of children (cf. her remarks at the Würzburg Conference, 1924, and her companion-paper to that of Frau Horney). Boehm gave an instance from the analysis of an adult, who at the age of from five to seven years (like Frau Klein's patient) used to masturbate by drawing the hem of her chemise backwards and forwards, thus pressing on the region of the vagina. Hárnik cited two analyses of adult, frigid women, in whom the clitoris was peculiarly sensitive to stimulation. One of the two knew that, when she was three years old, a hairpin had to be extracted from her vagina by a physician, and the other remembered having practised vaginal masturbation at the age of fifteen. Thus, notwithstanding a conscious libidinal cathexis of the vagina at puberty, she had been able to repress the impulses connected

with that organ and to give the preference to the clitoris. To judge by the analyses I myself have conducted, I think it improbable that she could have done this, unless a path had already been prepared for the later repression in the infantile period. I myself have a most striking case to quote from my own observation. I hope to include it, with others less obvious, in a full clinical communication on this subject.

There were elements in my analytical material which made me feel certain that children repress, more frequently than we have supposed, an original, instinctual impulse associated with the vagina in favour of a later preference for the clitoris. Before I go more closely into the material, however, let me put before you certain theoretical considerations. Let us consider the hypothetical case of a little girl who, during the genital phase, has become aware of an excitation, perhaps not at first differentiated, of both the clitoris and the vagina. Subsequently, experiences of some sort force her to withdraw her attention from the vaginal part of the excitation and to repress the idea of any aim associated with it. We now realize the importance of the fact that girls have two genital organs: in our hypothetical case, the girl is not obliged wholly to abandon the genital level again; it will already be a great help to her if she succeeds in strengthening the libidinal cathexis of the clitoris; and the more essential it is to withdraw attention from the vagina, the greater the clitoral hypercathexis will have to be. Hence, such a hypercathexis may indicate that the

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instinctual impulse associated with the vagina was originally specially vigorous.

Now the repression may not be very successful, and I think in fact that it is likely to fail just in so far as clitoral pleasure enables the child to remain on the genital level and saves her from regressing in any great measure to lower levels. But if the repression is thus unsuccessful, one consequence will be that the vaginal excitation will be easily roused again. It will then be met with a fresh effort of repression, but will at any rate threaten to enter consciousness in the form of a sense of guilt, attaching itself most readily to clitoral masturbation, and will tend, moreover, to produce a feeling of general uncertainty of will, instinct and perception. It is inevitable that the defence against intense sensations which mark the very nature of the subject's sex should arouse a sense of inferiority pervading her psychic life; and this will ally itself with the feelings of inferiority which have their origin in penis-envy. On the other hand, the same process of defence will cause preference to be given to such ideas, capacities and activities as can be linked up with the instinctual impulses which remain in the child's consciousness. Clitoral excitations seem to be akin to urethral pleasure and to evoke phantasies containing urethral components, and, conversely, urethral phantasies seem to be apt to induce clitoral excitation. These phantasies are of an active, aggressive character and contain an identification with the man (father) in his sexual rôle.

We shall expect that in the hypothetical case worked out above the hypercathexis of the clitoris will make it difficult for the child to give up clitoral masturbation even when the latency-period sets in, i.e. when the sexual excitation becomes less urgent. At the same time the ill-repressed vaginal impulse, with its infantile goal, will equally persist in the unconscious. On the other hand, just because the child retains the libidinal cathexis of the whole genital, penis-envy will have its full effect.

This last factor only comes into action as a cramping disturbance of the subject's life at the close of puberty or at latest when she enters into a sexual relation, if the fresh flood of sexual impulses fails to overcome her renewed attempts at repression and to make her conscious of vaginal desires, so setting her will in the direction of a recognized central goal of instinctual gratification. In such cases the infantile goal persists in the

unconscious. The ego cannot identify itself with this unconscious will and feels secure only when warding off genital

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impulses, whilst other ego-wishes cannot come to terms with the genital desires. Instead of facing the outside world in her own right as an independent observer, the woman is compelled to avoid everything that might awaken her feminine approach to the world, and anxiously to associate herself with the man's way of seeing things. In connection with this renewed identification with the man, I may say that material which I have collected from a number of analyses of little girls between the ages of five and twelve shews how, on the one hand, the final forms of infantile gratification of instinct are warded off and vaginal masturbation recurs at puberty, while, on the other, the phantasies lose their infantile form and take on that which is to persist in later life. This then, largely unconscious as it is, becomes the controlling factor in the woman's life, which proves to be a constant attempt to identify herself with an ideal man.

Finally, I would like to say something about the normal self-regard of women, as, on the whole, it ultimately reasserts itself in the face of their penis-envy. I would not in any way minimize the enormous importance of the little girl's wish for the penis; I would merely bring to bear on it some considerations arising from the general nature of human instinctual demands. I have arrived at my present view chiefly by observing how frigid women, whose self-feeling is rendered morbidly sensitive through anxiety since it is perpetually jeopardized by their castration-complex, pass into a state of more tranquil self-consciousness as soon as their frigidity begins to be dispelled. This observation has suggested the question: how can the castration-complex ever be destroyed if there is very little prospect of any external change in the subject's sexual life?

I imagine that the self-regard of every human being depends very largely on his capacity to satisfy central instinctual impulses and to use them as a basis for satisfactory relations with other people. In the child the genital theme has not yet attained to the central and dominating place in life, but in the case of the adolescent, if his self-regard is to be finally and firmly established, it is essential that those genital tendencies which are proper to his or her sex shall secure clear acceptance by his ego. With some women, however, vaginal impulses are from the outset shut off from conscious perception and remain infantile in aim, whilst their behaviour is nevertheless governed by unconscious vaginal wishes with an infantile goal. In such cases, then, it is inevitable that the woman's behaviour should lead her into discord with her ego-feeling in so far as this is instinctually reinforced by clitoral

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impulses, and that the conflict which convulses her genital desires themselves should seriously undermine her self-regard. If she makes a fresh attempt at repression by over-emphasizing her masculine attitude and the impulses associated with the clitoris, she will become all the more sensitive to penis-envy. If, on the contrary, the vaginal impulses are admitted to consciousness and given full satisfaction, she will naturally be diverted from her penis-envy. Experience shows that women with the mere capacity (apart from the opportunity) for complete vaginal gratification are better able to fill men's places than frigid women, and at the same time better able to avoid pitting themselves against men in situations in which the woman is bound to be the inferior, thus reviving their castration-complex. In this connection I have found Frau Horney's distinction between primary and secondary penis-envy important.

As to the clinical aspect of this problem, I will content myself with indicating in what sort of cases it arises and what are the salient points which confront us. The patients in

question are women between the ages of twenty and forty, suffering from hysteria or obsessional neurosis and marked by frigidity or vaginal spasm.

In a few cases, moreover, an attitude of vigorous opposition had prevented the vagina from ever being touched after puberty, either in coitus or in examination, whilst yet marked functional disturbances (such as almost total absence of menstruation, vaginal spasm, etc.), were present up to the beginning of the analysis, but were cleared up by the analysis.

It may be said of these cases, and moreover of their whole life, that the periods when the promptings of sexuality are more urgent cannot be sharply delimited from the other periods of life. The infantile instinctual impulses perturb these children until they are about seven years old. After that age the impulses are subjected to a new type of repression, but the repressive forces soon have to be marshalled against the first renewed onslaughts of sexual instinct at puberty (in the tenth and eleventh years of life). The beginning of the menstrual periods is often accepted with remarkable indifference or may be deferred to an unusually late age, sometimes till the girl's nineteenth year. The ailments belonging to the period of puberty are very troublesome and never really clear up (e.g. symptoms of chlorosis at the age of thirty-five). In women of this type the climacteric begins early and is very prolonged (ten years). I have not had cases of this in analysis, but I have treated such patients in my general

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practice, sometimes over a period of years, and I have found that for ten to fifteen years after menstruation has ceased, they are subject either to grave chronic depression or, at least, to various typical climacteric troubles, such as variable moods, hyperæmia and outbreaks of perspiration.

I have come to believe that, in these cases, not only is the castration-complex extremely active but the repressing forces are engaged in another struggle, which to a certain extent reinforces that complex, a struggle to repress a libidinal cathexis of the vagina which was already making itself felt in infancy. My reasons for thinking so are as follows:

1. If we study the little girl's experiences and phantasies, between, say, her eighth and her eleventh year, these shew evidence that she is struggling to free herself from vaginal wishes and arming herself against a relapse into these at the time of puberty.

2. Unless it is because defensive mechanisms have already been set up against the perception of a libidinal cathexis of the female genital organs, it is difficult to see how we get the presence of serious symptoms of dysmenorrhoea, or complete indifference to the onset of menstruation, without any awareness of those voluptuous sensations which are normally associated with a congestion of the female sexual organs with blood. We might perhaps more easily understand the postponement of menstruation, sometimes for years after it should have begun, as due to continued failure to effect a libidinal cathexis which the subject had not in fact managed to accomplish previously.

3. Just at this period, when they have the greatest need for care, some young girls shew a strong desire to perform special feats of strength and to be particularly active; this attitude of mind, when analysed, usually reveals a potent masculinity or castration-complex. Much has been said in this connection about the defence set up against the passive rôle in sexual life. If analysis is carried further, however, we come upon a different attitude, which one of my patients called 'the fear of feeling afraid.' In her case a particular transference-situation enabled us to trace this form of anxiety to an infantile situation (of which we were already aware) in which she had experienced and stifled a vaginal impulse, passive in its aim and directed towards her father.

4. We know how marriage tends to break down the woman's previous ego-consciousness, and

5. we often find in analysis that, behind the patient's identification

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with a man, there lies the direct wish to be overpowered and ravished. Both these are points which offer support to the present suggestion.

I hope that, when I have the opportunity to present my material in extenso, I shall be able, if not to prove the thesis from which I started, at least to shew that it is based on a strong probability.

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The Early Development of Female Sexuality¹

Ernest Jones

Freud has more than once commented on the fact that our knowledge of the early stages in female development is much more obscure and imperfect than that of male development, and Karen Horney has forcibly, though justly, pointed out that this must be connected with the greater tendency to bias that exists on the former subject. It is probable that this tendency to bias is common to the two sexes, and it would be well if every writer on the subject kept this consideration in the foreground of his mind throughout. Better still, it is to be hoped that analytic investigation will gradually throw light on the nature of the prejudice in question and ultimately dispel it. There is a healthy suspicion growing that men analysts have been led to adopt an unduly phallogocentric view of the problems in question, the importance of the female organs being correspondingly underestimated. Women have on their side contributed to the general mystification by their secretive attitude towards their own genitals and by displaying a hardly disguised preference for interest in the male organ.

The immediate stimulus to the investigation on which the present paper is mainly based was provided by the unusual experience, a couple of years ago, of having to analyse at the same time five cases of manifest homosexuality in women. The analyses were all deep ones and lasted from three to five years; they have been completed in three of the cases and carried to a far stage in the other two. Among the numerous

¹ Read at the Tenth International Congress of Psycho-Analysis, Innsbruck, September 1st, 1927.

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problems thus aroused two particular ones may serve as a starting-point for the considerations I wish to bring forward here. They were: what precisely in women corresponds with the fear of castration in men? and what differentiates the development of homosexual from that of heterosexual women? It will be noticed that these two

questions are closely related, the word 'penis' indicating the point of connection between them.

A few clinical facts about these cases may be of interest, though I do not propose to relate any casuistic material. Three of the patients were in the twenties and two in the thirties. Only two of the five had an entirely negative attitude towards men. It was not possible to establish any consistent rule in respect of their conscious attitude towards the parents: all varieties occurred, negative towards the father with either negative or positive towards the mother, and *vice versa*. In all five cases, however, it proved that the unconscious attitude towards both parents was strongly ambivalent. In all cases there was evidence of an unusually strong infantile fixation in regard to the mother, this being definitely connected with the oral stage. This was always succeeded by a strong father fixation, whether it was temporary or permanent in consciousness.

The first of the two questions mentioned above might also be formulated as follows: when the girl feels that she has already suffered castration, what imagined future event can evoke dread proportionate to the dread of castration? In attempting to answer this question, i.e. to account for the fact that women suffer from dread at least as much as men, I came to the conclusion that the concept 'castration' has in some respects hindered our appreciation of the fundamental conflicts. We have here in fact an example of what Horney has indicated as an unconscious bias from approaching such studies too much from the male point of view. In his illuminating discussion of the penis complex in women, Abraham² had remarked that there was no reason for not applying the word 'castration' there as well as with men, for wishes and fears about the penis of a parallel order occur in both. To agree with this statement, however, does not involve overlooking the differences in the two cases, nor should it blind us to the danger of importing into the one considerations with which we are already familiar in the other. Freud has justly remarked in connection with the pregenital precursors of castration (weaning and defæcation,

² Abraham, *Selected Papers*, 1927, P. 339.

pointed out by Stârcke and myself respectively) that the psychoanalytical concept of castration, as distinguished from the corresponding biological one, refers definitely to the penis alone—the testicles at most being included in addition.

Now the fallacy to which I wish to draw attention here is this. The all-important part normally played in male sexuality by the genital organs naturally tends to make us equate castration with the abolition of sexuality altogether. This fallacy often creeps into our arguments even though we know that many men wish to be castrated for, among others, erotic reasons, so that their sexuality certainly does not disappear with the surrender of the penis. With women, where the whole penis idea is always partial and mostly secondary in nature, this should be still more evident. In other words, the prominence of castration fears among men tends sometimes to make us forget that in both sexes castration is only a *partial* threat, however important a one, against sexual capacity and enjoyment as a whole. For the main blow of total extinction we might do well to use a separate term, such as the Greek word 'aphanisis'.

If we pursue to its roots the fundamental fear which lies at the basis of all neuroses we are driven, in my opinion, to the conclusion that what it really signifies is this aphanisis, the total, and of course permanent, extinction of the capacity (including opportunity) for sexual enjoyment. After all, this is the consciously avowed intention of most adults towards children. Their attitude is quite uncompromising: children are not to be permitted *any* sexual gratification. And we know that to the child the idea of indefinite postponement is much the same as that of permanent refusal. We cannot, of course, expect that the unconscious, with its highly concrete nature, will express itself for us in these abstract terms, which admittedly represent a generalization. The nearest approach to the idea of aphanisis that we meet with clinically is that of castration and of death thoughts (conscious dread of death and unconscious death wishes). I may cite here an obsessional case in a young man which illustrates the same point. He had substituted as his *summum bonum* the idea of æsthetic enjoyment for that of sexual gratification, and his castration fears took the form of apprehension lest he should lose his capacity for this enjoyment, behind them being of course the concrete idea of the loss of the penis.

From this point of view we see that the question under discussion was wrongly put. The male dread of being castrated may or may not have a precise female counterpart, but what is more important is to

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realize that this dread is only a special case and that both sexes ultimately dread exactly the same thing, aphanisis. The mechanism whereby this is supposed to be brought about shews important differences in the two sexes. If we neglect for the moment the sphere of auto-erotism—on the justifiable ground that conflicts here owe their main importance to the subsequent allo-erotic cathexis of it—and thus confine our attention to allo-erotism itself, we may say that the reconstructed train of thought in the male is somewhat as follows: 'I wish to obtain gratification by committing a particular act, but I dare not do so because I fear that it would be followed by the punishment of aphanisis, by castration that would mean for me the permanent extinction of sexual pleasure'. The corresponding thought in the female, with her more passive nature, is characteristically somewhat different: 'I wish to obtain gratification through a particular experience, but I dare not take any steps towards bringing it about, such as asking for it and thus confessing my guilty wish, because I fear that to do so would be followed by aphanisis'. It is, of course, plain that this difference is not only not invariable, but is in any event only one of degree. In both cases there is activity, though it is more overt and vigorous with the male. This is not, however, the main difference in accent: a more important one depends on the fact that, for obvious physiological reasons, the female is much more dependent on her partner for her gratification than is the male on his. Venus had much more trouble with Adonis, for example, than Pluto with Persephone.

The last consideration mentioned provides the biological reason for the most important psychological differences in the behaviour and attitude of the sexes. It leads directly to a greater dependence (as distinct from desire) of the female on the willingness and moral approbation of the partner than we usually find with the male, where the corresponding sensitiveness occurs in respect of another, authoritative male. Hence, among other things, the more characteristic reproaches and need for reassurance on the woman's part. Among the important social consequences the following may be mentioned. It is well known that the morality of the world is essentially a male creation. and—what is much more curious—that the moral ideals of women are mainly copied

from those of men. This must certainly be connected with the fact, pointed out by Helene Deutsch,³ that the super-ego of

3 Helene Deutsch, *Zur Psychologie der weiblichen Sexualfunktionen*, 1925, S. 9.

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women is, like that of men, predominantly derived from reactions to the father. Another consequence, which brings us back to our main discussion, is that the mechanism of aphanisis tends to differ in the two sexes. Whereas with the male this is typically conceived of in the active form of castration, with the female the primary fear would appear to be that of separation. This can be imagined as coming about through the rival mother intervening between the girl and the father, or even through her sending the girl away for ever, or else through the father simply withholding the desired gratification. The deep fear of being deserted that most women have is a derivative of the latter.

At this point it is possible to obtain from the analysis of women a deeper insight than from that of men into the important question of the relation between privation and guilt, in other words into the genesis of the super-ego. In his paper on the passing of the Oedipus complex Freud suggested that this happened in the female as the direct result of continued disappointment (privation), and we know that the super-ego is as much the heir of this complex in the female as in the male where it is the product of the guilt derived from the dread of castration. It follows, and my analytical experience fully confirms the conclusion,⁴ that sheer privation comes, of course in both sexes, to have just the same meaning as deliberate deprivation on the part of the human environment. We thus reach the formula: *Privation is equivalent to frustration*. It is even likely that, as may be inferred from Freud's remarks on the passing of the female Oedipus complex, privation alone may be an adequate cause for the genesis of guilt. To discuss this further would take us too far into the structure of the super-ego and away from the present theme, but I should like just to mention a view I have reached which is sufficiently germane to the latter. It is that guilt, and with it the super-ego, is as it were artificially built up for the purpose of protecting the child from the stress of privation, i.e. of ungratified libido, and so warding off the dread of aphanisis that always goes with this; it does so, of course, by damping down the wishes that are not destined to be gratified. I even think that the external disapproval, to which the whole of this process used to be ascribed, is largely an affair of exploitation on the child's part; that is to say, non-gratification primarily means danger, and the child projects this into the outer

4 This was reached partly in conjunction with Mrs. Riviere, whose views are expounded in another context, JOURNAL, Vol. VIII, pp. 374–5.

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world, as it does with all internal dangers, and then makes use of any disapproval that comes to meet it there (*moralisches Entgegenkommen*) to signalize the danger and to help it in constructing a barrier against this.

To return once more to the young girl, we are faced with the task of tracing the various stages in development from the initial oral one. The view commonly accepted is

that the nipple, or artificial teat, is replaced, after a little dallying with the thumb, by the clitoris as the chief source of pleasure, just as it is with boys by the penis. Freud⁵ holds that it is the comparative unsatisfactoriness of this solution which automatically guides the child to seek for a better external penis, and thus ushers in the Oedipus situation where the wish for a baby⁶ gradually replaces that for a penis. My own analyses, as do Melanie Klein's 'early analyses', indicate that in addition to this there are more direct transitions between the oral and the Oedipus stages. It would seem to me that the tendencies derived from the former stage bifurcate early into clitoris and fellatio directions, i.e. into digital plucking at the clitoris and fellatio phantasies respectively; the proportion between the two would naturally be different in different cases, and this may be expected to have fateful consequences for the later development.

We have now to follow these lines of development in closer detail, and I will first sketch what I conceive to be the more normal mode of development, that leading to heterosexuality. Here the sadistic phase sets in late, and so neither the oral nor the clitoris stage receives any strong sadistic cathexis. In consequence, the clitoris does not become associated with a particularly active masculine attitude (thrusting forward, etc.), nor on the other hand is the oral-sadistic phantasy of biting off the male penis at all highly developed. The oral attitude is mainly a sucking one and passes by the well-known developmental transition into the anal stage. The two alimentary orifices thus constitute the receptive female organ. The anus is evidently identified with the vagina to begin with, and the differentiation of the two is an extremely obscure process, more so perhaps than any other in female development; I surmise, however, that it takes place in part at an earlier age than is generally supposed. A variable amount of sadism

5 Freud, INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. VIII, p. 140.

6 Little is said throughout this paper about the wish for a baby because I am mainly dealing with early stages. I regard the wish as a later derivative of the anal and phallic trends.

is always developed in connection with the anal stage and is revealed in the familiar phantasies of anal rape which may or may not pass over into beating phantasies. The Oedipus relationship is here in full activity; and the anal phantasies, as we shall shew later, are already a compromise between libidinal and self-punishment tendencies. This mouth-anus-vagina stage, therefore, represents an identification with the mother.

What in the meantime has been the attitude towards the penis? It is likely enough that the initial one is purely positive,⁷ manifested by the desire to suck it. But penis-envy soon sets in and apparently always. The primary, so to speak auto-erotic, reasons for this have been well set out by Karen Horney⁸ in her discussion of the part played by the organ in urinary, exhibitionistic, scopophilic and masturbatory activities. The wish to possess a penis as the male does passes normally, however, into the wish to share his penis in some coitus-like action by means of the mouth, anus or vagina. Various sublimations and reactions shew that no woman escapes the early penis-envy stage, but I fully agree with Karen Horney,⁹ Helene Deutsch,¹⁰ Melanie Klein,¹¹ and other workers in their view that what we meet with clinically as penis-envy in the neuroses is only in small part derived from this source. We have to distinguish between what may perhaps be termed pre-oedipus and post-Oedipus penis-envy (more accurately, auto-

erotic and allo-erotic penis-envy), and I am convinced that clinically the latter is much the more significant of the two. Just as masturbatory and other auto-erotic activities owe their main importance to re-investment from allo-erotic sources, so we have to recognize that many clinical phenomena depend on the defensive function of regression, recently insisted on by Freud.¹² It is the privation resulting from the continued disappointment at never being

7 Helene Deutsch (*Zur Psychologie der weiblichen Sexualfunktionen*, 1925, S. 19) records an interesting observation in a girl-child of eighteen months who viewed a penis with apparent indifference at that time, and who only later developed affective reactions.

8 Karen Horney, *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. V, pp. 52–54.

9 Karen Horney, *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. V, p. 64.

10 Helene Deutsch, *Zur Psychologie der weiblichen Sexualfunktionen*, 1925, S. 16–18.

11 Melanie Klein, communications to the British Psycho-Analytical Society.

12 Freud, *Hemmung, Symptom und Angst*, 1926, S. 48, etc.

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allowed to share the penis in coitus with the father, or thereby to obtain a baby, that reactivates the girl's early wish to possess a penis of her own. According to the theory put forward above, it is this privation that is primarily the unendurable situation, the reason being that it is tantamount to the fundamental dread of aphanisis. Guilt, and the building-up of the super-ego, is, as was explained above, the first and invariable defence against the unendurable privation. But this is too negative a solution in itself; the libido must come to expression somehow as well.

There are only two possible ways in which the libido can flow in this situation, though both may, of course, be attempted. The girl must choose, broadly speaking, between sacrificing her erotic attachment to her father and sacrificing her femininity, i.e. her anal identification with the mother. Either the object must be exchanged for another one or the wish must be; it is impossible to retain both. Either the father or the vagina (including pregenital vaginas) must be renounced. In the first case feminine wishes are developed on the adult plane—i.e. diffuse erotic charm (narcissism), positive vaginal attitude towards coitus, culminating in pregnancy and child-birth—and are transferred to more accessible objects. In the second case the bond with the father is retained, but the object-relationship in it is converted into identification, i.e. a penis complex is developed.

More will be said in the next section about the precise way in which this identification defence operates, but what I should like to lay stress on at the moment is the interesting parallelism thus established, already hinted at by Horney,¹³ between the solutions of the Oedipus conflict in the two sexes. The boy also is threatened with aphanisis, the familiar castration fear, by the inevitable privation of his incest wishes. He also has to make the choice between changing the wish and changing the object, between renouncing his mother and renouncing his masculinity, i.e. his penis. We have thus obtained a generalization which applies in a unitary manner to boy and girl alike: *faced with aphanisis as the result of inevitable privation, they must renounce either*

their sex or their incest; what cannot be retained, except at the price of neurosis, is hetero-erotic and allo-erotic incest, i.e. an incestuous object-relationship. In both cases the situation of prime difficulty is the simple, but fundamental, one of union between penis and vagina. Normally this union is made possible by the overcoming of the Oedipus complex. When, on

13 Karen Horney, INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. V, p. 64.

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the other hand, the solution of inversion is attempted every effort is made to avoid the union, because it is bound up with the dread of aphanisis. The individual, whether male or female, then identifies his sexual integrity with possessing the organ of the opposite sex and becomes pathologically dependent on it. With boys this can be done either by using their mouth or anus as the necessary female organ (towards either a man or a masculine woman) or else by vicariously adopting the genitalia of a woman with whom they identify themselves; in the latter case they are dependent on the woman who carries the precious object and develop anxiety if she is absent or if anything in her attitude makes the organ difficult of access. With girls the same alternative presents itself, and they become pathologically dependent on either possessing a penis themselves in their imagination or on having unobstructed access to that of the man with whom they have identified themselves. If the 'condition of dependence' (cp. Freud's phrase "Liebesbedingung") is not fulfilled the individuals, man or woman, approach an aphanistic state or, in looser terminology, 'feel castrated'. They alternate, therefore, between potency on the basis of inverted gratification and aphanisis. To put it more simply, they either have an organ of the opposite sex or none at all; to have one of their own sex is out of the question.

We have next to turn to the second of our two questions, the difference in the development of heterosexual and homosexual women. This difference was indicated in our discussion of the two alternative solutions of the Oedipus conflict, but it has now to be pursued in further detail. The divergence there mentioned—which, it need hardly be said, is always a matter of degree—between those who surrender the position of their object-libido (father) and those who surrender the position of their subject-libido (sex), can be followed into the field of homosexuality itself. One can distinguish two broad groups here. (1) Those who retain their interest in men, but who set their hearts on being accepted by men as one of themselves. To this group belongs the familiar type of women who ceaselessly complain of the unfairness of women's lot and their unjust ill-treatment by men. (2) Those who have little or no interest in men, but whose libido centres on women. Analysis shews that this interest in women is a vicarious way of enjoying femininity; they merely employ other women to exhibit it for them.¹⁴

¹⁴ For the sake of simplicity an interesting third form is omitted in the text, but should be mentioned. Some women obtain gratification of feminine desires provided two conditions are present: (1) that the penis is replaced by a surrogate such as the tongue or finger, and (2) that the partner using this organ is a woman instead of a man. Though

clinically they may appear in the guise of complete inversion, such cases are evidently nearer to the normal than either of the two mentioned in the text.

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It is not hard to see that the former group corresponds with the class in our previous division where the sex of the subject is surrendered, while the latter group corresponds with those who surrender the object (the father), replacing him by themselves through identification. I will amplify this condensed statement for the sake of greater clarity. The members of the first group exchange their own sex, but retain their first love-object; the object-relationship, however, becomes replaced by identification, and the aim of the libido is to procure recognition of this identification by the former object. The members of the second group also identify themselves with the love-object, but then lose further interest in him; their external object-relationship to the other woman is very imperfect, for she merely represents their own femininity through identification, and their aim is vicariously to enjoy the gratification of this at the hand of an unseen man (the father incorporated in themselves).

Identification with the father is thus common to all forms of homosexuality, though it proceeds to a more complete degree in the first group than in the second, where, in a vicarious way, some femininity is after all retained. There is little doubt that this identification serves the function of keeping feminine wishes in repression. It constitutes the most complete denial imaginable of the accusation of harbouring guilty feminine wishes, for it asserts, 'I cannot possibly desire a man's penis for my gratification, since I already possess one of my own, or at all events I want nothing else than one of my own'. Expressed in terms of the theory developed earlier in this paper, it assures the most complete defence against the aphanistic danger of privation from the non-gratification of the incest wishes. The defence is in fact so well designed that it is little wonder that indications of it can be detected in all girls passing through the Oedipus stage of development, though the extent to which it is retained later is extremely variable. I would even venture the opinion that when Freud postulated a 'phallic' stage in female development corresponding with that in the male, i.e. a stage in which all the interest appears to relate to the male organ only with obliteration of the vaginal or pre-vaginal organs, he was

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giving a clinical description of what may be observed rather than a final analysis of the actual libidinal position at that stage; for it seems to me likely that the phallic stage in normal girls is but a mild form of the father-penis identification of female homosexuals, and, like it, of an essentially secondary and defensive nature.

Horney¹⁵ has pointed out that for a girl to maintain a feminine position and to accept the absence of a penis in herself often signifies not only the daring to have incestuous object-wishes, but also the phantasy that her physical state is the result of a castrating rape once actually performed by the father. The penis identification, therefore, implies a denial of both forms of guilt, the wish that the incestuous deed may happen in the future and the wish-fulfilment phantasy that it has already happened in the past. She further points out the greater advantage that this heterosexual identification presents to girls than to boys, because the defensive advantage common to both is strengthened with the former by the reinforcement of narcissism derived from the old

pre-oedipus sources of envy (urinary, exhibitionistic and masturbatory) and weakened with the latter by the blow to narcissism involved in the acceptance of castration.

As this identification is to be regarded as a universal phenomenon among young girls, we have to seek further for the motives that heighten it so extraordinarily and in such a characteristic way among those who later become homosexual. Here I must present my conclusions on this point even more briefly than those on the former ones. The fundamental—and, so far as one can see, inborn—factors that are decisive in this connection appear to be two—namely, an unusual intensity of oral erotism and of sadism respectively. These converge in an *intensification of the oral-sadistic stage*, which I would regard, in a word, as *the central characteristic of homosexual development in women*.

The sadism shews itself not only in the familiar muscular manifestations, with the corresponding derivatives of these in character, but also in imparting a specially active (thrusting) quality to the clitoris impulses, which naturally heightens the value of any penis that may be acquired in phantasy. Its most characteristic manifestation, however, is to be found in the oral-sadistic impulse forcibly to wrench the penis from the man by the act of biting. When, as is often found, the sadistic temperament is accompanied by a ready reversal of love to hate, with the familiar ideas of injustice, resentment and revenge,

15 For the sake of simplicity an interesting third form is omitted in the text, but should be mentioned. Some women obtain gratification of feminine desires provided two conditions are present: (1) that the penis is replaced by a surrogate such as the tongue or finger, and (2) that the partner using this organ is a woman instead of a man. Though clinically they may appear in the guise of complete inversion, such cases are evidently nearer to the normal than either of the two mentioned in the text.

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then the biting phantasies gratify both the desire to obtain a penis by force and also the impulse to revenge themselves on the man by castrating him.

The high development of the oral erotism is manifested in the numerous ways well known through the researches of Abraham¹⁶ and Edward Glover¹⁷; they may be positive or negative in consciousness. A special feature, however, to which attention should be called is the importance of the tongue in such cases. The identification of tongue with penis, with which Flügel¹⁸ and I¹⁹ have dealt at length, reaches with some female homosexuals a quite extraordinary degree of completeness. I have seen cases where the tongue was an almost entirely satisfactory substitute for the penis in homosexual activities. It is evident that the nipple fixation here implied favours the development of homosexuality in two ways. It makes it harder for the girl to pass from the fellatio position to that of vaginal coitus, and it also makes it easier to have recourse once more to a woman as the object of libido.

A further interesting correlation may be effected at this point. The two factors mentioned above of oral erotism and sadism appear to correspond very well with the two classes of homosexuals. Where the oral erotism is the more prominent of the two the individual will probably belong to the second group (interest in women) and where the sadism is the more prominent to the first group (interest in men).

A word should be said about the important factors that influence the *later* development of female homosexuality. We have said that, to protect herself against

aphanisis, the girl erects various barriers, notably penis identification, against her femininity. Prominent among these is a strong sense of guilt and condemnation concerning feminine wishes; most often this is for the greater part unconscious. As an aid to this barrier of guilt the idea is developed of 'men' (i.e. the father) being strongly opposed to feminine wishes. To help her own condemnation of it she is forced to believe that all men in their hearts disapprove of femininity. To meet this comes the unfortunate circumstance that many men do really evince disparagement of women's

16 Abraham, *Selected Papers*, ch. xii.

17 Edward Glover, 'Notes on Oral Character Formation', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. VI, p. 131.

18 J. C. Flügel, 'A Note on the Phallic Significance of the Tongue', *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, Vol. VI., p. 209.

19 Ernest Jones, *Essays in Applied Psycho-Analysis*, 1923, ch. viii.

20 Really, their inferiority as women.

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sexuality together with dread of the female organ. There are several reasons for this, into which we need not enter here; they all centre around the male castration complex. The homosexual woman, however, seizes with avidity on any manifestations of this attitude and can be means of them sometimes convert her deep belief into a complete delusional system. Even in milder forms it is quite common to find both men and women ascribing the whole of the supposed inferiority of women²⁰ to the social influences which the deeper tendencies have exploited in the way just indicated.

I will conclude with a few remarks on the subjects of dread and punishment among women in general. The ideas relating to these may be connected mainly with the mother or mainly with the father. In my experience the former is more characteristic of the heterosexual and the latter more of the homosexual. The former appears to be a simple retaliation for the death wishes against the mother, who will punish the girl by coming between her and the father, by sending the girl away for ever, or by in any other way seeing to it that her incestuous wishes remain ungratified. The girl's answer is partly to retain her femininity at the cost of renouncing the father and partly to obtain vicarious gratification of her incest wishes in her imagination through identification with the mother.

When the dread mainly relates to the father the punishment takes the obvious form of his withholding gratification of her wishes, and this rapidly passes over into the idea of his disapproval of them. Rebuff and desertion are the common conscious expressions of this punishment. If this privation takes place on the oral plane the answer is resentment and castrating (biting) phantasies. If it takes place on the later anal plane the outcome is rather more favourable. Here the girl manages to combine her erotic wishes with the idea of being punished in a single act—namely, of anal-vaginal rape; the familiar phantasies of being beaten are, of course, a derivative of this. As was remarked above, this is one of the ways in which incest gets equated with castration, so that the penis phantasy is a protection against both.

We may now *recapitulate the main conclusions* reached here. For different reasons both boys and girls tend to view sexuality in terms of the penis alone, and it is necessary

for analysts to be sceptical in this direction. The concept 'castration' should be reserved, as Freud

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pointed out, for the penis alone and should not be confounded with that of 'extinction of sexuality', for which the term 'aphanisis' is proposed. Privation in respect of sexual wishes evokes with the child the fear of aphanisis, i.e. is equivalent to the dread of frustration. Guilt arises rather from within as a defence against this situation than as an imposition from without, though the child exploits any *moralisches Entgegenkommen* in the outer world.

The oral-erotic stage in the young girl passes directly into the fellatio and clitoris stages, and the former of these then into the anal-erotic stage; the mouth, anus and vagina thus form an equivalent series for the female organ. The repression of the incest wishes results in regression to the pre-oedipus, or auto-erotic, penis-envy as a defence against them. The penis-envy met with clinically is principally derived from this reaction on the allo-erotic plane, the identification with the father essentially representing denial of femininity. Freud's 'phallic phase' in girls is probably a secondary, defensive construction rather than a true developmental stage.

To avoid neurosis both the boy and the girl have to overcome the Oedipus conflict in the same way: they can surrender either the love-object or their own sex. In the latter, homosexual solution they become dependent on imagined possession of the organ of the opposite sex, either directly or through identification with another person of that sex. This yields the two main forms of homosexuality.

The essential factors that decide whether a girl will develop the father-identification in such a high degree as to constitute a clinical inversion are specially intense oral erotism and sadism, which typically combine in an intense oral-sadistic stage. If the former of these two factors is the more prominent one the inversion takes the form of dependence on another woman, with lack of interest in men; the subject is male, but enjoys femininity also through identification with a feminine woman whom she gratifies by a penis substitute, most typically the tongue. Prominence of the second factor leads to occupation with men, the wish being to obtain from them recognition of the subject's male attributes; it is this type that shews so often resentment against men, with castrating (biting) phantasies in respect of them.

The heterosexual woman dreads the mother more than the homosexual woman does, whose dread centres around the father. The punishment feared in the latter case is withdrawal (desertion) on the oral level, beating on the anal one (rectal assault).

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Lampl-De Groot, A. (1928) The Evolution of the Oedipus Complex in Women. Int. J. Psycho-Anal., 9:332-345
The Evolution of the Oedipus Complex in Women
A. Lampl-De Groot

One of the earliest discoveries of psycho-analysis was the existence of the Oedipus complex. Freud found the libidinal relations to the parents to be the centre and the acme

of the development of childish sexuality and soon recognized in them the nucleus of the neuroses. Many years of psycho-analytical work greatly enriched his knowledge of the developmental processes in this period of childhood; it gradually became clear to him that in both sexes there is both a positive and a negative Oedipus complex and that at this time the libido finds physical outlet in the practice of onanism. Hence the Oedipus complex makes its appearance only when the phallic phase of libido-development is reached and, when the tide of infantile sexuality recedes, that complex must pass in order to make way for the period of latency during which the instinctual tendencies are inhibited in their aim. Nevertheless, in spite of the many observations and studies by Freud and other authors, it has been remarkable how many obscure problems have remained for many years unsolved.¹

It seemed that one very important factor was the connection between the Oedipus and the castration complexes, and there were many points about this which were obscure. Again, understanding of the processes in male children has been carried much further than with the analogous processes in females. Freud ascribed the difficulties in elucidating the early infantile love-relations to the difficulty of getting at the material relating to them: he thought that this was due to the profound repression to which these impulses are subjected. The greater difficulty of understanding these particular mental processes

1 Abraham, 'Manifestations of the Female Castration Complex', 1920, INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. III, 1922. Alexander, 'The Castration Complex in the Formation of Character, ' INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. IV, 1923. Helene Deutsch: Psychoanalyse der weiblichen Sexualfunktionen. Neue Arbeiten zur ärztlichen Psychoanalyse, No. V. Horney, 'On the Genesis of the Castration Complex in Women', INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. V, 1924; 'The Flight from Womanhood', INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. II, 1926. Van Ophuijsen, 'Contributions to the Masculinity Complex in Women' (1917), INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. V, 1924.

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in little girls may arise on the one hand from the fact that they are in themselves more complicated than the analogous processes in boys and, on the other, from the greater intensity with which the libido is repressed in women. Horney thinks that another reason is that, so far, analytical observations have been made principally by men.

In 1924 and 1925 Freud published two works which threw much light on the origin of the Oedipus complex and its connection with the castration complex. The first of these: 'The Passing of the Oedipus Complex'², shows what happens to that complex in little boys. It is true that several years previously in the 'History of an Infantile Neurosis'² and again, in 1923, in the paper entitled 'A Neurosis of Demoniactal Possession in the Seventeenth Century',² its fate in certain individual cases had been described. But in 'The Passing of the Oedipus Complex' we have the general application and the theoretical appreciation of this discovery and also the further conclusions to be deduced from it. The result arrived at in this paper is as follows: the Oedipus complex in male children receives its death-blow from the castration complex, that is to say, that both in the positive and the negative Oedipus attitude the boy has to fear castration by his father, whose strength is superior to his own. In the first case castration is the punishment for the inadmissible incest-wish and, in the second, it is the necessary condition of the boy's adopting the feminine rôle in relation to his father.

Thus, in order to escape castration and to retain his genital he must renounce his love-relations with both parents. We see the peculiarly important part which this organ plays in boys and the enormous psychic significance it acquires in their mental life. Further, analytic experience has shown how extraordinarily difficult it is for a child to give up the possession of the mother, who has been his love-object since he was capable of object-love at all. This reflection leads us to wonder whether the victory of the castration complex over the Oedipus complex, together with the narcissistic interest in the highly-prized bodily organ, may not be due also to yet another factor, namely, the tenacity of this first love-relation. Possibly, too, the following train of thought may have some significance: If the boy gives up his ownership of the penis, it means that the possession of the mother (or mother-substitute) becomes for ever impossible to him. If, however, forced by the superior power of that far stronger rival, his father, he renounces the

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fulfilment of his desire, the way remains open to him at some later period to fight his father with greater success and to return to his first love-object, or, more correctly, to her substitute. It seems not impossible that this knowledge of a future chance of fulfilling his wish (a knowledge probably phylogenetically acquired and, of course, unconscious) may be a contributing motive in the boy's temporary renunciation of the prohibited love-craving. This would also explain why before, or just at the beginning of, the latency-period a little boy longs so intensely to be 'big' and 'grown-up'.

In this work, then, Freud largely explains the connections between the Oedipus and the castration-complex in little boys, but he does not tell us much that is new about the same processes in little girls. Hence his paper, published in 1925, 'Some Psychological Consequences of the Anatomical Distinction between the Sexes', 3 throws all the more light on the fate of the early infantile love-impulses of the little girl. Freud holds that in girls the Oedipus complex (he is speaking of the attitude which for the girl is positive: love for the father and rivalry with the mother) is a secondary formation, first introduced by the castration-complex; that is to say, that it arises after the little girl has become aware of the difference between the sexes and has accepted the fact of her own castration. This theory throws a new light on many hitherto obscure problems. By this assumption Freud explains many later developmental characteristics, various differences in the further vicissitudes of the Oedipus complex in girls and in boys, and in the super-ego formation in the two sexes, and so forth.

Nevertheless, even after this connection has been discovered, there are several problems which remain unsolved. Freud mentions that, when the castration-complex has become operative in the girl, that is, when she has accepted her lack of the penis and therewith become a victim of penis-envy, 'a loosening of the tender relation with the mother as love-object' begins to take place. He thinks that one possible reason for this may be the fact that the girl ultimately holds her mother responsible for her own lack of the penis and, further, quotes a historical factor in the case, namely, that often jealousy is conceived later on against a second child who is more beloved by the mother. But, Freud says, 'we do not very clearly understand the connection'. According to him another remarkable effect of penisenvy is the girl's struggle against onanism, which is more intense than

that of the boy and which, in general, still makes itself felt at a later age. Freud's view is that the reason why the little girl revolts so strongly against phallic onanism is the blow dealt to her narcissism in connection with her penis-envy: she suspects that in this matter it is no use to compete with the boy and therefore it is best not to enter into rivalry with him. This statement gives rise to the involuntary thought: How should the little girl who never possessed a penis and therefore never knew its value from her own experience, regard it as so precious?

Why has the discovery of this lack in herself such far-reaching mental consequences and, above all, why should it begin to produce a mental effect at a certain moment, when it is probable that the bodily difference between herself and little boys has already been perceived countless times without any reaction? Probably the little girl produces pleasurable physical sensations in the clitoris in the same way and presumably with the same degree of intensity as the boy does in the penis, and perhaps she feels them in the vagina too. About this latter fact we received a communication by Josine Müller in the German Psycho-Analytical Society, and I have been told of it by an acquaintance, the mother of two little girls. Why, then, should there be this mental reaction in the girl to the discovery that her own member is smaller than the boy's or is lacking altogether? I should like to try whether the following considerations, which have been suggested to me by experiences in my analytic practice (to be narrated hereafter), may bring us a little nearer to answering these questions.

I think that several points will be clearer to us if we consider the previous history of the castration-complex or penis-envy in little girls. But, before doing so, it will be advisable to examine once more the analogous process in boys. As soon as the little boy is capable of an object-relation he takes as his first love-object the mother who feeds and tends him. As he passes through the pregenital phases of libidinal development he retains always the same object. When he reaches the phallic stage he adopts the typical Oedipus attitude, i.e. he loves his mother and desires to possess her and to get rid of his rival, the father. Throughout this development the love-object remains the same. An alteration in his love-attitude, an alteration characteristic of his sex, occurs at the moment when he accepts the possibility of castration as a punishment threatened by his powerful father for these libidinal desires of his. It is not impossible, indeed it is very probable, that the boy, even before he reaches the phallic stage and adopts the Oedipus

attitude which coincides with it, has perceived the difference between the sexes by observing either a sister or a girl play-fellow. But we assume that this perception has no further significance to him. If, however, such a perception occurs when he is already in the Oedipus situation and has recognized the possibility of castration as a punishment with which he is threatened, we know how great its significance may be in his mind. The child's first reaction is an endeavour to deny the actuality of castration and to hold very tenaciously to his first love-object. After violent inward struggles, however, the little fellow makes a virtue of necessity; he renounces his love-object in order to retain his penis. Possibly he thus ensures for himself the chance of a renewed and more successful battle with his father at some later date—a possibility which I suggested earlier in this paper. For we know that, when the young man reaches maturity, he succeeds in wresting the victory from his father, normally in relation to a mother-substitute.

Now what happens in the little girl? She, too, takes as her first object-love the mother who feeds and tends her. She, too, retains the same object as she passes through the pregenital phases of libidinal evolution. She, too, enters upon the phallic stage of libido-development. Moreover, the little girl has a bodily organ analogous to the little boy's penis, namely, the clitoris, which gives her pleasurable feelings in masturbation. Physically she behaves exactly like the little boy. We may suppose that in the psychic realm also children of either sex develop up to this point in an entirely similar manner; that is to say, that girls as well as boys, when they reach the phallic stage enter into the Oedipus situation, i.e. that which for the girl is negative. She wants to conquer the mother for herself and to get rid of the father. Up to this point, too, a chance observation of the difference between the sexes may have been without significance; now, however, a perception of this sort is fraught with serious consequences for the little girl. It strikes her that the boy's genital is larger, stronger and more visible than her own and that he can use it actively in urinating, a process which for the child has a sexual significance. When she makes this comparison, the little girl must feel her own organ to be inferior. She imagines that hers was once like the boy's and that it has been taken from her as a punishment for her prohibited love-cravings in relation to the mother. At first the little girl tries, as does the boy, to deny the fact of castration or to comfort herself with the idea that she will still grow a genital. The acceptance

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of castration has for her the same consequences as for the boy. Not only does her narcissism suffer a blow on account of her physical inferiority, but she is forced to renounce the fulfilment of her first love-longings. Now at this point the difference in the psychic development of the two sexes sets in, in connection, that is, with the perception of the anatomical difference between male and female. To the boy castration was only a threat, which can be escaped by a suitable modification of behaviour. To the girl it is an accomplished fact, which is irrevocable, but the recognition of which compels her finally to renounce her first love-object and to taste to the full the bitterness of its loss. Normally, the female child is bound at some time to come to this recognition: she is forced thereby completely to abandon her negative Oedipus attitude, and with it the onanism which is its accompaniment. The object-libidinal relation to the mother is transformed into an identification with her; the father is chosen as a love-object, the enemy becomes the beloved. Now, too, there arises the desire for the child in the place of the wish for the penis. A child of her own acquires for the girl a similar narcissistic value to that which the penis possesses for the boy; for only a woman, and never a man, can have children.

The little girl, then, has now adopted the positive Oedipus attitude with the very far-reaching after-results of which we are so familiar. Freud has explained more than once that there is no motive for the shattering of the positive Oedipus complex in the female such as we have in the threat of castration in the case of the boy. Hence, the female Oedipus complex vanishes only gradually, is largely incorporated in the normal development of the woman, and explains many of the differences between the mental life of women and of men.

We may now sum up by saying that the little girl's castration complex (or her discovery of the anatomical difference between the sexes) which, according to Freud, ushers in and renders possible her normal, positive Oedipus attitude, has its psychic correlative just as that of the boy, and it is only this correlative which lends it its enormous significance for the mental evolution of the female child. In the first years of her development as an individual (leaving out of account the phylogenetic influences which, of course, are undeniable) she behaves exactly like a boy not only in the matter

of onanism but in other respects in her mental life: in her love-aim and object-choice she is actually a little man. When she has discovered and fully accepted the fact that castration has taken place, the little girl is forced once and for all to renounce her mother as love-object and therewith

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to give up the active, conquering tendency of her love-aim as well as the practice of clitoral onanism. Perhaps here, too, we have the explanation of a fact with which we have long been familiar, namely, that the woman who is wholly feminine does not know object-love in the true sense of the word: she can only 'let herself be loved'. Thus it is to the mental accompaniments of phallic onanism that we must ascribe the fact that the little girl normally represses this practice much more energetically and has to make a far more intense struggle against it than the boy. For she has to forget with it the first love-disappointment, the pain of the first loss of a love-object.

We know how often this repression of the little girl's negative Oedipus attitude is wholly or partly unsuccessful. For the female as well as for the male child it is very hard to give up the first love-object: in many cases the little girl clings to it for an abnormally long time. She tries to deny the punishment (castration) which would inevitably convince her of the forbidden nature of her desires. She firmly refuses to give up her masculine position. If later her love-longing is disappointed a second time, this time in relation to the father who does not give way to her passive wooing of his love, she often tries to return to her former situation and to resume a masculine attitude. In extreme cases this leads to the manifest homosexuality of which Freud gives so excellent and clear an account in 'A Case of Female Homosexuality'.⁴ The patient about whom Freud tells us in this work made a faint effort on entering puberty to adopt a feminine love attitude but, later in the period of puberty, she behaved towards an elder woman whom she loved exactly like a young man in love. At the same time she was a pronounced feminist, denying the difference between man and woman; thus she had gone right back to the first, negative phase of the Oedipus complex.

There is another process which is perhaps commoner. The girl does not entirely deny the fact of castration, but she seeks for over-compensation for her bodily inferiority on some plane other than the sexual (in her work, her profession). But in so doing she represses sexual desire altogether, that is, remains sexually unmoved. It is as if she wished to say: 'I may not and cannot love my mother, and so I must give up any further attempt to love at all'. Her belief in her possession of the penis has then been shifted to the intellectual sphere; there the woman can be masculine and compete with the man.

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We may observe as a third possible outcome that a woman may form relationships with a man, and yet remain nevertheless inwardly attached to the first object of her love, her mother. She is obliged to be frigid in coitus because she does not really desire the father or his substitute, but the mother. Now these considerations place in a somewhat different light the phantasies of prostitution so common amongst women. According to this view they would be an act of revenge, not so much against the father as against the mother. The fact that prostitutes are so often manifest or disguised homosexuals might be explained in analogous fashion as follows: the prostitute turns to the man out of revenge against the mother, but her attitude is not that of passive feminine surrender but of masculine activity; she captures the man on the street, castrates him by taking his

money and thus makes herself the masculine and him the feminine partner in the sexual act.

I think that in considering these disturbances in the woman's development to complete femininity we must keep two possibilities in view. Either the little girl has never been able wholly to give up her longing to possess her mother and thus has formed only a weak attachment to her father, or she has made an energetic attempt to substitute her father for her mother as love-object but, after suffering a fresh disappointment at his hands, has returned to her first position.

In the paper 'Some Psychological Consequences of the Anatomical Distinction between the Sexes', Freud draws attention to the fact that jealousy plays a far greater part in the mental life of women than in that of men. He thinks that the reason for this is that in the former jealousy is reinforced by deflected penis-envy. Perhaps one might add that a woman's jealousy is stronger than a man's because she can never succeed in securing her first love-object, while the man, when he grows up, has the possibility of doing so.

In another paragraph Freud traces the phantasy 'A child is being beaten' ultimately to the masturbation of the little girl when in the phallic phase. The child which is beaten or caressed is at bottom the clitoris (i.e. the penis); the being beaten is on one hand the punishment for the forbidden genital relation and on the other a regressive substitute for it. But in this phase the punishment for prohibited libidinal relations is precisely castration. Thus the formula 'A child is being beaten' means 'a child is being castrated'. In the phantasies in which the child beaten is a stranger the idea of its being castrated is intelligible at the first glance. It means: 'No one else shall what

5 Cf. Anna Freud: *Schlagephantasie und Tagtraum, Imago*, VIII, 1922.

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I have not got'. Now we know that in the phantasies of puberty, which are often greatly metamorphosed and condensed, the child beaten by the father always represents as well the girl herself. Thus she is constantly subjecting herself to castration, for this is the necessary condition of being loved by the father; she is making a fresh effort to get clear of her old love-relations and reconcile herself to her womanhood. In spite of the many punishments, pains and tortures which the hero has to undergo, the phantasies always end happily⁵ i.e. the sacrifice having been made the passive, feminine love is victorious. Sometimes this immolation permits the return to masturbation, the first forbidden love-tendency having been duly expiated. Often, however, onanism remains none the less prohibited, or it becomes unconscious and is practised in some disguised form, sometimes accompanied by a deep sense of guilt. It seems as though the repeated submission to the punishment of castration signifies not only the expiation due to the feelings of guilt but also a form of wooing the father, whereby the subject experiences also masochistic pleasure.

To sum up what I have said above: In little boys who develop normally the positive Oedipus attitude is by far the more prevalent, for by adopting it the child through his temporary renunciation of the mother-object can retain his genital and perhaps ensure for himself thereby the possibility of winning later in life a mother-substitute; if he adopted the negative attitude, it would mean that he must renounce both from the outset. Little girls, however, normally pass through both situations in the Oedipus complex: first the negative, which occurs under precisely the same conditions as in boys, but which they are compelled finally to abandon when they discover and accept the fact of their castration. Now, the girl's attitude changes; she identifies herself with the lost love-object and puts in its place her former rival, the father, thus passing into the

positive Oedipus situation. Thus, in female children the castration-complex deals a death-blow to the negative Oedipus attitude and ushers in the positive Oedipus complex.

This view confirms Freud's hypothesis that the (positive) Oedipus complex in women is made possible and ushered in by the castration-complex. But, in contradistinction to Freud, we are assuming that the castration-complex in female children is a secondary formation

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and that its precursor is the negative Oedipus situation. Further, that it is only from the latter that the castration-complex derives its great psychic significance, and it is probably this negative attitude which enables us to explain in greater detail many peculiarities subsequently met with in the mental life of women.

I am afraid it will be objected that all this looks like speculation and is lacking in any empirical basis. I must reply that this objection may be just as regards part of what I have said, but that nevertheless the whole argument is built up on a foundation of practical experience, although unfortunately this is still but meagre. I shall now give a short account of the material which has led me to my conclusions.

Some time ago I was treating a young girl who had been handed over to me by a male colleague. He had analysed her for some years already, but there were certain difficulties connected with the transference which resisted solution. This girl had suffered from a somewhat severe hysterical neurosis. Her analysis had already been carried a good way. The normal, positive Oedipus complex, her rivalry with her sister and her envy of her younger brother's penis had been dealt with thoroughly, and the patient had understood and accepted them. Many of her symptoms had disappeared, but nevertheless she remained to her great regret unfit for work. When she came to me, the unresolved, ambivalent transference to the male analyst was playing a principal part in the situation. It was difficult to determine which was the stronger: her passionate love or her no less passionate hate. I knew this patient personally before she came to me for treatment, and the analysis began with a strong positive transference to me. Her attitude was rather that of a child who goes to its mother for protection. But after a short time a profound change began to take place. The patient's behaviour became first rebellious and hostile and soon, behind this attitude, there was revealed a very deep-seated and wholly active tendency to woo my love. She behaved just like a young man in love, displaying, for instance, a violent jealousy of a young man whom she suspected of being her rival in real life. One day she came to analysis with the idea that she would like to read all Freud's writings and become an analyst herself. The obvious interpretation which we tried first, namely, that she wanted to identify herself with me, proved inadequate. A series of dreams showed an unmistakable desire to get rid of my own analyst, to 'castrate' him and take his place, so as to be able to analyse (possess) me. In this

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connection the patient remembered various situations in her childhood when her parents quarrelled and she assumed a defensive and protective attitude towards her mother, and also times when they displayed mutual affection and she detested her father and wished to have her mother to herself. The analysis had long ago revealed a strong positive attachment to the father and also the experience which put an end to this. As a child the patient slept in a room next to her parents' and was in the habit of calling them at night when she had to urinate; of course, the intention was to disturb them. At first she generally demanded that her mother should come but, later on, her father.

She said that, when she was five years old, this once happened again and her father came to her and quite unexpectedly boxed her ears. From that moment the child resolved to hate him. The patient produced yet another recollection: when she was four years old she dreamt that she was lying in bed with her mother beside her and that she had a sense of supreme bliss. In her dream her mother said: 'That is right, that is how it ought to be'. The patient awoke and found that she had passed urine in bed; she was greatly disappointed and felt very unhappy.

She had various recollections of the time when she still slept in her parents' room. She said she used often to awake in the night and sit up in bed. These recollections are a fairly certain indication that she observed her parents' coitus. The dream she had as a child may very well have been dreamt after such an observation. It clearly represents coitus with her mother, accompanied by a sense of bliss. Even in later life urethral erotism played a particularly important part in this patient. Her disappointment on awaking showed that she was already conscious of her inability to possess her mother: she had long ago discovered the male genital in her younger brother. The bed-wetting can be construed either as a substitute for or a continuation of masturbation; the dream shows how intense must have been her emotional relation to her mother at that time. Hence it is clear that the patient, after the disappointment with her father (the box on the ears) tried to return to the earlier object, whom she had loved at the time of the dream, i.e. to her mother. When she grew up she made a similar attempt. After an unsuccessful love-affair with a younger brother of her father's she had for a short time a homosexual relation. This situation was repeated in her analysis when she came from the male analyst to me.

This patient stated that she had had a special form of the beating

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phantasy when she was from eight to ten years old. She described it as 'the hospital phantasy'. The gist of it was as follows: A large number of patients went to a hospital to get well. But they had to endure the most frightful pains and tortures. One of the most frequent practices was that they were flayed alive. The patient had a feeling of shuddering pleasure when she imagined their painful, bleeding wounds. Her associations brought recollections of how her younger brother sometimes pushed back the foreskin of his penis, whereupon she saw something red, which she thought of as a wound. The method of cure in her phantasy was therefore obviously a representation of castration. She identified herself on one occasion with the patients, who at the end always got well and left the hospital with great gratitude. But generally she had a different rôle. She was the protecting, compassionate Christ, who flew over the beds in the ward, in order to bring relief and comfort to the sick people. In this phantasy, which reveals its sexual-symbolic character in the detail of flying, the patient is the man who alone possesses his mother (for Christ was born without father), but who finally, in order to atone for the guilt and to be able to reach God the Father, offered the sacrifice of crucifixion (castration). After we broke off the analysis, which the patient gave up in a state of negative transference, a reaction to the disappointment of her love, she tried to translate this phantasy into reality by deciding to become a nurse. After a year, however, she abandoned this new profession for her earlier one, which was more masculine in character and much more suited to her temperament. Gradually, too, her feelings of hate towards me disappeared.

I had a second patient in whom I discovered similar processes with regard to the transference. In the first two months of treatment this patient produced very strong resistances. She acted the part of a naughty, defiant child and would utter nothing but monotonous complaints to the effect that she was forsaken and that her husband treated

her badly. After we had succeeded in discovering that her resistance arose from feelings of hate towards me, due to envy and jealousy, the full, positive, feminine Oedipus attitude gradually developed in her—there entered into it both love for the father and the wish for a child. Soon, too, penis-envy began to show itself. She produced a recollection from her fifth or sixth year. She said that she had once put on her elder brother's clothes and displayed herself proudly to all and sundry. Besides this she had made repeated efforts to urinate like a boy. At a later period she always felt that she

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was very stupid and inferior and thought that the other members of her family treated her as if this were the case. During puberty she conceived a remarkably strong aversion from every sort of sexual interest. She would listen to none of the mysterious conversations in which her girl-friends joined. She was interested only in intellectual subjects, literature, etc. When she married she was frigid. During her analysis she experienced a desire to have some profession; this stood to her for being male. But her feelings of inferiority forbade any real attempt to compass this ambition. Up to this point the analysis had made splendid progress. The patient had one peculiarity: she remembered very little, but she enacted all the more in her behaviour. Envy and jealousy and the desire to do away with the mother were repeated in the most diverse guises in the transference. After this position had been worked through, a new resistance presented itself; we discovered behind it deep homosexual desires having reference to myself. The patient now began to woo my love in a thoroughly masculine manner. The times of these declarations of love, during which in her dreams and phantasies she always pictured herself with a male genital, invariably coincided with some active behaviour in real life. They alternated, however, with periods in which her behaviour was wholly passive. At such times the patient was once more incapable of anything; she failed in everything, suffered from her inferiority and was tortured with feelings of guilt. The meaning of this was that every time she conquered the mother, she was impelled to castrate herself in order to get free from her sense of guilt. Her attitude to masturbation also was noteworthy. Before analysis she had never consciously practised this habit; during the period when she was being treated she began clitoral masturbation. At first this onanism was accompanied by a strong sense of guilt; later, at times when her love-wishes in relation to her father were most vehemently manifested, the feelings of guilt abated. They were succeeded by the fear that the onanism might do her some physical harm: 'weaken her genitals'. At the stage when she was in love with me the sense of guilt reappeared and she gave up masturbating, because this fear became in her mind a certainty. Now this 'weakening' of the genital organs signified castration. Thus the patient constantly oscillated between a heterosexual and homosexual love. She had a tendency to regress to her first love-relation—with the mother—and at this stage tried to deny the fact of castration. To make up, however, she had to refrain from onanism and sexual gratification of any kind. She

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could not derive satisfaction from her husband, because she herself really wanted to be a man in order to be able to possess the mother.

Thus, in both the cases which I have quoted it was plain that behind the woman's positive Oedipus attitude there lay a negative attitude, with the mother as love-object, which revealed itself later in the analysis and therefore had been experienced at an earlier stage of development. Whether this evolution is typical cannot, of course, be asserted with any certainty from the observation of two cases. I should be inclined to

believe that in other female patients the Oedipus complex has had a similar previous history, but I have not been able to gather enough material from their analyses to establish this beyond question. The phase of the negative Oedipus attitude, lying, as it does, so far back in the patient's mental history, cannot be reached until the analysis has made very considerable progress. Perhaps with a male analyst it may be very hard to bring this period to light at all. For it is difficult for a female patient to enter into rivalry with the father-analyst, so that possibly treatment under these conditions cannot get beyond the analysis of the positive Oedipus attitude. The homosexual tendency, which can hardly be missed in any analyses, may then merely give the impression of a later reaction to the disappointment experienced at the father's hands. In our cases, however, it was clearly a regression to an earlier phase—one which may help us to understand better the enormous psychic significance that the lack of a penis has in the erotic life of women. I do not know whether in the future it will turn out that my exposition in this paper explains only the development of these two patients of mine. I think it not impossible that it may be found to have a more general significance. Only the gathering of further material will enable us to decide this question.

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BÁLINT, M. (1948) ON GENITAL LOVE. INT. J. PSYCHO-ANAL., 29:34 (IJP)
ON GENITAL LOVE¹
MICHAEL BÁLINT

If one reads the psycho-analytical literature for references to genital love to one's surprise two striking facts emerge; (a) much less has been written on genital love than on pregenital love (e.g. 'genital love' is missing from the indices of Fenichel's new textbook³); and of Nunberg's *Allgemeine Neurosenlehre*³); (b) almost everything that has been written on genital love is negative like Abraham's description of his famous term 'postambivalent phase'. We know fairly well what an ambivalent love relation is—of postambivalent love we know hardly more than that it is, or at least ought to be, no longer ambivalent.

This emphasis on the negative qualities, i.e. on those which have, or ought to have been, superseded in the course of development blurs the whole picture. It is not the presence of certain positive qualities that is accentuated only the absence of certain others.

To avoid this pitfall let us examine an ideal case of such postambivalent genital love that has no traces of ambivalency and in addition no traces of pregenital object relationship:

- a. There should be no greediness, no insatiability, no wish to devour the object, to deny it any independent existence, etc., i.e. there should be no oral features;
- b. There should be no wish to hurt, to humiliate, to boss, to dominate the object, etc., i.e. no sadistic features;
- c. There should be no wish to defile the partner, to despise him (her) for his (her) sexual desires and pleasures, there should be no danger of being disgusted by the partner or being attracted only by some unpleasant features of him, etc., i.e. there should be no remnants of anal traits;
- d. There should be no compulsion to boast about the possession of a penis, no fear of the partner's sexual organs, no fear for one's own sexual organs, no envy of the male

or female genitalia, no feeling of being incomplete or of having a faulty sexual organ, or of the partner having a faulty one, etc., i.e. there should be no trace of the phallic phase or of the castration complex.

We know that there is no such ideal case, but we have to get all this negative stuff out of our way before we can start with the proper examination.

What is then 'genital love' apart from the absence of all the enumerated 'pregenital' traits? Well, we love our partner

1. because he or she can satisfy us;
2. because we can satisfy him or her;
3. because we can experience a full orgasm together, nearly or quite simultaneously.

This seems very plain sailing, but unfortunately it is not so. Let us take the first condition, that our partner can satisfy us. This may be, and very likely is, rather egotistical, or even completely narcissistic. It entails hardly any regard for the partner's happiness. Such types are well known, they may be men or women alike. Their only aim is their own satisfaction which is truly genital and which obviously may or may not be coupled with love.

The same is true about the second condition, i.e. that we can satisfy our partner. This is certainly too altruistic, though not necessarily masochistic. Here only the object counts, and for this kind of love more or less complete disregard for one's own needs, interests and happiness is characteristic. Again there are many examples of this type too which may also be found in either men or women. And again, although the satisfaction is truly genital, it may or may not be coupled with love.

One could argue that these two types are not real love relations but this argument is faulty. Relations based on these two types of genital satisfaction may be truly harmonious for very long periods—even for life—especially if the types of love of the two partners are supplementary to each other.

1Paper read at the Conference of European Analysts in Amsterdam on May 26, 1947.

3Nunberg, H.: Allgemeine Neurosenlehre., Berne, H. Huber, 1932.

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These two types seem to have led us into a blind alley. The investigation of the third type may be more promising. If two partners love each other because they can find happiness together in one mutual experience, this truly must be the real love. But is this really so? There are many examples—in history, in the chronique scandaleuse, and in psycho-analytical practice—where the two partners have perfect sexual experience, find real happiness in each others' arms, where they feel an absolute security that whenever they meet they can give this happiness to each other and still—notwithstanding that they are called lovers—they do not love each other. Often quite the contrary is true, as in Shakespeare's famous 129th sonnet:

All this the world well knows; yet none knows well To shun this heaven that leads men to this hell.

This attitude—irresistible desire for the partner before the act, inability to bear him after—is sometimes mutual, more frequently one-sided. Often the partner is not quite unbearable after the orgasm, only indifferent. And there are many intermediate forms too.

We expected that this form of genital relation would give us some idea what true genital love is; instead of it the result was disappointing. Genital satisfaction is apparently only a necessary and not a sufficient condition of genital love. What we have learned is that genital love is much more than gratitude for, or contentment about, the partner being

available for genital satisfaction. Further that it does not make any difference whether this gratitude or contentment is onesided or mutual.

What is this more? We find in addition to the genital satisfaction in a true love relation

1. Idealization;
2. Tenderness;
3. A special form of identification.

As Freud⁴ dealt with the problem of idealization, both of the object and of the instinct, I need only to repeat his findings. He showed convincingly firstly that idealization is not absolutely necessary, that also without idealization a good love relation is possible, and secondly that in many cases idealization is not a help but a hindrance to the development of a satisfactory form of love. Accordingly we may discard this condition too as not absolutely necessary.

It is different with the second phenomenon: tenderness (*Zärtlichkeit*). Since Freud first mentioned it the whole psycho-analytical literature uses this term in two different senses. According to the first⁵ tenderness is the result of aim-inhibition. In fact tenderness is the most quoted example of aim-inhibition: the original urge was directed towards a certain aim, but—for one reason or another—had to content itself with only partial satisfaction, i.e. with much less than the intended aim. According to this notion tenderness is a secondary phenomenon, a faint representative only of the original aim; and because of this quality of *faute de mieux* it never leads to full satisfaction, i.e. it is always and inherently connected with some frustration.

According to the second notion⁶ tenderness is an archaic quality which appears in conjunction with the ancient self-preserving instincts, and has no further aim, only this quiet, not passionate gratification. Consequently passionate love must be a secondary phenomenon, superimposed on the archaic tender love.

This second idea can be supported by some suggestive data from anthropology. In general, different forms of civilization may be grouped in two types. In the first type we find passionate love, idealization of the object or of the instinct, a strict social enforcement of the latency, courting, abundant love-songs and love poetry, sexual hypocrisy, appreciation of tenderness, and usually well-developed complicated *ars amandi*. In the second type the society does not seem to care much about enforcing a latency, in fact there is hardly any social demand for sexual abstention at any age; there is hardly any courting, hardly any love-songs, and very poor love poetry, very little idealization, not much tenderness, but there is straightforward, simple, uncomplicated genital sexuality. Perhaps both passion and excessive tenderness are 'artificial', products of civilization, the result of systematic training by frustration during education. The apparent contradiction in Freud's two uses of the term 'tenderness' could thus be reconciled; tenderness is not a secondary aim-inhibition but an inhibited development.

⁴Freud, S.: 'The Most Prevalent Form of Degradation in Erotic Life.' Collected Papers, Vol. IV. London, Hogarth Press, 1925.

⁵Freud, S.: Three Contributions to the Theory of Sexuality. New York, 1910.

⁶Freud, S.: 'The Most Prevalent Form of Degradation in Erotic Life,' Collected Papers Vol. IV. London Hogarth Press, 1925.

Etymology, too, seems to support this idea. The German *zart*, the root of *Zärtlichkeit*, means not strong, delicate, young. The same is true of the French word *tendre*. Alix Strachey⁷ translates *Zärtlichkeit* with 'affection', 'fondness', 'tenderness'. Of these 'affection' has a double meaning; apart from tenderness it means disease or weakness, as when we speak of an affected heart or affections of the kidney. 'Fond' has even a treble

meaning. It is the past participle of the Middle English verb 'fonnen' which means to dote, to befool, of which the present-day words 'fun' and 'funny' are derivatives. The three meanings of 'fond' are (1) vain, inept, thus King Lear is described as 'a very foolish fond old man'; (2) credulous, as 'fond hope'; and (3) affectionate. 'Tender' means: soft, not tough, as in 'tender meat'; easily touched, as in 'tender heart'; susceptible to pain, as in 'tender spot'; delicate, fragile, as in 'tender colour'; immature, young, as in 'tender buds', and only lastly kind and loving.

Something is surely wrong here. How has genital love, the mature form of love got mixed up with this doubtful company of disease, weakness, immaturity, etc.? And still more surprising: the pregenital forms of love—according to the psycho-analytical literature—are not necessarily connected with tenderness, whereas genital love is true only if it has undergone a considerable fusion with tenderness.

Undoubtedly one task of all education and certainly of education in our form of civilization is to teach the individual to love, i.e. to compel him to bring about this kind of fusion. What we call genital love has really very little to do with genitality, in fact it uses the genital sexuality only as a stock on which to graft something that is essentially different. In short, we are expected to give and are expecting to receive, kindness, regard, consideration, etc., even at times when there is no genital wish, no genital satisfaction to be felt. This is contrary to the habit of most animals which show interest for the other sex only during heat. Man, however, is supposed to show unfailing interest in, and regard for, his partner for ever.

A parallel phenomenon to this everlasting demand for regard is man's prolonged childhood. When animals reach sexual maturity they usually show no further filial or emotional ties to their parents only respect for strength and power. We, however, demand eternal gratitude and in fact man remains a child as long as his parents live, if not to the end of his days. He is expected to, and usually does, pay love, regard, respect, fear, gratitude to his parents for ever. Something similar is demanded in love: a prolonged perpetual emotional tie, not only as long as the genital wish for satisfaction lasts but far beyond it, as long as the partner lives, or even after his death.

According to this idea, what we call 'genital love' is an artefact of civilization like art or religion. It is enforced upon us, irrespective of our biological nature and needs, by the condition that mankind must live in socially organized groups. Genital love is even doubly artificial. Firstly, constant interference with the free sexual gratification (both genital and pregenital) builds up external and later internal resistances against pleasure, and thereby causes passions to develop in order that man should be able to break down these resistances in odd moments. Secondly, the demand for prolonged, perpetual, regard and gratitude forces us to regress to, or even never to egress from, the archaic infantile form of tender love. Man can be regarded therefore as an animal which is retarded even in his 'mature' age in an infantile form of love.

It is interesting that anatomists have discovered similar facts long before we did. The discovery was that anatomically man more resembles the ape embryo than the adult ape. The verdict of the anatomists is that man is biologically retarded, structurally a foetus, is in fact foetalized, but in spite of that has attained full genital function.^{8, 9} There are several more such instances in the animal kingdom, where an embryo acquires truly developed bisexual genital functions; these are called neotenic embryos. Genital love is an exact parallel to these forms. We find full genital function coupled with infantile behaviour, i.e. man is not only anatomically but also mentally a neotenic embryo.

This train of thought can explain a few of the peculiarities of genitality in man. It is well known how unstable genital love is especially as compared with the eternal 'pregenital' forms. Being a phylogenetically

7Strachey, A.: A New German-English Psycho-Analytical Vocabulary. London, Baillière, Tindall and Cox, 1943.

8Bolk, L.: Das Problem der Menschwerdung, 1926.

9Keith, Sir A.: 'The Evolution of the Human Races', J. Roy. Anthr. Soc. (1928), 58, 312.

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'new' function it is not yet firmly established; man has not yet had enough time so to speak to adapt himself to this form of love, in fact he has to be trained in every generation anew. Obviously no such training is needed, e.g. for the oral love. Conversely, there is no danger of a breakdown of oral love, whereas genital love is much more delicate.

Another peculiarity is the contradictory attitude of society to genital love. On the one hand society admires and worships the unscrupulous he-man or the glamour girl, though with suspicious awe; on the other hand it pays due respect to a lasting genital love, notices and celebrates golden and diamond weddings, but often derides such faithful relations and calls them cautious and sloppy.

The third phenomenon connected with genital love is a special form of identification which is totally different, from the better studied oral identification and should perhaps be called genital identification. The oral identification is based mainly on introjection: the ego assumes certain qualities of the object but without showing any consideration for it. A good example for this kind of identification is the rite of the holy communion which the believer performs (with the help of a priest) for his own benefit. He wants to be similar to his God and it is no problem for him if God wishes to be incorporated, to be assimilated; all this is taken for granted. The whole situation is different in genital identification, i.e. in a relation based not only on genital satisfaction but also on 'genital love'. Here interests, wishes, feelings, sensitivity, shortcomings of the partner attain—or are supposed to attain—about the same importance, as our own. In a harmonious relation all these conflicting tendencies have to be balanced up very carefully which is anything but an easy task. In order to win a loving and lovable genital object and to keep it for good, nothing can be taken for granted as happens in oral love; one must keep up a permanent, never relaxing, exacting reality testing. This might be called the work of conquest (conversely for the subject this means an exacting piece of adaptation to his object). It is most exacting in the initial stages of a relation but in a milder form must be maintained unwaveringly throughout the whole duration. In other words, the two partners must always be in harmony.

Again animals are entirely different. If they are on heat both desire the sexual act and hardly any work of conquest is necessary; compared with man there is hardly any preliminary lovemaking. If they are not on heat, the most expert lovemaking is of no avail. Lasting harmony between the partners is not usually demanded. Man, on the other hand, is potentially always on heat, can always be interested; but potentially is always capable of rejecting any would-be partner. The condition of lasting harmony is of paramount importance.

It was Freud¹⁰ who described the importance of forepleasure, i.e. pregenital satisfaction in the work of conquest. This could also be described¹¹ as a short recapitulation of one's own sexual development before every sexual act. This development, of course, is more or less individual, i.e. different for any two given partners. Harmonious love can only be established where these individual differences are not too great, where mutual identification between the two partners is possible without causing an undue strain.

Thus harmonious genital love requires a constant testing of reality in order that the two partners should be able to find out, and to satisfy, as much as possible of each other's needs and wishes in the forepleasure. Further, we are expected not only to give to our partner as much as we can bear but even to enjoy giving it, while not suffering too much under the necessarily not quite complete satisfaction of our own wishes. All this must go on all the time, both before and after the genital gratification as long as the love relation itself lasts. This work of conquest (and of adaptation) is therefore a mutual attempt by the two partners at satisfying each other's individual wishes and needs which were made individually different, i.e. distorted from the original primitive ones by the process of education. This work causes a considerable strain on the mental apparatus, and only a healthy ego is able to bear it. Still, it cannot be relaxed, till just before the orgasm. Then,

10Freud, S.: *Three Contributions to the Theory of Sexuality*, New York, 1910.

11Balint, M.: 'Eros and Aphrodite', *Int. J. Psycho-Anal.* (1938), 19, 199.

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however, the happy confidence sets in that everything in the world is now all right, all individual needs are satisfied, all individual differences sunk, only one—identical—wish has remained in which the whole universe submerges, and both subject and partner become one in the 'mystical union'.

But one should never forget that this supreme happiness is to a very large extent an illusion based on a regression to an infantile stage of reality testing. This primitive reality, that the whole world, in particular everything good in the world, is the happy Me, testing permits the individual to believe—for a short time—that all his needs have been satisfied. This is the most primitive stage of object relationship, called by Ferenczi¹² the passive object love. Healthy people are elastic enough to experience this far-going regression without fear, and with complete confidence that they will be able to emerge from it again.

I wish to leave out all the interesting pathological consequences of this theory except one. The most important anxiety connected with this situation is that of losing the mature attitude, and once lost, of not being able to regain it. In these cases, maturity is mainly a defence against the wish of infantilism which means conversely that these people had a very hard task to become mature, achieved it only with considerable difficulty, and therefore they do not dare to let themselves go. For such people every pregenital pleasure is childish, disgusting, even despicable; they cannot give up their 'mature dignity', they do not dare to lose their heads in or before an orgasm.

As is well known, there are three common dangers for a weak ego: (a) psychosis, either transitory as in an acute anxiety state, or chronic as in paranoia or schizophrenic hallucinations; (b) intoxication, either acute as in drunkenness or chronic as in addiction; (c) falling in love. All the poets have known since the beginning of time that these three are closely related and have often spoken of love as mad or intoxicating. The psychological basis of the similarity is the danger of the breakdown of the ego structure. It must be a strong ego that can face this danger with equanimity, proud in the confidence that it will be able to emerge from any danger unscathed and even thrilled and refreshed.

To sum up: 'Genital love' in man is really a misnomer. We can find genital love in the true sense only in animals which develop in a straight, undistorted line from infantile ways of behaviour to mature genital sexuality—and then die. Man, that neotenic embryo, never reaches full maturity, he remains an embryo in his anatomical structure, in his emotional behaviour towards his elders and betters—and in his love life. What

we call 'genital love' is a fusion of disagreeing elements: genital satisfaction and pregenital tenderness. The expression of this fusion is 'genital identification', and the reward for bearing the strain of this fusion is the possibility of regressing periodically for some happy moments to a really infantile stage of no reality testing, to the short-lived re-establishment of the complete union of micro- and macrocosmos.

APPENDIX

I. HOMOSEXUAL ORIGINS

If we accept Freud's theory¹³ about the beginnings of mankind, a very probable assumption emerges according to which 'genital love'—this queer mixture of genital satisfaction and pregenital tenderness—first developed in a homosexual form. This is another startling paradox, 'genital love' the true form and quintessence of adult sexuality is in its original form homosexual, i.e. perverse, not fully mature. It is obvious, however, that in the 'primal horde', between the primal father and his women, there was no genital love only genital satisfaction. The same was true for the occasional, furtive, sexual acts between the sons and the women. The only relation where 'genital love' could have developed, was the sacred friendly bond uniting the sons in homosexual love against their tyrant-father. As long as this homosexual love remained weak—to break down (after the killing of the father-tyrant) under the impact of the possibility of open heterosexual satisfaction—each of the sons grabbed as many women as his power, cunning, and strength were able to secure for him, and founded a new father horde. When, however, true love developed linking the sons in perpetuity, regard for, and gratitude to, each other prevailed and the 'brother horde' was established. The main features of this new

12Ferenczi: 'Thalassa. A Theory of Genitality', New York, Psycho-Anal. Quarterly, Inc., 1938.

13Freud, S.: Totem and Tabu. New York, Moffat Yard, 1918.

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organization were (a) respect for, and regard to, the fair rights, wishes, interests of every male member; (b) a periodical, complicated, sacred ceremony with strong, hardly aim-inhibited, genital-homosexual features re-uniting again and again all adult males; and (c) rather simple, straightforward heterosexual genitality, without much sentimental, romantic fuss.

Pending the final verdict of the anthropologists whether this idea is compatible with the available facts or otherwise, it will be permissible to use it as a working hypothesis and to follow up the spreading of the 'genital love' from its original homosexual sphere into the heterosexual genitality and into the social life.

II. HETEROSEXUAL RELATIONS

In every form of civilization the trend is unmistakably towards curbing and limiting the coarse, straightforward genital gratification and developing more and more complicated 'refined' forms of love. Conversely this means an ever-increasing intrusion of pregenital and therefore infantile, 'perverse' stimulations and gratifications into adult genitality changing it into 'love making' in the sense of the various *artes amandi*.

As pointed out previously, the attitude towards any human love object is, as a rule, ambivalent: willing and reluctant at the same time. To change it into a 'genital partner' is a strenuous task, which I called the 'work of conquest'. This begins with the acceptance of the fact that our object is a singular individual, because he too was subjected to a tortuous form of education, forcing upon him various likes and dislikes, different from ours. And further that our object will agree to the role of a genital

partner only if in a fair compromise due regard will be given to a large part of his (her) individual peculiarities.

Thus, lasting genital relations are always based on a mixture of harmony and strain, an uncertain enough foundation, especially if we realize that individual developments continue throughout life. The, often hypocritical, demand for absolute monogamy is based on the assumption that once harmonious genital relations have been established between two partners, their individual developments will run parallel for ever. Unfortunately, as common experience shows, this assumption is correct in exceptional cases only.

A fairly frequent solution of the strain caused by the diverging individual developments is the gradual change of the originally passionate, genital, love-relation, into a less passionate, tender, more or less aim-inhibited, true and warm, heterosexual friendship. Many a naughty comedy, and many a serious psychological novel, describes this kind of solution, showing this or that facet of its many complicated possibilities. What interests us, however, is the ontogenetic emergence of the phylogenetically original form of friendly love out of the burnt-out passions of genital sexuality.

III. SOCIAL IMPLICATIONS

Genital sexuality is highly exclusive, indeed it can be called egotistic and asocial. Nothing and nobody exists apart from the two partners, any outside event or stimulus is disturbing, even painful.

Pregenital sexuality has a much wider field ranging from lonely narcissism to wholesale group gratifications; vide the pleasures of the white table, smoking, football and boxing matches, royal pageants, theatres, etc. All these can be enjoyed by a single person as well as by a large group, organized or unorganized. The only condition of such a group enjoyment is that due regard must be paid by everyone to the interests and peculiarities of the average member, that each of the members should be content with a more or less 'average' share. This 'average' share may be more or may be less than would correspond to the wishes and individuality of any given member, but still he is expected to enjoy his share.

This was certainly not true in the father horde. The first relation where the 'average' share idea developed was the homosexual love cementing the brother horde together. Since then every social development can be regarded as a voluntary or enforced acceptance of the demand for an increased regard for the interests and wishes of the 'average' member. My present thesis is that usually the new demand is recognized first in the (homosexual) relation between men and men and only secondarily is extended to women, thus repeating the early stages of man's social evolution.

One interesting phase of this process is the modern demand for equality in every respect for both sexes (franchise, legal rights, access to higher education and to the professions, equal pay and so forth). Such a demand certainly is against the testimony of biology, which irrefutably proves that the two sexes are not equal. This, however, does not mean—as is

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generally assumed by the stronger sex and enforced throughout the social life—that man is superior in every way to woman. Psychologically, however, the demand for universal equality is the result of a consequent development. 'All males must be equal' was the homosexual phase of the brother horde described above, 'women must have equal deal to men' is the spreading of the homosexual love into the heterosexual sphere. If this is true, civilization means a gradual conquering of all relations between man and man by sublimated, aim-inhibited, homosexual love and only secondarily the transference of those new loving forms to the relation between man and woman. One

has the impression—though it may be only an unjustified male slander against the gentle sex—that the relation between woman and woman is the sphere least civilized by this process of evolution.

2Fenichel, O.: The Psycho-Analytic Theory of Neurosis, New York, Norton, 1945.

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BRUNSWICK, R. (1928) A SUPPLEMENT TO FREUD'S 'HISTORY OF AN INFANTILE NEUROSIS', INT. J. PSYCHO-ANAL., 9:439 (IJP)

**A SUPPLEMENT TO FREUD'S 'HISTORY OF AN INFANTILE NEUROSIS'^{1,2}
RUTH MACK BRUNSWICK, M.D.**

I. DESCRIPTION OF THE PRESENT ILLNESS

In October, 1926, the patient whom we have learnt to know as the Wolf-Man of Freud's 'History of an Infantile Neurosis' consulted Professor Freud, whom he had seen from time to time since the completion of his analysis in 1920. Circumstances which I shall relate shortly had wrought great changes in the Wolf-Man's way of living. The former millionaire was now earning barely enough to feed his ailing wife and himself. Nevertheless, things went smoothly with him until the summer of 1926, when certain symptoms appeared which caused him to consult Freud. At this time it was suggested that if he felt in need of analysis he should come to me. He presented himself in my office at the beginning of October, 1926.

He was suffering from a hypochondriacal *idée fixe*. He complained that he was the victim of a nasal injury caused by electrolysis, which had been used in the treatment of obstructed sebaceous glands of the nose. According to him, the injury consisted varyingly of a scar, a hole, or a groove in the scar tissue. The contour of the nose was ruined. Let me state at once that nothing whatsoever was visible on the small, snub, typically Russian nose of the patient. And the patient himself, while insisting that the injury was all too noticeable, nevertheless realized that his reaction to it was abnormal. For this reason, having exhausted all dermatological resources, he consulted Freud. If nothing could be done for his nose, then something must be done for his state of mind, whether the cause was real or imagined. At first sight, this sensible and logical point of view seemed due to the insight won from the earlier analysis. But only in part did this prove to be the motive for the present analysis. On the other hand, the insight was undoubtedly responsible for the one atypical characteristic of the case: its ultimate accessibility to analysis, which otherwise would certainly not have been present.

He was in a state of despair. Having been told that nothing could be done for his nose because nothing was wrong with it, he felt

¹Freud, *Gesammelte Schriften*, Band VIII, pp. 437 et seq.

²Freud, *Collected Papers*, Vol. III, pp. 473 et seq.

unable to go on living in what he considered his irreparably mutilated state. He expressed the complaint voiced in all his earlier illnesses: as a child when he soiled his drawers and thought he had dysentery; as a young man, when he acquired gonorrhœa; and finally in so many of the later situations of his analysis with Freud. This complaint,

containing the nucleus of his pathogenic mother-identification, was: 'I can't go on living like this any more' ('So kann ich nicht mehr leben'). The 'veil' of his earlier illness completely enveloped him. He neglected his daily life and work because he was engrossed, to the exclusion of all else, in the state of his nose. On the street he looked at himself in every shop-window; he carried a pocket mirror which he took out to look at every few minutes. First he would powder his nose; a moment later he would inspect it and remove the powder. He would then examine the pores, to see if they were enlarging, to catch the hole, as it were, in its moment of growth and development. Then he would again powder his nose, put away the mirror, and a moment later begin the process anew. His life was centred on the little mirror in his pocket, and his fate depended on what it revealed or was about to reveal.

The maid who opened the door in my apartment was afraid of him, because, as she said, he always rushed past her like a lunatic to the long mirror in the poorly-lighted reception hall. He would not sit down and wait, like the other patients, to be admitted to my office; he walked incessantly up and down the small hall, taking out his mirror and examining his nose in this light and that. It was in this condition that he began his analysis with me.

I would at this point ask the reader to refresh his memory by re-reading the fragment of this patient's story published by Freud under the title 'From the History of an Infantile Neurosis'. All the childhood material appears there; nothing new whatsoever made its appearance in the analysis with me. The source of the new illness was an unresolved remnant of the transference, which, after fourteen years, under the stress of peculiar circumstance, became the basis for a new form of an old illness.

II. 1920–1923

Before giving a detailed description of the present illness and its treatment, it is necessary to recount in some detail the life and circumstances of the patient during and following his analysis with Freud.

It will be remembered that the Wolf-Man was very rich, and that

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he had inherited his money from his father, who died in the patient's twenty-first year—two years after the patient's gonorrhœal infection and two years before he came to Freud. It will also be recalled that the patient was exceedingly neurotic in his attitude towards money. He frequently, and on his own admission without any justification, accused his mother of appropriating his inheritance. He was boastful, and ascribed to money an undue importance and power. Even his sister's death proved a welcome event, because by it he became the sole heir of his father. He was excessively extravagant in his personal habits, especially in regard to clothes.

The Russian revolution and Bolshevik régime changed all this. The Wolf-Man and his family lost literally all their money and all their property as well. After a distressing period, during which the patient had neither money nor work, he finally secured a small position in Vienna.

At the end of 1919 he had come out of Russia and returned to Freud for a few months of analysis, with the purpose, successfully accomplished, of clearing up his hysterical constipation. He apparently believed that he would be able to pay for these months of analysis although with what basis is hard to say. In any case, he was unable to do so. Moreover, at the end of this time, the Wolf-Man had no work and nothing to live on; his wife was ill, and he was in desperate straits. Freud then collected a sum of money for this former patient, who had served the theoretical ends of analysis so well, and repeated this collection every spring for six years. This money enabled the patient to

pay his wife's hospital bills, to send her to the country, and occasionally to take a short holiday himself.

At the beginning of 1922 an acquaintance of the patient came to Vienna from Russia, bringing what was left of the patient's family jewels. They were supposedly worth thousands of dollars, but later attempts to sell them disclosed the fact that their value did not exceed a few hundred dollars. The patient told no one except his wife about the jewels; and she, womanlike, immediately advised him not to tell Freud, because, she said, he would surely over-estimate their value and refuse to give any more aid. The necklace and earrings were his entire capital; if he were forced to sell them and to live on the money he would have nothing to fall back on. He therefore told no one that the jewels were in his possession. In his fear of losing Freud's help, it evidently did not occur to him that Freud would never have considered permitting the patient to use up his little capital. He took

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his wife's advice because, as he admitted, it coincided with some inner feeling of his own. And from this time on his greed for money from Freud increased: he was always wondering how large the next present would be—it varied from year to year with the amount collected; how it should be expended, etc. The patient now acquired a lack of candour remarkable in a hitherto compulsively honest individual. He began concealing financial facts from his wife, and in the period of inflation, he who had always been unduly cautious speculated and lost considerable amounts of money. In all his financial affairs there now appeared a certain dishonesty which, despite his formerly neurotic attitude, had never before been present.

Nevertheless, to all intents and purposes, the patient was well. The man who had come with his own physician and orderly, who had been unable even to dress himself, was now working hard at any task obtainable and supporting to the best of his ability a sick and disappointed wife. His interests and ambitions, in comparison with those of his youth, were limited. Apparently he was paying this price for his former illness and its cure. However, he continued to paint, and in the summer of 1922 he did a portrait of himself which required him to spend considerable time looking at himself in the mirror. In April, 1923, Professor Freud had his first minor operation on his mouth. When the Wolf-Man went to see him before the summer to receive his money he was shocked at Freud's appearance. He thought little about it, however, and went on his vacation. While in the country he began to masturbate with obscene pictures. He was not excessive, and was not particularly troubled by the appearance of this symptom. His wife was often ill and disinclined towards coitus. When he returned to Vienna in the autumn, Freud was again operated on, and this time the serious nature of his illness was known to all of us, including the Wolf-Man.

III. HISTORY OF THE PRESENT ILLNESS

I shall now attempt to relate as closely as possible in the patient's own words the story of his present illness, written down for me by him immediately after the close of our analysis in February, 1927.

In November, 1923, the patient's mother arrived from Russia. When he met her at the station, he observed a black wart on her nose. In reply to his question, she told him that she had been to various doctors, most of whom had told her to have the wart removed. However, the doctors were themselves uncertain of its nature, because of

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its curious way of coming and going. At times it was present and at times it was not. Therefore she had refused to have it operated on, and was now very glad of her

decision. But the patient noticed that she had become somewhat hypochondriacal; she was afraid of draughts and dust and infection of all kinds.

At the beginning of 1924 the patient began to have trouble with his teeth, which until 1921 had been particularly good. At that time it had been necessary to extract two teeth, the first he had ever lost. The dentist who performed this extraction and who prophesied that the patient would soon lose all his teeth because of the violence of his bite, was named—Dr. Wolf! Because of his prophecy the patient did not return to this dentist, but went instead to various others, with none of whom he was entirely satisfied. Once, while having an infected root-canal treated, he fainted. From time to time small pustules were present on his gums.

At this time certain changes went into effect in the office where the patient was employed, which resulted in the loss of his hitherto independent position and his transfer to another, this time exceedingly gruff and inconsiderate, superior.

The chief symptom of the present illness appeared in February, 1924, when the patient began to have queer thoughts about his nose. Always dissatisfied with his small snub nose, he had been teased about it in school, and called Mops (pug dog). At the age of puberty a nasal catarrh had caused sores on his nose and upper lip, requiring salves for their treatment. These were prescribed by the same doctor who later treated him for another catarrh, namely, the gonorrhœal. During the analysis with Freud, the patient had been treated by a leading Viennese dermatologist, Professor X., for obstructed sebaceous glands. Thus it is evident that the patient's nose had always been the object of a certain amount of thought and dissatisfaction on his part.

In the years following the war, the exigencies of life had kept him too busy to permit of much thought or worry about his appearance; he had even become rather proud (I suspect because of his many Jewish contacts) of his own nose. It now occurred to him that he was really exceptionally lucky to have a nose without a blemish! Some people had warts—his wife had had a wart on her nose for years—others had moles or pimples. But, his thoughts continued, how terrible it would be if he, for instance, had a wart on his nose!

He now began to examine his nose for obstructed sebaceous glands, and about a month later managed to find certain nasal pores that

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stood out 'like black points' (presumably blackheads). These caused him to become slightly uneasy and, remembering the success of X.'s earlier treatment, he thought of returning to him. This seems, however, to have been more an idea than a real plan, for the patient made no attempt to put it into execution.

In May the patient's mother returned to Russia. A fortnight later he noticed a small pimple in the middle of his nose, which, to use his own words, had a very odd appearance and refused to disappear. The pimple then became hard, and the patient remembered that an aunt of his had had a similar affection, which had never cleared up. The constipation, which, it will be remembered, represented the hysterical attachment behind the compulsion neurosis, now reappeared. This symptom had been the subject of the four months of analysis with Freud from November, 1919, to February, 1920. Except for rare attacks during other illnesses, the patient had been free of his constipation for six years. With its reappearance he became aware of a marked fatigue. He went to the Krankenkassa³ and asked to be given a series of invigorating baths. He was obliged to be examined by the physician in charge, who ordered pine baths and cold compresses to the abdomen. The latter were disapproved of by the patient, who, like his mother, was afraid of catching cold. As usual, his fears were realized; on Whitsuntide he went to bed with influenza. (It will be observed throughout that this

patient, born on Christmas Day, always chose the important holidays for the production of symptoms or for other significant acts. I once remarked that, surprisingly enough in one of his violent nature, he had never indulged excessively in masturbation. He replied: 'Oh no, of course I only masturbated regularly on the big holidays'.)

The patient had had a slight cough all the winter; he was now convinced that, as a result of the physician's prescriptions, his influenza would develop into pneumonia. This development, however, failed to take place, and when, shortly afterwards, he again consulted this doctor (he always returned for a time to the physician or dentist with whom he was already dissatisfied), a curious incident occurred. The patient remembered that on the occasion of his last visit the doctor had complained to him of a kidney malady of his own. As he now

3The Austrian system of Krankenkassen represents an obligatory health insurance.

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sat talking to the physician, whom he liked very much, he thought to himself: 'How agreeable it is that I, the patient, am really healthy, whereas he, the doctor, has a serious illness!'

His pleasure in this situation seemed to him to deserve punishment. He went home, lay down to rest a little, and involuntarily ran his hand over his nose. Feeling the hard pimple under the skin, he scratched it out. Then he went to a mirror and looked at his nose. Where the pimple had been there was now a deep hole. From this moment on, his chief preoccupation was with the thought will the hole heal? And when? He was now compelled to look at his pocket mirror every few minutes, presumably to observe the progress of healing. However, the hole did not entirely close, and its failure to do so embittered his life. Nevertheless, he continued to look in his mirror, hoping against hope that within a few months everything would be all right again. For now he could find no pleasure in anything, and he began to feel that everybody was looking at the hole in his nose.

Finally, just before the summer holidays, the patient consulted Professor X., oddly enough, not for the hole in his nose, but for the enlarged sebaceous glands which he had at last succeeded in finding. X., who had not seen the patient since the war and the reversal of his fortunes, was very friendly. He warned the patient that, while the glands could easily be remedied, the nose would for a time be red. He then took an instrument and opened several of the glands. For those remaining he prescribed various medicines, a liquid and a salve. (At the age of twelve the patient had also been given a salve for a similar condition.)

X.'s warning was fulfilled; the patient's nose remained so red for several days that he almost regretted his visit to X. His wife disapproved of the medicines and, perhaps only apparently against the will of the patient, threw them away.

Suddenly, on the day before his departure for the country, for no obvious reason, the patient became fearful that the tooth which had troubled him some months previously might spoil his vacation. He therefore went to the dentist and allowed him to pull what afterwards turned out to be the wrong tooth. On the following day the patient deeply regretted this visit, feeling sure that another tooth was at fault. Some bronchial symptoms caused him additional worry.

However, the holiday in the country was a success. The patient painted industriously and thought less and less about his nose and teeth. As a matter of fact, in the absence of a real cause he rarely became hypochondriacal about his teeth. Once the cause was present,

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however, his distrust of the dentist in charge became pronounced. (Professor Freud has told me that the patient's attitude toward tailors precisely duplicated this later dissatisfaction with and distrust of dentists. So, too, in his first analysis, he went about from tailor to tailor, bribing, begging, raging, making scenes, always finding something wrong, and always staying for a time with the tailor who displeased him.)

The autumn and winter of 1924–25 were uneventful. When the patient, who had almost forgotten his nasal symptoms, again examined his nose in a mirror, he was unable even to find the place where the hold had been. With a sense of relief he regarded the incident as a thing of the past.

During this time certain changes occurred in his sexual life. He resorted to his former habit of following women in the street. The reader of the 'History of an Infantile Neurosis' will recall the fact that the patient had had a variety of sexual experiences with women of the lower classes. He now frequently accompanied prostitutes to their lodging where, on account of his fear of venereal disease, his relations with them were limited to masturbation in their presence. The masturbation which had begun in the summer of 1923 had been performed while the patient gazed at obscene pictures. His relations with prostitutes were thus a further step in this direction.

The patient's preoccupation with his nose had lasted from February, 1924, until approximately the end of the ensuing summer—that is, some six months.

It was on Easter Day, 1925, that the nose symptoms reappeared. While the patient was sitting with his wife in a park he became aware of a painful sensation in his nose. He borrowed his wife's pocket-mirror and, looking into it, discovered a large, painful pimple on the right side of his nose. Despite its size and painfulness it seemed an ordinary pimple, and as such caused the patient no worry. Expecting it soon to disappear, he waited several weeks, during which time it would occasionally improve and then again show pus. (His mother's wart had come and gone.) As Whitsuntide approached the Wolf-Man began to lose patience. On Whitsunday he went with his wife to see the cinema film 'The White Sister'. Hereupon he was reminded of his own sister, dead so many years, who shortly before her suicide had voiced his own complaint that she was not beautiful enough. He remembered how often she too had worried about the pimples on her face. Much depressed he went home. Next day he consulted the

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dermatologist of the Krankenkassa (one wonders why he changed dermatologists at this point), who said that the pimple on the patient's nose was an ordinary one, which would in course of time disappear. But when the patient, unimproved, returned to him two weeks later, the physician said that the pimple must in reality be an infected sebaceous gland. To the patient's questions as whether it would disappear by itself, or whether something should be done for it, the doctor answered negatively.

And now the utmost despair seized the patient. He asked how it was possible that there was no treatment for such a disease, and whether he was condemned to go his whole life with such a thing on his nose. The doctor glanced at him indifferently and again replied that nothing could be done. And now, as the patient states, the whole world turned on its axis. The structure of his life collapsed. This was the end for him; thus mutilated he could not go on living.

From the Krankenkassa doctor he rushed to Professor X., who received him cordially and quieted him, saying that the matter was easily remedied. He would at once take out the gland. With the aid of an instrument he pressed the infected spot on the patient's nose; the patient cried out, and blood flowed from the place where the gland had been. As his analysis later revealed, he experienced at the sight of his own blood flowing

under the doctor's hand an acute ecstasy. He drew a deep breath, hardly able to contain his joy. Two hours before he had stood on the verge of suicide, and now a miracle had rescued him from disaster.

But a few days later, when the dried blood had fallen away with the scab from the wound, the patient observed to his horror a slightly reddened elevation where the wound had been. The whole area looked a little swollen. The question now presented itself: would the swelling disappear, or had the Krankenkassa doctor been right in saying that nothing could be done for a thing of this kind?

Simultaneously small pustules on the patient's gums caused him to go to the dentist. On hearing from him that the gum-boils were of no importance, he decided that he must have an additional opinion. For some time he had had little faith in his dentist. He now went to one recommended by an acquaintance in his office. The new dentist declared that, whatever the condition of the tooth which had been extracted, a really dangerous tooth had remained in the patient's mouth. This tooth he considered responsible for all the patient's troubles, including the pimple on his nose. It was so badly infected

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that unless it was pulled immediately the pus could extend to any organ in the body and cause a generalized sepsis. Had this tooth been pulled in the beginning the patient would have had no further trouble with his teeth or with the pimple or the purulent sebaceous gland. Inasmuch as this opinion tallied with the patient's own, he allowed the tooth to be drawn at once.

He now blamed this last dentist for all his troubles. But with the extraction of the tooth, his interest was once more directed to his nose, which seemed to be swelling to such an extent that it no longer resembled its original self. All day long now the patient gazed at the swollen area, tormented by the fact that his nose 'was not as it had been'. He went again to Professor X., who assured him that nothing was wrong with his nose. Not in the least impressed or reassured by these words, the patient became exceedingly frightened. His nose had increased so rapidly in size that one half of it seemed entirely out of harmony with the other half. Moreover, it was still swelling. Terrified at the possibility of further extension, he went again to Professor X. His frequent visits no longer interested the dermatologist, who, standing with his back to the room and looking out of the window, left the patient to the care of his assistant. 'Persecuted by fate and abandoned by medicine', the patient now conceived a new plan to attract X.'s attention. He decided to have his wife, who, it will be remembered, had a wart on the tip of her nose, accompany him to Professor X., whom he was afraid to visit alone. X., extremely cordial, immediately removed the wart. When, however, the patient approached him with his familiar query as to the future of his own nose, X. became irritated. He finally stated that the patient was suffering from vascular distension, and that this, like the wart, was best treated with electrolysis. He added that the patient could return in a few days for treatment.

On the one hand, the patient was unhappy at having a new illness—vascular distension; on the other hand, this gave him the renewed hope of cure. But he was doubtful of the diagnosis. An habitual abstainer from alcohol, he did not see how he could have acquired an enlargement of the calibre of the blood vessels, essentially a disease of drinkers. Moreover, he was young for it. His wife advised him not to go back to X. before the summer holidays. 'He is angry with you now', she said, 'and will perhaps do something to you that you will be sorry for the rest of your life'. Both felt that Professor X. was treating the poor Russian refugee differently from the rich Russian patient of Freud.

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At the beginning of August the patient visited the acquaintance who had recommended the new dentist. Asked if he could observe anything in particular on the patient's nose, his friend looked at him carefully and said that he could not see the place where the gland had been removed, but that he did notice that one side of the nose seemed a little swollen. This remark threw the patient into great excitement. He felt that his disease was not improving, and that it was useless to postpone the electrolysis until the autumn. He lost what patience remained to him and made up his mind to have the treatment suggested by Professor X, but as usual he wanted a control opinion. He therefore went to another dermatologist, who, it is worthy to note, had his office at the corner of the street in which Freud lives.

The new consultant confirmed X.'s diagnosis and added that the infected sebaceous glands had been skilfully removed. He considered electrolysis harmless but inappropriate for this malady, and recommended diathermy. He was extremely pleasant, and, unaware of the financial situation of the patient, who had chosen him by looking up dermatologists in the telephone book and apparently allowing himself to be influenced by their location, he charged him the usual sum for one visit. The patient, who paid X. nothing whatsoever, felt elated at once more 'paying like a gentleman'.

He was now completely reassured about the judgement of Professor X., who had thus far evidently done the right thing, and who was therefore probably also to be trusted in his preference for electrolysis over diathermy. Moreover, the advocate of diathermy was leaving Vienna on the very day of this visit, therefore his treatment was out of the question. The patient wanted the entire matter disposed of before his own vacation. He therefore went at once to Professor X., who, he learned, was leaving town the next day for the summer. In a spirit of exceeding confidence and trust, the patient allowed himself to be treated with electrolysis by X., who, it seemed to him, was unusually friendly. When he went home, his wife cried out: 'For heaven's sake, what have you done to your nose?' The treatment had left certain marks, which, however, did not disquiet the patient. The other dermatologist's opinion of X. and his words in general had so restored the patient's equilibrium that he felt himself once more master of the situation. He also had a curious feeling of having been reconciled to the first dermatologist by the second.

Three days later the patient and his wife went away to the country. The holiday proved pleasant. Although the patient was still somewhat

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occupied with thoughts of his nose, and although the scars due to the electrolysis were a matter of concern to him, he managed to enjoy his holiday. He painted, went on excursions, and felt well in general. When in the autumn he returned to the city he was apparently normal, except for the fact that he looked for or at the scars on his nose more than was necessary.

His interest now returned to his teeth. His last dentist had put n five fillings and had wanted to make a new crown, which, he said, was badly needed. But the patient, not certain of the dentist's judgment, had refused to have the crown made before receiving advice from another dentist, who in his turn stated that a new crown was entirely superfluous, but that six new fillings were required. Inasmuch as five new fillings had been made only two months previously, the patient now became distrustful of this dentist, and went to still another. The latest of these recruits said that the crown was indeed adequate, but that two fillings, not six, were needed! However, since, according to the third dentist, the second had been right about the crown, the patient decided to go back to him, although doing so meant acquiring six new fillings. But now the Krankenkassa doctor refused the patient permission for so much dental work, adding

that it was a pity to spoil such beautiful teeth with so many fillings. He then asked the patient not to mention his having made this remark, which struck the patient as being so odd (apparently because of the implied homosexual admiration) that he repeated it to the friend who had examined his nose. This friend now recommended a dentist who was supposed to be a man of great judgement and experience, capable of passing judgment on the work of all the others. This man, apparently a dean among dentists, was named—Dr. Wolf!

The second Dr. Wolf approved the work of the latest dentist, to whom, therefore, the patient, despite his own dissatisfaction, returned. This dentist now told him, like an earlier one of the long series, that he had a 'hard bite' and would soon probably lose not only the fillings, but all his teeth as well.

Until Christmas, 1925, despite a certain amount of concern as to when the nasal scars would disappear, the patient, who was now having difficulties at his office, felt fairly well. But with the beginning of the year 1926, the nasal symptoms again became prominent, occupying more and more of his attention. By the time Easter came, the mirror was again playing an important rôle, and the patient was doubtful whether the scars, now present for almost a year, would ever disappear.

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The summer of 1926 brought the full development of his symptoms. On June 16 he called on Freud and received the annual sum of collected money. He, of course, said nothing about his symptoms. Two days before he had been to see the Krankenkassa physician, whom he had called on frequently of late because of increasingly violent palpitations of the heart. He had read a newspaper article in which the statement was made that cod-liver oil caused heart trouble; and inasmuch as he had, for some unknown reason, been taking cod-liver oil for two years, he became afraid that he had injured himself. The doctor made a diagnosis of 'heart neurosis'.

Suddenly, on the next day, June 17, the patient made up his mind to go to the dermatologist whose words had so consoled him once before. He immediately put his decision in execution. The dermatologist entirely failed to see any scar left by the infected sebaceous gland; on the other hand, he stated that the area treated by electrolysis (he had recommended diathermy) was scarred and evident. To the patient's remark that such scarring must disappear with time, he replied that scars never disappeared and were not amenable to any sort of treatment. How was it possible that such a thing had been treated with electrolysis? Had the patient really gone to a full-fledged dermatologist? This certainly did not seem to be the work of a specialist.

At the words 'scars never disappear' a terrible sensation took possession of the patient. He was in the grip of a bottomless despair such as he had never, in all his earlier illness, been the victim of. There was no way out then, no possibility of escape. The words of the dermatologist rang incessantly in his ears: scars never disappear. There remained for him only one activity, comfortless though it was, and that was to look constantly in his pocket mirror, attempting to establish the degree of his mutilation. Not for a moment was he separated from his little mirror. In the course of time he went again to the dermatologist, imploring his aid, and insisting that there must be some mitigating treatment, if no cure. The physician replied that there was no treatment and that none was necessary: only the finest white line, he declared, was visible on a nose that even a prima donna could be proud of. He attempted to quiet the patient, whom he advised to distract his mind from the thought of his nose, which, he added, had evidently become an *idée fixe*.

But now his words were without effect on the patient. Indeed, he felt that they were but alms thrown to a crippled beggar. (See

Freud's 'Infantile Neurosis, ' where the attitude towards beggars, and especially toward the deaf-and-dumb servant, is shown to be derived from the pitying narcissistic concern with the castrated father.) He went to a third dermatologist, who found nothing whatever wrong with the patient's nose. In his utter hopelessness the patient was pursued by the following thoughts: how could Professor X., the foremost dermatologist in Vienna, have been guilty of such irreparable injury to the patient? Was it by some sheer and terrible accident, or out of negligence, or perhaps even unconscious intention? And where, continues the thought of this singularly schooled and keen-minded patient, does the unconscious end and the conscious begin? With all his heart the patient hated Professor X. as his mortal enemy.

IV. THE COURSE OF THE PRESENT ANALYSIS

This, then, is the story of the illness which brought the patient into my care. I must confess that at first it was difficult for me to believe that this was indeed the Wolf-Man of the 'History of an Infantile Neurosis', and of Professor Freud's later descriptions: a reputable, compulsively honest and conscientious individual, absolutely reliable from every point of view. The man who presented himself to me was guilty of innumerable minor dishonesties: he was concealing the possession of money from a benefactor with whom he had every reason to be candid. Most striking of all was his total unawareness of his own dishonesty. It seemed to him a matter of no moment that he was actually accepting money under false pretences (given the fact that the jewels were worth, as he then thought, thousands of dollars).

In the analysis his attitude was one of hypocrisy. He refused to discuss his nose or his dealings with dermatologists. Any mention of Freud was passed over with an odd, indulgent little laugh. He talked at great length about the marvels of analysis as a science, the accuracy of my technique, which he professed to be able to judge at once, his feeling of safety at being in my hands, my kindness in treating him without payment, and other kindred topics. When I passed through the waiting-room before his hour, I saw him pacing up and down, looking first in the large mirror and then in his pocket one. But when I mentioned his conduct to him I was met with the utmost firmness: there were other matters than his nose to be discussed, and until they were disposed of—a matter of some weeks—the patient would give his attention to nothing else. When it finally came to dealing with the subject of the nose itself, I became acquainted with the patient's

firmness in all its ramifications. But even now his walled-off quality became apparent. At all times unusually closed to suggestion, probably by reason of his narcissism, he now proceeded to entrench himself behind his impermeability; and a trait ordinarily of great value to the accuracy of an analysis became its chief resistance.

His first dream was a version of the famous wolf dream; many others were mere restatements. One amusing change had occurred: the wolves, formerly white, were now invariably grey. When visiting Freud, the patient had on more than one occasion seen his large grey police dog, which looked like a domesticated wolf. The fact that the first dream was again a wolf dream was considered by the patient a corroboration of his statement that all his difficulties came from his relation to the father; for this reason, he added, he was glad to be in analysis with a woman. This statement revealed his attempt to evade his father, although it also contained a kernel of justification. It was indeed safer now for him to be analysed by a woman, because he hereby avoided the homosexual transference which at this point was evidently so strong that it would

become a danger to the cure, rather than an instrument of it. The later course of treatment seemed to confirm this point of view.

It is perhaps unnecessary to recall the fact that the wolf dream at four years of age contained the nucleus of the patient's passive attitude to his father, which had its origin in his identification with his mother during his coitus observation at one and a half years.

Following the patient's repeated comments on my kindness in treating him without payment, he brought this dream, betraying his possession of the jewels:

He is standing at the prow of a ship, carrying a bag containing jewelry—his wife's earrings and her silver mirror. He leans against the rail, breaks the mirror, and realizes that, as a result, he will have seven years of bad luck.

In Russian the ship's prow is called its 'nose'; and this was the place where the patient's bad luck began. The mirror, which played such a large rôle in his symptomatology, was also present; and the fact that it belonged to his wife had the same significance as the fact that the patient borrowed first his wife's mirror, in order to examine his nose, and then, as it were, her feminine habit of frequently looking at herself in it. Moreover, when one breaks a mirror one simultaneously breaks one's own reflection. Thus the patient's own face was damaged along with the mirror.

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The purpose of the dream is the disclosure of the patient's possession of the jewels, amongst which were actually the earrings of the dream. The seven years are the years since the analysis with Freud, during a part of which time the jewels were concealed. But beyond the spontaneous interpretation of the number of years, the patient refused to discuss in this connection any possible dishonesty. He admitted that it would have been better to have told about the jewels at once, because, he said, he would then have been easier in his mind. But women—meaning his wife—were always like that: distrustful and suspicious and afraid of losing something. And it was his wife who had suggested this concealment.

I was again brought up against a point on which the patient proved absolutely inaccessible; and it took me a short time to realize that his unscrupulousness as well as his failure to acknowledge it as such were signs of a profound character-change. Beyond his intellectual acuity and analytic perception, my patient had little in common with the original Wolf-Man, who, for instance, was domineering with women, especially his wife and mother. My patient, on the other hand, was completely under the control of his wife; she bought his clothing, criticised his doctors, and managed his finances. The passivity which, formerly directed entirely toward the father and even here masked as activity, had now broken its bounds and included in its sweep both homosexual and heterosexual relations. A number of petty deceptions resulted; for instance, the patient, now grown negligent of his work, left the office whenever he pleased. In the event of being apprehended, he made up any excuse.

These symptoms, perhaps not striking in themselves, were at such variance with the former character of the patient that one was forced to accept them as indications of a change of character as profound as that which had occurred in him at three and a half years.

An attack of diarrhoea at the beginning of the analysis heralded the important subject of money. But the patient, apparently satisfied by the symptom himself, gave no other evidence of repaying his debt. To the contrary, it became clear that the gifts of money from Freud were accepted as the patient's due, and as the token of a father's love for his son. In this manner the patient recompensed himself for the old humiliation of his father's preference for his sister. But with this attitude went certain ideas of grandeur.

The patient began to tell me of the unusual intimacy of his relation with Freud. It was, he stated, far more friendly than professional. Indeed, Freud had felt

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so keen a personal interest in him that he had been led to give what later turned out to be unsound advice. During the months of analysis in 1919 and 1920 the patient had wanted to go back to Russia to save his fortune. It is true that his mother and lawyer were in Russia at this time, and were presumably competent to look after matters there; nevertheless the patient felt that only he could save the family fortune. Freud, however—and here the patient, in various subtle ways, indicated that Freud's advice was motivated not by the facts but by his concern for the patient's safety—stated that the patient's desire to go home was merely a resistance; and by his persuasion (sic !) kept the patient in Vienna. While the patient obviously was flattered by what he considered Freud's motivation, he nevertheless blamed him severely for the loss of his fortune. On the other hand, he at no time suspected Freud of intentional injury. Probably his blame of Freud justified him in accepting financial aid from him. As a matter of actual fact, it would at that time have been impossible for the patient to return to Russia. His father had been a famous Liberal leader there, and the patient himself would undoubtedly have been shot.

For a time, despite the patient's invulnerability on important topics, or because of it, my relations with him were most sunny. He brought the clearest dreams in order that I might show my skill at interpreting them, thus confirming his statement that he was better off in my hands than in Freud's; the dreams in his previous analysis, he said, had been confused and difficult to understand. There had also been interminable periods of resistance, during which no material at all was forthcoming. Now and then he would hint that he was safer with me because I was more objective in my attitude toward him than Freud had been; I, for instance, would certainly not have made that mistake about the patient's returning to Russia. And then too Freud's personal influence had been so strong: the whole atmosphere of the present analysis was clearer than that of the previous one. Each day brought some new light on his relations to Freud, to his wife, or to me. Only he refused to discuss his nose or his attitude to Professor X. Beyond the statement that he had been to X. during his first analysis, that X. had been recommended by Freud and was a friend of Freud's, and about of an age with Freud, and obviously, as the patient said at once, a substitute for Freud, no advance was possible.

And then fate played into my hands. A few weeks after the Wolf-Man began his analysis with me, Professor X. died suddenly on a Sunday night. In Vienna there is no good morning newspaper on

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Monday; the Wolf-Man was due at my office at about the time of the appearance of the afternoon edition. Thus my first question was: 'Have you seen to-day's paper?' As I expected, he answered in the negative. I then said: 'Professor X. died last night.' He sprang from the couch, clenching his fists and raising his arms with a truly Russian air of melodrama. 'My God', he said, 'now I can't kill him any more!'

Thus the wedge was entered. I encouraged him to talk about X. He had had no definite plans for killing him, but he had had ideas of suing him, of suddenly appearing in his office and exposing him, of litigating with the purpose of obtaining financial recompense for his mutilation, etc. (I call attention to the querulent-paranoic trend shown here). He had wanted to kill him, had wished him dead a thousand times, and had tried to think of ways of injuring X., as he himself had been injured by X. But for that injury, he stated, only death was an equivalent.

I now remarked that the patient himself had admitted that X. was an obvious substitute for Freud, and that therefore these feelings of enmity toward X. must have their counterpart in hostility to Freud. This he denied emphatically. There was no possible reason for hostility to Freud, who had always shown him the most tremendous partiality and affection. Again he stressed the non-professional quality of their relation. I now asked why, if such were the case, he was never seen socially at the Freuds'. He was obliged to admit that he had never met Freud's family, thereby badly damaging his entire case. His replies were vague and unsatisfactory, perhaps even to himself. His arguments had an extraordinary tone: they were not exactly specious, but they contained an astounding mixture of phantasy and fact. Granted the tenets, he could, with his logical, obsessional intelligence, make the most improbable notions plausible. Thus he maintained his point of view.

So long as he combined his two techniques of satisfaction, on the one hand blaming Freud for the loss of his fortune and therefore accepting all possible financial aid from him, and, on the other hand, maintaining, on this basis, his position as the favourite son, it was impossible to make progress in treatment. Through this impenetrable wall one could not attack the chief symptom of the patient's illness. My technique therefore consisted in a concentrated attempt to undermine the patient's idea of himself as the favourite son, since it was obvious that by means of it he was protecting himself from feelings of

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a very different nature. I drove home to him his actual position with Freud, the total absence (as I knew from Freud to be the fact) of any social or personal relationship between them. I remarked that his was not the only published case—this being a source of enormous pride to the patient. He countered with the statement that no other patient had been analysed for so long a period: this too I was able to contradict. From a state of war we now reached a state of siege.

As a result of my attack, his dreams at last began to change. The first of this period reveals a woman wearing trousers and high boots, standing in a sleigh which she drives in a masterful manner, and declaiming verse in excellent Russian. The patient remarked that the trousers were a little humorous, and not, like a man's, entirely practical. The Russian declamation even he was obliged to recognize as the height of mockery: I had never been able to understand a single word of the Russian phrases which he occasionally interjected into his German sentences. The next dream was even more direct: on the street, in the front of the house of Professor X., who is analysing him, stands an old gypsy woman. While selling newspapers (I had performed the office of a newspaper in telling him of X.'s death), she chatters away and talks at random to herself (no one listens to her!) Gypsies, of course, are notorious liars.

Two factors are evident here: first, the contempt for me, and secondly, the wish to be back in analysis with Freud (Professor X.). I remarked that the patient was, after all, despite his many compliments, apparently regretting his choice of analyst and wishing to be back with Freud. This he denied. He added that through me he was really getting all the benefit of Freud's knowledge and experience, without coming directly under his influence. When I asked how this was possible, he said he was sure that I discussed all the details of his case with Freud, so as to be advised by him! I remarked that this was not the case, that I had, at the beginning of his analysis, asked Professor Freud for an account of his former illness, and that since that time I had barely mentioned him nor had Freud inquired for him. This statement enraged and shocked the patient. He could not believe that Freud could show so little interest in his (famous) case. He had always thought Freud sincerely interested in him. Freud, in sending him to me, had even

said—but here his recollection of what had been said became hazy. He left my office in a rage at Freud, which led to a dream in which his father is obviously castrated:

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The patient's father, in the dream a professor, resembling, however, a begging musician known to the patient, sits at a table and warns the others present not to talk about financial matters before the patient, because of his tendency to speculate. His father's nose is long and hooked, causing the patient to wonder at its change.

The musician has in reality tried to sell old music to the patient, who, after his refusal to buy it, feels very guilty. (His old attitude to beggars is here recalled.) The musician is bearded and looks like Christ. An association recalls an incident in which the patient's father was termed a 'sale juif'—which of course he was not!

The begging musician who looks like Christ and the patient's father and is at the same time a professor, is obviously according to his nose a Jew. Since the nose is throughout the symbol for the genital, the change in the father's nose making it Jewish denotes circumcision—castration. Also a beggar is for the patient a castrated person. Thus from the anger against the father, due to unrequited love, we come to a castration of that father, and, in the associations immediately following this interpretation of the dream, to the subject of Freud's operations and the patient's reaction to them—in other words, the death-wish against the father. I would emphasize the point that here the death-wish is due not to any masculine rivalry, but to the passive, unsatisfied, rejected love of the son.

It will be remembered that the patient's first glimpse of Freud at this time had shocked him. As he went away, he wondered whether Freud would die, and if so, what his own fate would be. He hoped for a small legacy, but feared it might amount to less than the collected sums of several years. Thus it would be more profitable for him if Freud recovered. The patient had profited so enormously by the death of his own father that it is not surprising that his expectation of inheritance should triumph over his rational calculations. As he said, despite them he expected Freud's death to bring him something.

But if the patient's nasal injury can only be avenged by death, that is a sign that castration is the equivalent of death. In that case the castrated father is the dead father, killed, presumably, by his son. The abuse of money also enters the dream, in the father's remark about his son's speculating. It is true that the patient speculated with whatever funds were at his disposal; and of course an inheritance from the father could also have been used for this purpose. In other words, the father in the dream is afraid of being killed for his money. From the Christ-like (castrated) appearance of the father, it

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is obvious that the patient identifies himself with this castrated father.

With the expression of the patient's death-wish against Freud, we gathered the results of my attack on the patient's over-compensating megalomania. From now on, the analysis proceeded; and the death-wish re-appeared in all its manifestations. The father has castrated the son, and is for this reason to be killed by him. In the many dreams of the castrated father, the death-wish is always present. So much the patient could admit: but the further mechanism by means of which his own hostility was projected on to the father and then perceived by the son as persecution, required far more effort.

A dream out of the high-school period of the patient's life brought out an incident which, occurring in his thirteenth year, served as the model for his future illness. At that time he had a nasal catarrh which proved very resistant to treatment. Coming at puberty, it was probably psychogenic. It was treated with salves and ointments, which caused a general acne; at least the acne, so common at puberty, was attributed to the

medication. Thus the patient's attention was drawn to his nose and skin, which became so covered with pimples that he was forced to stay away from school. He was also troubled by blushing and by an enlarged sebaceous gland. A cold-water treatment proved of little value. On his return to school, he was mercilessly teased and nicknamed Mops (pug dog). As a rich and sensitive boy, he had always provided an excellent target for the school. But now he had become so over-sensitive about his nose that he could not bear the teasing which formerly had merely annoyed him. He became more and more seclusive, read Byron, and took great care of his body and clothing. Just at this time another school-boy was known to have acquired gonorrhœa. This boy was an object of horror to our patient, who was especially terrified by any illness of a chronic nature. He resolved never to acquire such a disease. Yet at the age of seventeen and a half he too had gonorrhœa; and the words of the doctor, 'It is a chronic form', caused his first break-down. So long as the disease was acute, he was unhappy but not hopeless. The chronic discharge, however, discouraged him, and afforded him an opportunity for compulsive thoughts about the presence or absence of gonococci: were they present, he was lost. Thus the cause of an early period of seclusiveness and misery was an actual nasal affection. The second trauma, the gonorrhœa, was also real, and was, in the sense of directly affecting the genital, a true castration. But the third illness, the scar on the

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patient's nose, was purely imaginary. The fact that on the occasion of his first visit to Professor X. he made no mention of the hole, asking only about the sebaceous glands, seems to indicate that the patient himself must unconsciously have perceived the fictitious nature of his complaint.

The patient's identification of himself with the castrated father (partly, of course, out of guilt because of the death-wish) is continued by a further dream in which he shows Freud a long scratch on his hand. Freud answers something, repeating the word 'whole' several times. This comforting dream contains Freud's reassurance that the patient is not castrated. The theme of castration is further developed in the following dream:—

The patient is lying on a couch in my office. Suddenly there appears near the ceiling a brilliant half-moon and star. The patient knows that this is a hallucination, and in despair, because he feels he is going mad, he throws himself at my feet.

The moon and star, he says, mean Turkey, the land of the eunuch. His gesture of throwing himself at my feet indicates his passivity. His insanity is due, therefore, to a hallucinated castration—i.e. the hole in his nose.

From the castration of the father, the patient's identification with him, and finally his own independent castration and consequent complete passivity, we now approach the actual persecutory material:

In a broad street is a wall containing a closed door. To the left of the door is a large, empty wardrobe with straight and crooked drawers. The patient stands before the wardrobe; his wife, a shadowy figure, is behind him. Close to the other end of the wall stands a large, heavy woman, looking as if she wanted to go round and behind the wall. But behind the wall is a pack of grey wolves, crowding toward the door and rushing up and down. Their eyes gleam, and it is evident that they want to rush at the patient, his wife, and the other woman. The patient is terrified, fearing that they will succeed in breaking through the wall.

The large woman is a combination of me and another woman, in reality very tall, whom the patient has seen, and whom he knows to have a tiny scar on her nose, which, to his surprise, does not in the least trouble her. She is, therefore, a courageous person who fears neither wolves nor scars—the juxtaposition indicating a connection between the two.

His wife, a shadowy figure behind him, is his own feminine self. The door is the window of the original wolf-dream. The empty wardrobe

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is one which the Bolsheviks emptied: the patient's mother related that when it was broken open, the cross was found in it with which the patient had been baptized, and which to his sorrow he had lost at the age of ten. Also the wardrobe reminds the patient of his phantasies about the Czarevitch, in which the latter is shut up in a room (the wardrobe) and beaten. In this connection Professor X. occurs to him: during the patient's first visit, it will be remembered, X. had spoken of Alexander III. with great sympathy, and then made some scornful remark about his weak successor, Nicolas II. This recalls in turn the stories of Peter the Great and his son Alexi, whom he killed. So, too, God allowed his son to die. Both these sons, Christ and Alexi, were tormented and persecuted by their fathers. At the word persecuted, the wolves in the dream occur to the patient, with the further association of Rome (Romulus and Remus), and the persecution of the early Christians. He then connects this dream, through the wolves, with his wolf-dream at the age of four, in which the wolves sat motionless on the tree, staring fixedly at the child. The interpretation revealed a contradiction: the child staring at its parents, not the parents at the child. The shining eyes of the wolves now remind the patient that for some time following the dream at four years he could not bear to be looked at fixedly. He would fly into a temper and cry: 'Why do you stare at me like that?' An observant glance would recall the dream to him, with all its nightmare quality. The recollection of this early symptom, directly dependent upon the childish wolf-dream, completely refutes Rank's attempt to displace the dream from the patient's fourth year to the time of his analysis with Freud. To my question, as to whether the wolf-dream really had occurred at four years, the patient scarcely deigned to reply!

Of course the dream derives its chief significance from its persecutory content: for him the wolf has always been the father; and here the wolves—all the fathers, or doctors!—are trying to get at him to destroy him. If the door opens (the original window, permitting the view of the coitus), the wolves will devour him.

And now, with the destruction of the patient's ideas of grandeur, his full persecution mania made its appearance. It was more diffuse than the one hypochondriacal symptom had led one to expect. X. had intentionally disfigured him; and now that he was dead, there remained no means of retribution. All the dentists had treated him badly, and since he was again mentally ill, Freud too had treated him poorly. Indeed, the whole medical profession was against him: since

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his earliest youth he had suffered abuse and mistreatment at the hands of his doctors. He constantly compared the story of his sufferings to that of Christ, whom a cruel God, intensely feared by the patient in his childhood, had permitted to go a similar way. The Christ and Czarevitch identifications combine a comparison of misery and a compensation for it; for Christ and the heir to the throne are exalted figures. The same combination resulted in the patient's believing himself to be the favourite of Freud.

During this trying period the patient conducted himself in the most abnormal manner. He looked slovenly and harassed, and as if devils were at his heels, as he rushed from one shop window to another to inspect his nose. During the analytic hours he talked wildly in terms of his phantasies, completely cut off from reality. He threatened to shoot both Freud and me—now that X. was dead!—and somehow these threats sounded less empty than those which one is accustomed to hear. One felt him capable of anything because he was in such complete desperation. I realized how necessary and protective his megalomania had been: he now seemed plunged into a situation which

neither he nor the analysis could cope with. When the following dream occurred, with its good portent, I was relieved and surprised, and entirely at a loss to account for the change by any fact save the obvious one that the patient had finally worked his way through the unconscious material behind his delusions of persecution.

The patient and his mother are together in a room, one corner of whose walls is covered with holy pictures. His mother takes the pictures down and throws them to the floor. The pictures break and fall into bits. The patient wonders at this act on the part of his pious mother.

It was the patient's mother who, in despair at the child's irritability and anxiety, taught him, at four and a half years, the story of Christ. The result was that the little boy who had been unable to fall asleep because of his fear of bad dreams now exchanged these for a ceremonial which permitted him to fall asleep at once. It consisted in his going about the room at bedtime, crossing himself and praying, and kissing the holy pictures one after another. This ceremonial was the beginning of his obsessional neurosis.

In the dream I am the mother, but in a rôle contrary to the historical one; instead of giving the patient religion, I destroy it for him. What I actually destroy is the Christ phantasy, with all that it implies.

The dream of the next day was in substance a clarified wolf-dream.

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The patient stands looking out of his window at a meadow, beyond which is a wood. The sun shines through the trees, dappling the grass; the stones in the meadow are of a curious mauve shade. The patient regards particularly the branches of a certain tree, admiring the way in which they are intertwined. He cannot understand why he has not yet painted this landscape.

The landscape of this dream is to be compared to that of the wolf-dream at four years. Now the sun is shining: then it was night, always a frightening time. The branches of the tree where the terrifying wolves sat are now empty, and are intertwined in a beautiful pattern. (The parents in the sexual embrace.) What was fearful and ominous has become beautiful and reassuring. The patient wonders at his never having painted this scene before; that is, his failure until now to admire it.

This reconciliation to what formerly terrified him can only mean that he has overcome the fear of his own castration, and can now admire what others find beautiful—a love scene between a man and woman. So long as he identified himself with the woman, he was incapable of such admiration; his entire narcissism reacted against the acceptance of the implied castration. If, however, he has abandoned his identification with the woman, he need no longer fear castration.

As was to be expected, the patient had not made quite the progress present in the dream. The next day he brought a dream in which he is lying at my feet: a return to his passivity. He is in a sky-scraper with me, whose only means of exit is a window (see the original wolf-dream, as well as the dream just cited), from which a ladder extends dangerously to the ground. To get out he must go through the window. That is to say, he cannot remain inside, looking out, as in the other dreams, but must overcome his fear and go out. He awakens in great anxiety, looking desperately for another way of escape.

But the only other way out was through the acceptance of his own castration: either this, or the actual retracing of his childish steps to the scene which was pathogenic for his feminine attitude to the father. He now realized that all his ideas of grandeur and fear of the father and, above all, his feeling of irreparable injury by the father were but cloaks for his passivity. And once these disguises were revealed the passivity itself, whose unacceptability has necessitated the delusion, became intolerable. What

appeared to be a choice between acceptance or refusal of the feminine rôle was in reality no choice at all: had the patient been capable of assuming the feminine rôle and admitting his passivity to the full, he could have spared

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himself this illness, which was based on the mechanisms of defence against such a rôle. A second dream of the same night revealed the cause of the restriction of the patient's sublimations. Freud, to whom he is telling his ambition to study criminal law, advises against this course and recommends political economy.

The patient, whose father was a Russian Liberal, active in politics and economics, had always been especially interested in criminal law (he was a lawyer). But throughout his analysis he insisted that Freud always discouraged him in these ambitions, telling him to devote himself to political economy, in which he (evidently in reaction against his father) had no interest. Now I knew his idea about Freud to be incorrect, yet until this dream I had been unable to convince the patient of this fact.

His inability to be the father in his sublimations had made him project the restricting influence on to Freud. He was not to be allowed to make his own choice, but was instead obediently to follow in the footsteps of his father.

He now talked at some length about his need to sublimate his homosexuality, and the difficulty of finding a means. He was aware of having been hampered by circumstance and inner incapacity. It is true that in Austria to-day the opportunity for the type of work that interests him is limited, but he might have used his free time, of which there was a great deal, for study. Here his work inhibition prevented his development. Indeed, this man, who once studied with industry and intelligence, and read voluminously, had now for years been unable to read a novel.

The next series of dreams, immediately following, illuminates the father-son relation and demonstrates the beginning of freedom for the son. The submissive son stands in apposition to the patient, who shows the beginnings of a father-identification.

A young Austrian who has lived many years in Russia and lost all his money there visits the patient. This young Austrian now has a minor position in a bank in Vienna. He complains of a headache, and the patient asks his wife for a powder, not telling her that he requires it for his friend, out of fear of her refusing to give it to him. To the patient's surprise, she gives him also a piece of cake, which, however, is not big enough for both him and his friend.

Obviously the young Austrian is the patient himself. During his illness (the headache), he is treated with a powder, whereas the (healthy)

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patient receives, as an obvious reward, a piece of cake—the sublimation he so desires. But there is not enough for both of them; that is to say, there is only enough for the (healthy) patient.

The next dream reverted to the castrated father:

The patient is in the office of a doctor with a full, round face (like Professor X.). He is afraid that he has not enough money in his purse to pay the doctor. However, the latter says that his bill is very small, that he will be satisfied with 100, 000 Kronen. As the patient leaves, the doctor tries to persuade him to take some old music, which, however, the patient refuses, saying he has no use for it. But at the door the doctor presses on him some coloured postcards, which he has not the courage to refuse. Suddenly the patient's (woman) analyst appears, dressed like a page in a blue velvet knickerbocker suit and three-cornered hat. Despite her attire, which is boyish rather than masculine, she looks entirely feminine. The patient embraces her and takes her on his knee.

The patient's fear of being unable to pay the doctor's bill is both actual and satirical. He was in fact unable to pay Freud for his last analysis; on the other hand, he had formerly as a rich patient paid enough to feel somewhat justified in accepting gratis treatment now. In his earlier analysis 100, 000 Kronen would have meant nothing to him. But at the beginning of the year 1927, when this dream occurred, 100, 000 (gold) Kronen would have meant a fortune to the impoverished Russian. He still spoke in terms of Kronen, perhaps because the sums sounded so much larger, although Austria now had shillings. He did not know whether the 100, 000 Kronen in the dream represented 100, 000 gold crowns or ten shillings. Thus he was either so rich that 100, 000 gold crowns meant nothing to him, or else the doctor's bill of ten shillings was laughably small—presumably on the basis of his worth. In either case, the patient is able to pay his debt, though possibly only through the depreciation of both the currency and the doctor's value.

The round, full face of the doctor is opposed to Freud's, which had looked so thin and ill to the patient. This detail apparently represents an attempt to discount the illness of the father, although everything else in the dream tends to emphasize the fact of his castration and the depreciation of his worth. He is in reality the begging musician (see the dream on p. 458), but instead of trying to sell the music, he wants to give it to the patient. But it is really too worthless: the patient refuses it, only to be presented with the coloured (i.e. cheap) postcards. Certainly these are symbols of the gifts of Freud, now grown valueless to the patient. The meaning is clear: no gift is now sufficient to compensate the patient for the passivity involved in its acceptance. Thus at last gifts, which at the time of the patient's

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fourth birthday on Christmas Day, had precipitated the wolf-dream and, indeed, the entire infantile neurosis, and had played a leading rôle in all his later life and analytic treatment, were now robbed of their libidinal value.

The doctor in the dream is a particularly harmless individual; that is to say, he is castrated, or as good as dead.

The nature of the heterosexuality in this dream is historically correct. It will be remembered that the patient was seduced at an early age by his elder and always precocious and aggressive sister. This seduction activated his latent passivity, directing it toward the woman. Thus my boyish costume has several meanings: first, the historic one of the sister's aggression; secondly, my rôle, as analyst, of a father-substitute; and thirdly, an attempt on the part of the patient to deny the castration of the woman, and attribute a phallus to her. In the dream I resemble those pages on the stage whose parts are usually and obviously taken by women. Thus I am neither man nor woman, a creature of neuter gender. However, the attribution of the phallus to the woman turned into a conquest for the patient who immediately discovers her femininity and proceeds to make love' to her. Thus an additional purpose of her masculinity is disclosed: the patient has granted her the phallus in order to take it away from her, in other words, to castrate her in his father-identification as he has in the past wished to be castrated by that father.

It will be observed that this is the first dream where the hetero-sexuality of the patient, as well as a positive erotic transference, is clearly present. An element of identification with the woman is undoubtedly present, but the patient's leading rôle is a masculine one. Apparently only now has his father-identification become strong enough to enable him to develop a normal, heterosexual transference to me.

In the final dream of this analysis the patient is walking on the street with the second dermatologist, who with great interest is discoursing about venereal disease. The

patient mentions the name of the doctor who treated his gonorrhœa with too severe a medication. On hearing his name, the dermatologist says no, no, not he—another.

Here the final link was established between the patient's present illness and the gonorrhœa which caused his first breakdown. It will be recalled that the patient's mother had some pelvic disease with bleeding and pain, and that the patient as a child held his father, perhaps not wrongly, responsible for this condition. When, then, in the dream the patient mentions the doctor who treated him so radically,

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in contrast to his own conservative family physician, who had treated him all his life, he means Professor X., whose radical electrolysis supposedly worked much the same damage as that of the earlier radical treatment. When the dermatologist says it is not this man but another, he can mean only the father (or Freud), that unnamed one responsible for all treatment as well as all disease. That disease represents castration is obvious.

Only after this dream did the patient actually and completely relinquish his delusion. He was now able to realize that his nasal symptom was not a fact but an idea, based on his unconscious wish and the defence against it which together had proved stronger than his sense of reality.

His final restoration took place suddenly and in an apparently trivial manner. All at once he found that he could read and enjoy novels. He stated that up to now two factors had held him back from what once had been his chief source of pleasure; on the one hand, he had refused to identify himself with the hero of a book, because that hero, created by the author, was wholly in the power of his creator; on the other hand, his sense of creative inhibition had made it impossible for him to identify himself with the author. Thus he fell between two stools—as in his psychosis.

From this moment on he was well. He could paint, and plan work and study in his chosen field, and again take the general intelligent interest in life and the arts and literature which naturally was his.

Again his character changed, this time reverting to the normal in a manner as striking as that in which his delusion disappeared. He was once more the man one had learned to know in Freud's story—a keen, scrupulous and attractive personality, with a variety of interests and attainments, and a depth of analytic understanding and accuracy which was a constant source of pleasure.

He was at a loss to understand his own conduct. The concealment of the jewels, the casual acceptance of the yearly money, the petty dishonesties, were all a mystery to him. And yet their secret lay in his remark about his wife: 'Women are always like that—distrustful and suspicious and afraid of losing something'.

V. DIAGNOSIS

The diagnosis of paranoia seems to me to require little more evidence than that supplied by the history of the case itself. The picture is typical for those cases known as the hypochondriacal type of paranoia. True

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hypochondria is not a neurosis; it belongs more nearly to the psychoses. The term in this sense is not used to cover those cases where anxiety concerning the general health is the chief symptom, as in the anxiety neuroses; nor does it coincide with neurasthenia. It presents a characteristic picture, in which there is an exclusive preoccupation with one organ (or sometimes several organs), in the belief that that organ is injured or diseased. The head symptoms so common in early schizophrenia are an example of this type of hypochondria. Occasionally a slight illness affords the apparent basis for the idea of illness, which, however, is ordinarily present without any foundation whatsoever

in reality. It thus comes under the heading of a delusion. (In the non-hypochondriacal forms of paranoia any one idea may form the leading symptom. Indeed, paranoia is typically a monosymptomatic, delusional disease, classified according to the nature of the delusion—persecutory, jealous, or hypochondriacal. In its earliest forms it may frequently appear as the so-called Ueberwertige Idee; this 'idea' being of any nature whatsoever.)

Bleuler states that although text-books mention the hypochondriacal form of paranoia, he personally has never seen it. It will be observed that while the present case undoubtedly belongs to this category, nevertheless the hypochondriacal idea merely serves to cloak those of a persecutory nature behind it. Thus though the form is hypochondriacal, the entire content of the psychosis is persecutory. The patient maintained that his nose had been intentionally ruined by an individual who bore him a grudge. The possibility of unintentional injury was cleverly taken care of by this analytically-schooled patient, who remarked: 'Who can tell where unconscious activity ends, and conscious begins?' And he added that surely the leading man in his specialty could not be so poor a therapist. He then went on to blame himself for Professor X.'s anger at him: he had by his frequent visits and persistent questioning exhausted X.'s patience. If one regards the latent rather than the manifest content of this idea, one sees in it (1) the patient's construction of the persecutory situation, and (2) his awareness of his own responsibility for it. We know that the persecution is in reality the hostility of the patient himself projected upon his object. Indeed, the Wolf-Man had a particular talent for creating situations which lent themselves well to his feelings of distrust. At the age of twelve he had used so much of the medicine prescribed for his nasal catarrh that he had ruined his complexion; and the doctor was blamed for giving him 'too strong' a salve. In the course of his

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gonorrhoea he became dissatisfied with the mild treatment of his own physician, and went to another, who gave him 'too sharp' an irrigation. The judgement of one dentist had always to be checked by that of another, until it became inevitable that somewhere an error would be made. Indeed, when the patient finally made up his mind to have a tooth pulled, apparently under a compulsion to lose a tooth at this time, the extraction was performed on a healthy tooth, necessitating a second extraction later. Professor Freud told me that the patient's behaviour with dentists at this time was a replica of his earlier one with tailors, whom he begged, bribed and implored to work well for him, and with whom he was never satisfied. Here, too, he always remained for a time the customer of the particular tailor with whom he was dissatisfied. I would remark that not only is the tailor (Schneider) a common figure for the castrator, but that in addition the patient's early history had predisposed him to this choice. It will be remembered that the childish wolf-dream was based largely on his grandfather's story of the tailor who pulled off the wolf's tail.

The patient's statement that no doctor or dentist ever seemed to treat him properly is superficially to some extent justified. But when one examines the circumstances surrounding the long line of the patient's medical and dental experiences, one is forced to the conclusion that he himself demanded and facilitated bad treatment on the part of his attendants. Distrust was a prime condition of treatment. The normal individual breaks off treatment when he becomes dissatisfied with his physician; he certainly does not permit himself to be operated upon by some one whom he regards as his enemy. The passive nature of our patient makes every breach with a father-substitute difficult: his first attempt is to placate the assumed enemy. This attitude will be recalled from the earlier analysis, where his gesture of turning toward the analyst meant: Be good to me.

This same gesture, with the identical content, occurred in the course of the analysis with me.

Profesor X. was, of course, the chief persecutor; the patient had at once remarked that X. was an obvious substitute for Freud. In regard to Freud himself, the persecution was less evident. The patient blamed Freud for the loss of his fortune in Russia, but laughed at the idea that Freud's advice could have been intentionally malicious. It was necessary for him to seek out an indifferent but equally symbolic persecutor, to whom he could consciously and wholeheartedly ascribe the most vicious motives. There were, in addition, various minor persons by whom the patient considered himself imposed on, badly

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treated, and sometimes cheated. It is worthy of note that in just those relations where he probably really was imposed on, he was entirely unsuspecting.

The leading diagnostic points are, briefly:

1. The hypochondriacal delusion.
2. The delusion of persecution.
3. The regression to narcissism as shown in the delusion of grandeur.
4. The absence of hallucinations in the presence of delusions.
5. Mild ideas of reference.
6. The absence of mental deterioration.
7. The character change.
8. The monosymptomatic nature of the psychosis. The patient, when talking about anything except his nose, was entirely sane. The mention of that organ made him act like the classic lunatic.
9. The ecstasy experienced by the patient when X. removed the gland from his nose is not indeed typically psychotic, but is essentially non-neurotic. A neurotic may desire and fear castration, but he does not welcome it.

The hypochondriacal delusion cloaks the ideas of persecution, providing a convenient form for the content of the entire illness. The mechanism of condensation employed here reminds one of that in dreams.

VI. MECHANISMS

A word as to the mechanisms and symbolism of the psychosis. The nose is, of course, the genital; and it is a fact that the patient has always considered both his nose and his penis undersized. The wound is inflicted on his nose first by himself and then by X. The patient's failure to be satisfied by his self-castration reveals a motive beyond the usual masochistic one of guilt, which, regardless of the perpetrator, would be satisfied by the act itself. The further motive is, of course, the libidinal one, the desire for castration at the hands of the father as an expression in anal-sadistic language of that father's love. In addition, there is the wish to be made into a woman for the sake of sexual satisfaction from the father. I call attention here to the patient's hallucinatory experience in early childhood, when he thought he had cut off his finger.

Throughout the psychosis the 'veil' of the earlier illness enveloped the patient. Nothing penetrated it. A somewhat obscure remark to the effect that sometimes the analytic hour with me seemed the equivalent of this veiled state corroborated its earlier interpretation

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as a womb-phantasy. In this connection, the patient's idea that he occupied a kind of mid-position between Professor Freud and me is interesting; it will be recalled (p. 457) that he had had many phantasies about the discussions which Freud and I were supposed to have had about him. He himself remarked that he was our 'child'; and one

of his dreams revealed him lying next to me, with Freud sitting at his back. (The importance of coitus a tergo is again shown here.) In the language of the womb-phantasy, he is indeed partaking of the parental intercourse.

It is interesting to note the difference between the present psychotic mother-identification and the past hysterical one. Formerly the patient's feminine rôle seemed at odds with his personality; it was evident that he was playing a part. At times he was a man—as in his relations to women—although at other times, toward the analyst and other father-figures, he was obviously the woman. But now there was no dissociation: the feminine rôle had flooded his personality, and he was entirely at one with it. He was a bad, a petty personality, but he was not a dissociated one. A remark of Dr. Wulff, formerly of Moscow and now of Berlin, to whom I described the case, and who knew and attended the patient and both his parents, best illustrates this point. He said: 'He no longer plays the mother, he is the mother, down to the least detail'.

The elements of the mother-identification were striking. The patient began thinking about his nose after the arrival of his mother with a wart on hers. Fate played into his hands by permitting his wife to have the same blemish in the same place. His sister had had trouble with her skin and was, like the patient, troubled about her appearance. Worry about the complexion is in itself rather a feminine trait. The stereotyped complaint of the patient is directly taken over from his mother: 'I can't go on living like this any more'. The mother's hysterical anxiety about her health was reflected in the patient during childhood and later life, as for instance in the present illness in his fear of catching cold. Moreover, the patient's dishonesty about money was in part an identification with the mother whom he had so often and so unjustly accused of cheating him out of his inheritance.

Perhaps the height of the mother-identification was attained in the patient's ecstasy at the sight of his own blood flowing under X.'s hand. We remember his childish fear of dysentery and blood in his stool, following the complaint of his mother to the doctor about

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'bleeding' (presumably vaginal). The child thought his mother's pelvic disease the result of coitus with the father. Thus it was a passive coitus phantasy which caused the ecstasy when Professor X. took his instrument and removed the little gland. Obviously the element of giving birth, of being delivered, is also present.

The patient's most feminine trait was his trick of taking out a pocket mirror and looking at himself and powdering his nose. On the first occasion he borrowed his wife's mirror; later he purchased one, complete with face powder, behaving exactly like a woman in these days of mirrored compact powder cases.

If the nasal symptoms were a mother-identification, the dental symptoms were a father-identification, but an identification with the castrated father. Freud's operation was essentially a dental one, performed by a dental surgeon. Thus both Freud and the patient's own father, through his long illness and consequent incapacity, were in a sense castrated. It will be remembered that the servant whom the little boy loved so much (p. 482 of the 'Infantile Neurosis') had supposedly had his tongue cut out.

Although the present character-change of the patient was more profound than that of his childhood, it nevertheless resembled the earlier one. At three and a half years he had, as the result of the seduction by his sister and the consequent activation of his passivity, become irritable and aggressive, tormenting people and animals. Behind his tempers lay the masochistic desire for punishment at the hands of the father; but the outward form of his character was at that time sadistic. An element of father-identification was present. In the present character-change, the same regression to the analsadistic or

masochistic level was present, but the rôle of the patient was passive. He was tormented and abused, instead of being the tormentor. He now lived out his favourite phantasy of Peter the Great and the son whom he killed; and X. played into his hands at his very first visit by discussing with him another Czar and his son! The phantasy of being beaten on the penis was reflected in the delusion of being injured on the nose by X. No element of the father-rôle was present here. Just as the childish tempers were attempts to provoke punishment (in other words, seduction) from the father, so too were the persistent visits to X. and the constant demands for treatment which was obviously castration.

What Freud calls the patient's pendulum-like swing from sadistic to masochistic attitude is, he says, reflected in his ambivalence, present

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in all his relations. Thus both are the results of his strong bisexuality.

The libidinal significance of gifts runs like a red thread through the entire history of this patient. The wolf-dream which occurred just before the patient's fourth Christmas (and birthday) contained as a leading idea the expectation of sexual satisfaction from the father as the chief Christmas gift. The craving for presents from the father was the prime expression of the son's passivity. The idea of Freud's death was bound up with the (groundless) anticipation of an inheritance from him. This inheritance, especially during Freud's lifetime, had the significance of a gift, and roused just those feelings which Christmas had roused when the patient was a child. A similar rôle was played by the yearly sums of money from Freud: the unconscious passivity which remained unsolved after the first analysis found in these donations a source of satisfaction. Had the patient been as cured of his feminine attitude to the father as he seemed to be, these contributions would have been devoid of emotional significance.

A word as to the patient's attitude to the loss of his fortune. It may seem strange to us that he was able to accommodate himself so easily to the post-war conditions which completely changed his manner of living. But this element of indifference is due rather to nationality than to illness. Those who have come in contact with Russian refugees have been amazed at the rapidity of their adjustment. No one, seeing them in their new life, could guess how different the old had been.

VII. PROBLEMS

Certain problems arise from this case, which offers an unusual opportunity for observation by reason of the fact that we have the histories of two illnesses in the same person, both treated with apparent success by analysis. Successful treatment implies that all the unconscious material has been made conscious, and the motivation of the illness become clear.

The second analysis corroborates in every detail the first one, and, moreover, brings to light not one particle of new material. Our entire concern is with a remnant of the transference to Freud. Naturally this remnant implies that the patient has not been wholly freed of his fixation to the father; but apparently the cause of the remaining attachment is not the presence of unconscious material, but insufficient living-through of the transference itself. I say this in the face of the

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fact that the patient spent four and a half years with Freud and remained well afterward for some twelve years. It is one thing for the analyst to consider a case complete, and another for the patient to do so. As analysts we may be in full possession of the historic facts of the illness, but we cannot know how much living-through (*Durcharbeiten*) the patient requires for his cure.

One fact supports our assumption that the patient did not finish his reactions to the father in the course of his first analysis. This was the first case in which a time limit to the analysis was set by the analyst. Freud resorted to this after months and months of complete stagnation, and was rewarded by the decisive material of the case. Until the setting of the time limit the patient had been hardly more than prepared for analysis, little actual work had been accomplished. Now material streamed from the unconscious, and the wolf-dream in all its significance became clear.

When one remembers how glad patients are to retain one last bit of material, and how willing they are to yield everything else in exchange for it, one understands one reason for the effectiveness of a time limit in analysis. Perhaps sometimes the pressure actually brings out all that is there; but I can imagine that an inaccessibility which necessitates a time limit will most often use this limit for its own ends. Such seems to be the case with the Wolf-Man. It would have been useless to continue the analysis longer without the exercise of the one great means of pressure which we have—a time limit: our patient was too comfortable in the analytic situation. There was no way of meeting this resistance other than the removal of the situation itself. This resulted in the patient's bringing sufficient material to produce a cure, but it also enabled him to keep just that nucleus which later resulted in his psychosis. In other words, his attachment to the father was too strong: on the one hand, it would have prevented any analysis whatever, and, on the other, it made the patient inaccessible in his final stronghold.

Why the patient developed paranoia instead of reverting to his original neurosis is hard to say. It may be that the first analysis robbed him of the usual neurotic modes of solution. One asks oneself if the patient was perhaps always latently paranoid. A certain support for this belief is found in the hypochondriacal tendency displayed throughout his childhood, and in his shyness and seclusiveness at adolescence, as well as in his preoccupation with his nose at that time. But the fact remains that he at no time developed delusions

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or in any way lost his sense of reality. And the chief evidence against this theory is his conduct during his analysis with Freud. Certainly the transference brings no light, whatever mechanisms the patient is capable of producing, especially those of a paranoid nature; and, although one part of the childish obsessional neurosis did remind Freud of Schreber, nevertheless in the course of Freud's analysis there was never the slightest manifestation of any paranoid mechanisms.

I believe that the paranoid form of the patient's illness can only be accounted for by the profundity and consequent degree of repression of his attachment to the father. For the most part this fixation was represented by the many and varied neurotic illnesses of childhood and later life. These manifestations of his femininity proved curable. We know that the passivity of the man has three possibilities of expression: masochism, passive homosexuality, and paranoia; these represent neurotic, perverse, and psychotic expressions of the one attitude. And in our patient that part of his passivity which was expressed by his neurosis was curable: the deepest portion, which had remained untouched, went to form his paranoia.

The loss of the equilibrium attained after the first analysis was due to Freud's illness. That this should have been the case is not difficult to understand. The threatened death of a beloved person mobilizes all one's love. But the love of this patient for his father—represented by Freud—forms the greatest menace to his masculinity: satisfying it involves castration. To this danger the narcissism of the patient reacts with tremendous force; the love is partly repressed, partly converted into hate. This hate in turn generates the death-wish against the father. Thus Freud's illness, heightening the dangerous

passive love of the patient, with consequent increase in the temptation to submit to castration, brings the hostility to a point where some new mechanism is needed to provide an outlet; and this is found in projection. The patient simultaneously rids himself of part of his antagonism by attributing it to another, and provides a situation in which his own hostility finds its justification.

I believe that the insight won during the first analysis was responsible for the patient's final accessibility. Nevertheless, it seems improbable to me that analysis with a male analyst would have been possible. It is one thing to play the persecutor's rôle toward a female paranoiac—already castrated!—and quite another to play it toward a man for whom castration is still a possibility. It must be remembered that in the psychoses the things feared are actually believed in: the

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psychotic patient is afraid of the actual cutting off of his penis, and not of some symbolic act on the part of the analyst. Phantasy has become reality. Thus the situation is too dangerous for the patient. This is perhaps the one situation where the sex of the analyst is of importance.

By avoiding the homosexual transference the intensity of the transference, which is sometimes a condition of therapeutic success, is of course sacrificed. The entire effect of the treatment is risked. The case in question offered an ideal compromise on this point, because of the indirect contact with Freud due to the first analysis. For this patient analysis was Freud. It was as though just enough of the father's influence was present to be effective, without the additional degree which would probably have proved fatal to the treatment. It will be seen throughout the present analysis that my own rôle was almost negligible; I acted purely as mediator between the patient and Freud.

Two points seem to me worthy of particular emphasis. The first of these is the mechanism of the cure. I have no explanation for the final turning-point which occurred with the dream (p. 462) about the holy pictures. I can attribute the change only to the fact that at last the patient had sufficiently lived through his reactions to the father, and was therefore able to give them up. The modes of analytic therapy are twofold: the first is the making conscious of hitherto unconscious reactions; the second is the working through (*Durcharbeiten*) of those reactions.

The second point involves the primary bisexuality of this patient, obviously the cause of his illness. His masculinity has always found its normal outlet; his femininity on the other hand has necessarily been repressed. But this femininity seems to have been constitutionally strong, so strong, indeed, that the normal Œdipus complex has been sacrificed in its development to the negative Œdipus complex. The development of a strong positive Œdipus complex would have been a sign of greater health than the patient actually possessed. Needless to say, an exaggerated positive Œdipus complex often masks its opposite. On the other hand, even this reaction presupposes a greater biological health than that of our patient.

Whether the patient, who has now been well for a year and a half, will remain well, it is impossible to state. I should be inclined to think that his health is in large measure dependent on the degree of sublimation of which he proves capable.

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GENERAL PROBLEMS OF ACTING OUT

PHYLLIS GREENACRE, M.D.

Not very much has been written about the problems of acting out in the course of analysis, although they are most difficult to deal with, frequently interfere with analysis, and sometimes escape detection unless and until they become flagrant. Perhaps the earliest extensive discussion of acting out appeared in Freud's *Psychopathology of Everyday Life* (1901) under the headings, *Erroneously Carried-out Actions*, and *Symptomatic and Chance Actions* (1). Particularly the latter chapter included some illustrations of what was later called acting out. At that time, however, such actions were generally considered from the angle of what other elements in the current situation were being displaced onto and concealed by them, and less emphasis was laid on their significance in relation to the earlier history of the patient. Perhaps the most systematic description of acting out has been presented by Fenichel (2), who defined it tentatively as '... an acting which unconsciously relieves inner tension and brings partial discharge to ward off impulses (no matter whether these impulses express directly instinctual demands or are reactions to original instinctual demands, e.g., guilt feelings); the present situation, somehow associatively connected with the repressed content, is used as an occasion for the discharge of repressed energies; the cathexis is displaced from the repressed memories to the present derivative, and the displacement makes this discharge possible'. Fenichel notes that this definition does not adequately differentiate acting out from other neurotic activity, and emphasizes that in the former the quality of action is in itself especially conspicuous and important,

From the New York Hospital and the Department of Psychiatry, Cornell University Medical College, New York.

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and that it is generally a fairly organized activity, not merely a single movement, gesture, or mimicked expression. He further differentiates that by displacement and by rationalization it is generally ego-syntonic, and that it '... shares with transference an insufficient differentiation between the past and the present, an unwillingness to learn, a readiness to substitute rigid reactive patterns for adequate responses to actual stimuli'. Acting out, in other words, is a special form of remembering, in which the old memory is re-enacted in a more or less organized and often only slightly disguised form. It is not a clearly conscious visual or verbal recollection, nor is there any awareness that the special activity is motivated by memory. His behavior seems to the subject to be plausible and appropriate, although to the analyst and to the patient's friends it appears singularly disproportionate and inappropriate.

It would seem that in acting out there may be special problems in accepting and understanding current reality either because of 1, specific problems in the immediate real situation; 2, special persistence of memories of earlier disturbing experiences; or 3, an inadequate sense of reality. These also apply to the development of many symptoms and attitudes, but in the case of acting out there is a compulsion to reproduce repetitively a total experience or episode rather than to select some small part of it as a token representation. It may be translated into new terms or forms, but the experience in memory retains its original organization to an appreciable degree.

Fenichel notes the quality of motility or action¹ which pervades all acting out, as the very term states. He speaks of '... an allopsychic readiness—perhaps constitutional—to

act ...' as being one of the contributing factors, discusses the fact that being in analysis favors and utilizes acting out in the transference, and that the analytic process itself may somewhat stimulate acting out in predisposed individuals, in that it educates the patient to produce less and less distorted derivatives of his repressed impulses, while it mobilizes and provokes all repressed

¹The term 'acting' is used by Anna Freud in *The Ego and the Mechanisms of Defense* (Chapter II) in the sense in which 'acting out' is used here.

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impulses. For these reasons acting out is relatively more frequent in persons who are undergoing analysis. It is to be particularly guarded against when it occurs outside of the transference because it interferes with the analysis by discharging tensions in an unanalyzable way, and because it may create reality problems in the patient's life of far-reaching and detrimental import. It may be useful, however, to differentiate between neurotic behavior and neurotic acting out. Doubtless these two are related, but acting out implies organized activity which is generally based on a tendency to action, especially in those patients who show numerous instances of acting out during analysis. In dealing further with the subject of acting out, this discussion is limited to considerations of first, its genesis, and second, suggestions as to technique. It will be necessary to limit the discussion pretty much to habitual neurotic acting out in contrast to psychotic acting out in which the unconscious memories and attitudes take over the current situation so completely that the stimuli of the latter may be scarcely discernible. We would also differentiate isolated, occasional, or really symptomatic acting out during the course of analysis from those conditions in which the acting out is frequent, habitual, or characteristic of tendencies evident in the entire life of the patient. It is obvious that the impulsiveness is based on an inability to tolerate frustration, a special disturbance of reality and of self-criticism, the quality of marked motility or activity often of a dramatic character—all especially characteristic of the extremely severe neuroses, which sometimes appear perilously close to psychoses and the psychopathies. In the genesis of habitual acting out, Fenichel mentions oral fixation with its high narcissistic need and intolerance of frustrations, the heightened constitutional motility, the presence of severe early traumata (producing a repetitive, abreactive acting out similar to the traumatic neuroses) as being factors producing tendencies to action and therefore contributing to acting out. While all of these factors seem to me of

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undoubted importance, I would add two more: a special emphasis on visual sensitization producing a bent for dramatization (derivatives of exhibitionism and scopophilia), and a largely unconscious belief in the magic of action. The need for dramatization may be one of the factors which is most influential in turning tendencies to neurotic action into acting out, in that it predisposes to retention of the episode in memory as a scene or an organized memory rather than to the selection of parts of it for repetition. Such people often believe that to do a thing in a dramatic or imitative way—to make it look as though it were true—is really the equivalent of making it true. It is obvious that this works also to ward off with magic activity as well as to produce by imitative approximation.

It may be, however, that the common genetic situation which combines with or sometimes partly produces these characteristics, and the accompanying general tendency to act out, consists in a distortion in the relation of action to speech and verbalized thought, arising most often from severe disturbances in the second year and showing its effects in the following months as well. Repeated clinical observations of

patients who habitually acted out first led me to consider these relationships of speech and action: 1. Even when the action involved in acting out includes speech, the latter is usually secondary to the action which is the more important function. Sometimes the speech itself seems, through its own motor qualities of pitch and intensity, to participate in the motor discharge of tension rather than through establishment of communication or any distillation of the situation into thought. 2. In many patients who frequently act out in the analytic situation, such periods are characterized by an extraordinary large number of distortions of language—slips, malapropisms, spoonerisms, pseudoaphasias, and even a heightened tendency to punning and klang associations. In one patient in whom I was able to work out the origin of this disturbance rather clearly, the acting out in the analytic situation was often associated with a silly-sounding preoccupation with proper names, in various klang combinations, for all the world like the sound-mouthing

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explorations of a two- to three-year-old child. This had originally been used by the patient to ward off grief and anxiety at the age of four when she lost through death from lockjaw an older male cousin. She had turned to him with a displaced œdipal attachment after feeling deserted by both parents subsequent to the birth of a younger brother. Even earlier this child had frequently been taken by her nurse on daily walks to the nurse's home, and had been the passive witness of sexual scenes. She was warned not to tell, and gained much praise from the nurse for keeping the secret. A precocious and attractive child, predisposed anyway to an excess of adulation, she spoke early, well and clearly; but under the pressure of keeping the secret, she developed a special tendency to amusing prattle in which she made shrewd remarks, doubtless 'half-revealing and all-concealing' her secret. It seems probable that in this situation the child, who was thus already neurotically disturbed, incorporated her infantile concept of the disease, lockjaw, into her repetitive mouthing of variations of the cousin's name with such a cute effect that her 'mourning' by identification became an attractive joke, and the cornerstone of a disturbance of character development. She became a great practical joker, punner, and 'gag' producer throughout her life, and both talked and acted in order to avoid feeling.

The various types of association of word sounds, their relation to the period in which identity is established (with a separation of the self from the outer world, and an acceptance of the existence of two sexes), as well as their connection with names, and natural functional sounds is beautifully apparent in a book for children, *The World is Round*, by Gertude Stein. Examination of the psychogenesis of development proves that this is certainly a period in which speech and other motor functions, especially those of locomotion and of imitative action, may become subject to special complex involvements. It is my impression that the motility of acting out comes more from these than from inherently constitutional sources, at least in the sense of the congenital constitution. This is a period

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when both speech and walking are begun and are gradually being mastered. The orality of which Fenichel speaks is certainly important and has generally already been determined either by constitution or by the vicissitudes of the individual infant experience. It is certainly true that the orally frustrated child expresses its distress through heightened diffuse motility, and that oral frustration or special forms of indulgence may produce a general inability to tolerate other frustrations. It is also true that the persistence of oral demands may be but the most conspicuous focus of a general state of emotional tension during the first months of life, and that this is a source from which heightened disturbances at any later time occur. The special character of any

early oral trauma may further play into delay, distortion, or diversion of speech functioning.

During the second year of infancy, however, when mastery of speech and of the special motility of walking is being accomplished, sphincter control is also in process of establishment. Not infrequently speech and mouth movements become combined with or influenced by the expulsive sphincter movements of bladder and bowel, and the character of the speech is clearly marked with imprints derived from other body ejecta. General motor behavior, too, is influenced, but not so often involved in an inhibitory way, by the struggle for mastery of the body excretory processes. Activity seems rather to be increased by the effort to control the excreta, and the first communications in regard to these are generally in terms of gestures or infantile, often onomatopœic, terms which may persist strikingly well into adulthood.

It has seemed to me, then, that in those patients who tend chronically to act out there was often 1, more or less emotional disturbance in the early months of infancy with increased orality, diminished tolerance for frustration, and a heightened narcissism; 2, speech was inhibited, delayed, or otherwise disturbed in development relatively more than motor discharge which might progress well into walking, and in any event take over the burden of the increasing need for communication because of the greater tensions and pressures of the period of

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toilet training. It is, however, the disturbance of the function of speech, rather than merely of the form, which is important. In some instances the child learns to articulate very well, but the speech becomes degraded in its functioning, being used for exhibitionistic purposes rather than for communication. This emphasis on the cuteness of the speech with subsequent diminishing of its utility value may occur about equally in children with unclear speech and those with precociously clear verbalization, sometimes based on their amusing imitations of elders. In either event, speech functioning is exploited or even largely diverted into services other than those of communication. In other instances in which any slight uncertainty of speech was derided, an inhibition of speech and an almost complete dependence on action may occur.

Under either set of circumstances, there is an inevitable increase in rapport by looking. Dr. Anna Katan has verified (unpublished communication) the importance of repeated primal scene experiences in influencing acting out. In her experience, the child who is repeatedly subjected to primal scenes may undergo heightened visual erotization through participation by looking, but not infrequently by its crying excites the anger of the one or the other parent and so is drawn into active participation. This may, if repeated, definitely increase both the scopophilic-exhibitionistic elements of the character and the preverbal acting into the situation which later contributes to acting out.

Anyone who works much with severe neurotics becomes aware how much their communication is in terms of body language—whether of involuntary body tensions, gestures, transitory somatic changes, as well as acting out. All of these forms of communication, even when they appear within the analytic situation, are peculiarly difficult to analyze and may be obstacles to analysis, probably because they essentially belong to a preverbal form of thinking and represent an actual earlier difficulty in making this transition in the life of the child. The capacity to verbalize and to think in verbal terms seems to represent an enormous advance not only in the economy of

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communication, but also in a focusing of the emotions which are associated with the content of thought. This, I believe, is a very important consideration in understanding the problems of acting out.

While it seems that this disproportion between verbalization and motor activity is characteristic of most habitual acting out, it is apparent that its importance must vary greatly with the degree and type of acting out. It is always determined in considerable measure by the pressure of the specific content of the individual piece of acting out, which will then be reproduced repeatedly as it is elicited by current stimuli, as though to ward off danger 'by doing it first', or to repeat the past event as though 'to see it again' and prove it to be less noxious, very much after the fashion of the stages in the development of a sense of reality. Indeed, an incompletely developed sense of reality has appeared characteristic of many of these patients. But chronic or habitual acting out is a repetition of past events and an establishing of transference relationships with too great a burden, from the second year of life. Both are lived out and presented without the sufficient emotional equipment or the methods of communication that belong to later development. This symptom complex is intensified when, in addition, a weak and narcissistic ego persists due to other causes. In most instances this very narcissistic weakness of the ego, with its accompanying overdependence on dramatic activity rather than on work-directed activity as a means of expression, is associated further with tendencies to exaggerated and somewhat detached fantasies which, in turn, impair the sense of reality or at the very least jade the perception of reality.

In one of his early papers on technique (3), Freud discussed the subject of acting out, in accordance with the technical developments of that period (1914), and advised against encouraging it: 'Allowing "repetition" during analytic treatment, which is the latest form of technique, constitutes a conjuring into existence of a piece of real life, and can therefore not

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always be harmless and indifferent in its effect on all cases. The whole question of "exacerbation of symptoms during treatment", so often unavoidable, is linked up with this... [For the physician] recollection in the old style, reproduction in the mind, remains the goal of his endeavors... He sets about a perpetual struggle with the patient to keep all the impulses which he would like to carry into action within the boundaries of his mind, and when it is possible to divert into the work of recollection any impulse which the patient wants to discharge in action, he celebrates it as a special triumph for the analysis.'

Anna Freud (4), much later (1936), summarized the increased knowledge to the analyst of the analysand's ego reactions obtained from observations of acting out, but stated that this is peculiarly little usable for therapy, as in the very process '... the ego continues to function freely or if it makes common cause with the id and simply carries out its behests, there is little opportunity for endopsychical displacements and the bringing to bear of influence from without'. It seems probable that in these relationships lie the reasons for the therapeutic limitations of such methods as group analysis and the psychodrama, no matter how much they may relieve immediate strains and tensions. Anna Freud implies that habitual acting out cannot be analyzed.

It would seem that the three techniques known for the management of acting out are interpretation, prohibition, and strengthening the ego (Fenichel). These are applicable in varying degrees according to the specific nature of the acting out, the structure of the ego, and whether the acting out occurs inside or outside the analytic situation. Beyond the general prohibition against making important decisions affecting the analysand's life during the course of the treatment, prohibition of acting out is not easy. Analysis would

soon become little more than guidance among many prohibitions, provided the analyst were sufficiently astute to anticipate the exact nature of the dangers the patient would encounter; furthermore, since in its very nature acting out is ego-syntonic and the patient

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is not aware of its destructive nature, it comes to the attention of the analyst in most instances after its occurrence (if at all), and sometimes is not reported or only indirectly. Interpretation would certainly seem to be the method of choice, but it is inevitably limited to those patients who have reasonably well-integrated egos and those in whom the acting out occurs only sporadically and in accordance with especially laden earlier traumata which are being revived in the course of the analysis. It is my experience, however, that too early interpretation of some of these traumata will reactivate accessory or related ones, and may set in motion a temporary tendency to act out in a patient who previously has not done so. It may then be as much a question of the timing as it is of the accuracy of the interpretation of the specific memory content, the conflictful childhood situation, which is the nucleus of the later disturbance.

Another kind of interpretation is necessary, however, to strengthen the ego and develop adequate self-criticism, which must precede or overlap analysis of id contents in patients who engage in widespread and diverse acting out apart from the analytic situation. Generally such patients reveal these tendencies in their lives before they come into analysis—whether in the frankly impulse-ridden behavior which is apparent in the history, or in generalized restraint and inhibition which wall off and disguise the latent impulsiveness. Frequently in the latter cases, habitual acting out becomes apparent only after analysis is well advanced. This is especially true in patients who have suffered an infantile psychosis which has become encapsulated. Such patients must have extensive periods of analysis during which id contents are dealt with only as much as is absolutely necessary. Many such patients bring graphic and interesting dreams and seem to have a flair for understanding symbolism. Some interpretations may have to be given which may seem to be accepted but are utilized only for narcissistic gratification. It is the narcissism rather which needs most to be analyzed. Patients may seduce unwary analysts into working too quickly with this deeper material at a time

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when it cannot be assimilated by the patient, only increases anxiety, and may even be used as a justification for acting out in deeds or talk outside of the analytic situation. Such patients may tend to distort an interpretation into an authoritative direction, or take a dream as a portent.

In connection with a discussion of the forerunners of early anxiety (5), I made an attempt to describe my own methods of dealing with a group of patients many of whom showed this tendency to frequent acting out. Adding to the material of that paper, the following points of special importance in habitual acting out, associated with poor ego structure, seem worth mentioning. It is usually important that the positive transference should be especially well established before any id content is interpreted even though it may have been presented before. In many cases, there seems little difficulty in gaining a positive transference, as affectively hungry patients will form an immediate but too demanding type of transference and readily sense and exploit a sympathetic countertransference. Other patients will exhibit a rather showy type of positive transference which is, however, shallow and quickly reveals itself as too susceptible to acting out both in the transference and outside. Both types of apparently quickly

established positive transference need time for their solidification. Some of these patients certainly can never form a sufficiently firm transference to be analyzed.

Interpretation of the patient's narcissism must be begun early and pursued patiently. Among other narcissistic phenomena, the inability to distinguish fantasy from reality goals, and tacit reliance on magic are outstanding. The latter reveals itself in a special picturesqueness of language and behavior (to make it look as though it were true is to make it true), also in overplaying the significance of coincidence. Relatively soon it is possible to acquaint the patient directly with his overreadiness to act, and that this is one of his ways of warding off anxiety. This generally leads to his awareness of his basic state of tension and his susceptibility to anxiety which has been concealed by activity, spuriously rationalized as productive. It

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will become necessary at some time during the first months of the analysis for the patient to be acquainted directly with the evidences of his very early disturbances, manifest in his body language, symptomatic acts within the analytic situation and in behavior outside—not so much to understand at first the fully detailed significance of such behavior, but rather that he is using this as a way of communication and that it is robbing him of the possibility of a fuller possession of his capacity for expression. While it may be necessary to use an intellectualized approach about just these problems, this is done in order to cultivate the patient's self-scrutiny and self-criticism. If this is accomplished, the patient will begin to make his own prohibitions and much of the battle with acting out will have been won. This is accomplished only at the expense of considerable pain because of the narcissistic wounds and reductions involved, but may be compensated by a definite feeling of growing competence which is appreciated by the patient himself. Only when this is well under way can the analysis of the id be developed to the fullest extent.

There is still the question of how fully the contents of the preverbal period, which have given rise to and are sometimes contained in the acting out, can be converted into verbal (thought or spoken) expressiveness, and so relieved. That the general manner of the patient's expressiveness may be changed from acting out to verbalization has been proved in many clinical experiences. Some patients may always have to guard against tensions too great to be tolerable, never getting relief by working through the traumata of these earliest months to a degree comparable to what may be attained for those whose pathogenic conflicts have occurred in the period of verbalization.

One further consideration has suggested itself from the angle of the analyst's reaction to the patient who acts out. Fenichel mentions that some analysts provoke, enjoy, or encourage dramatic acting out in their patients and overstress its possible benefit as abreaction, rather than really analyze it. This seems quite occasionally the problem of young and inexperienced analysts, but may also occur among analysts who

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themselves tend to act out, either directly or in an inhibited form, and to enjoy this vicariously in their patients. This may be of greater frequency and importance than one might at first think. It occurs among analysts who display no overt acting out but who react as some severely restrained adults who enjoy and tacitly applaud the impulsive behavior of their children who dare to do what they themselves have not been permitted. This is seen strikingly in the parental attitudes which form the background of many impulse-ridden psychopaths. An attitude of overanxiety on the part of the analyst about the patient's acting out is frequently sensed and reacted to by the patient, who then unconsciously gratifies his sadism as well in the acting out and gets a spurious sense of power and independence through it. If the analyst behaves in either of these ways to

any appreciable degree, acting out will continue no matter how much its specific content is interpreted.

A final question, which may only be posed, is the relation of acting out to conversion hysteria. It is obvious that, symptomatically, acting out is very common in conversion hysteria. This diagnosis is made much less frequently than it used to be either because the neurosis actually does not appear so often or because we now tend to see in it a set of much deeper disturbances than we used to, and tend to group these cases rather with the narcissistic neuroses. It is a subject worthy of further study.

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**RANK, O. (1923) PERVERSION AND NEUROSIS. INT. J. PSYCHO-ANAL.,
4:270 (IJP)
PERVERSION AND NEUROSIS
OTTO RANK¹**

I

As Freud has shown in his analysis of the phantasy 'A Child is being beaten²', this imagined scene of beating, which is a typical phantasy, represents an infantile libidinal situation which manifested itself in a particular phase of the feeling concerned with the Oedipus complex and its repression. Driven by his libido-hunger, the child seeks first of all to get rid of the brothers and sisters who are his rivals for the love of the parent he prefers; to this end he invents a phantasy that they are being beaten, i. e. practically, being beaten to death. These impulses, however, the libidinal roots of which remain in the unconscious because they are proscribed by the ego-ideal as selfish and cruel and prevented from entering consciousness, are soon with the help of a sense of guilt turned against the self, which thus becomes the object of the beating phantasy. This second stage then finally becomes tertiary, endowed with libido on the basis of the so-called 'sadistic conception' of the sexual act and thus able to withstand the resistance proceeding from the pain it causes to the ego. This libidinal fixation upon the second stage in the development of the phantasy 'A Child is being Beaten'—pleasure at being beaten oneself—can find a typical outcome in the

¹Paper read at the Seventh International Psycho-Analytical Congress in Berlin, Sep. 25, 1922.

²INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS. Vol. I. Pt. 4.

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'masochist', whose complicated development Freud has described exhaustively with all his customary lucidity.

I will now try to present the general point of view upon which the Freudian conception of perversion-formation is based and see how far it can be applied to perversions in general and to their genesis. Comprehension of the masochistic perversion apparently results merely as a by-product of Freud's work, for what he actually analyses is the phantasy of a child being beaten, which in its various forms is undoubtedly highly common in normal persons.³ It would, however, have been as little possible to arrive at an understanding of the true meaning of masochism from this source alone as from the fully-developed perversion, apart from the fact that these normal, or alternatively, perverse forms of libido-satisfaction seem rather to withhold the ego from analysis than to lead it towards it.

As psycho-analytic investigations have already shown in the case of homosexuality, for example, the first and most important understanding of this perversion, as of others, was derived from the psychology of neurotics, that is to say, from the analysis of people who have not developed a complete perversion but have stopped half-way, so to speak, in a neurosis. When they seek the help of a psycho-analyst, it often enough happens that by solving the neurotic conflict he opens the way for the inhibited perversion-tendencies and even that sometimes, after having removed the neurotic inhibitions disturbing the life of the patient, he can see no better outlet for the patient's sexual life than to sanction, so to speak, the perversion-tendency which was already formed in him. This certainly need not always be the upshot of the analysis nor is it so even in a majority of cases. The ideal consists in simultaneously laying bare the causes of the neurosis and its symptom-formations and the causes of the fixation behind the perversion, thus making them harmless; in which process naturally analytic readjustment of the libido-distribution is of decisive importance. Indeed, the only source where a satisfactory understanding of the causation and meaning of perversions and the method of removing them is to be found lies in an analytic comprehension of the economics of the libido.

There is of course nothing new in this; on the contrary, it is merely repeating a very early analytic recognition which Freud formulated in his *Three Contributions to a Sexual Theory* (1905), in which he showed that neurosis may be regarded as the negative of the perversions. We are

3Cf. Anna Freud: *The Relation of Beating-Phantasies to a Day-Dream*. INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS. Vol. IV. Pt. 1—2.

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here again emphasizing this well-known view, merely because the meaning of this terse formulation has not been fully comprehended and has even been to some extent misunderstood, which has gradually led to a sort of indefiniteness in regard to the very principles in which clear-cut delimitation was especially desirable, since they represent an advance not only in our knowledge but also in therapeutic possibilities.

As it is, we still hear mention made of the 'homosexuality', for example, of patients who have never shown a trace of manifest tendency to inversion, but who have perhaps betrayed in their analyses repressed features of the feminine-passive libido-attitude towards the father; we read of 'exhibitionism' in pathologically prudish women, whose pleasure in exposing themselves has been repressed to the point of forming a neurotic symptom, and we are practically asking outsiders to believe in the 'sadism' of cases in which even the analytically-experienced observer is first of all forced to see nothing but masochistic wishes—possibly the desire to be beaten.

To you particularly it may seem that I am tilting at a windmill, as though I am trying to bring home to you the difference between conscious and unconscious, or between

manifest and repressed phantasy-creations. But apart from the fact that is not a bad thing to remind ourselves occasionally of the alphabet of our very complicated 'primal language', I have too often actually in analytic discussions and publications observed that this hazy (or as we in Vienna should say 'sloppy') use of our terminology represents something more than vague thinking, namely, that it is the expression of a helplessness in regard to certain phenomena which, it seems to me, can be cleared up by means of a few simple reflections.

A first difficulty probably comes from the fact that analysis borrowed these designations for the perversions, with which for therapeutic reasons it was obliged to occupy itself, from descriptive psychiatry (Krafft-Ebing) which in its time rendered a great service that ought not to-day to be underestimated, in collecting, sifting and naming phenomena which until then had been referred to only in 'curious' literature. Since this borrowing has actually taken place and the few attempts to substitute strictly scientific terms, such as *algolagnia*, for example, in place of such semipopular ones as sadism and masochism have failed, I should strongly recommend restricting the use of these adopted terms to designate only what they formerly meant, namely, the manifest expression of the perversions in question. You will, of course, at once ask how we are to designate those traces and signs of perversions discovered by analysis

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in the unconscious of those people whose sexual life exhibits no perversion according to this strict terminology. Perhaps some will wish to hold to the easy expedient of speaking sometimes of 'unconscious' or 'repressed' homosexuality, exhibitionism or masochism, etc. Now I am of the opinion that we have not the right simply to transfer the terms for the perversions from the field of description to the realm of the unconscious where, as we all know, different laws rule, particularly since it is in the latter field that we shall be able to discover the elements out of which the manifest phenomena have sprung.

I consider therefore that a clarification of the problems which lie concealed behind our borrowed nomenclature is above all things desirable; judging from similar experiences, it may then appear that what we, as a matter of habit, are designating collectively as 'perversions' represent in the sense of our metapsychology very varying mechanisms and totally different kinds of libido-satisfaction. In this sense the terminological starting-point of our discussion is to be interpreted far more broadly, since we shall then be approaching under a purely descriptive heading an accumulation of various forms of libido-expression which differ in dimension. What psychiatry embraces under the term 'perversions' show themselves on deeper analysis as representing very various stages in development, and having their sources in the corresponding psychic system. Moreover, the most various accretions to these sources and trends later supervene, and finally the latter make their appearance in various ways in the superficial outer aspect of the psychic life in the forms we already know descriptively.

II

In Freud's analysis of the beating phantasy we are able to recognize not only the early unconscious phases and material used in the formation of a masochistic perversion, but also the important insight (so often neglected on account of easily comprehensible resistances) that what may strike us as a congenital type of libido-satisfaction in the pervert is actually the end-process of an extremely complicated libido-development and work of repression, which often terminates in a neurosis; certainly this result is sufficiently frequent to teach us that we should follow up and attempt to understand the paths of perversion-formation and fixation. We see that perversions may be likened to a

floating iceberg, of which the smallest and least dangerous part is visible; while its dead weight—like that of the ship it threatens—is hidden under the surface,

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and the enormous 'repression' exercised on it by the water alone causes its point to appear above the surface, so that it does not reveal its full elemental force until it strikes an obstacle.

Since I here intend only to emphasize a few important theoretical points of view I must refrain from demonstrating by examples from analysed cases of the various perversions out of what prehistoric phases of libido-development they descend, like petrified deposits lodged in the conscious sexual life of the person concerned. Moreover, this task is to a great extent rendered unnecessary by psycho-analytic researches based upon Freud's theory of sexuality. We need only, for example, remember the almost exhaustive elucidation of homosexuality which we owe to analyses of neurotics to admit that it would be more justifiable to name manifest homosexuality after the 'complexes', or more correctly, after the mechanisms out of which it originally sprang, rather than inversely, as has so often happened up to now, to designate with a carelessness which becomes more and more fatal these complexes and mechanisms as 'homosexual'. Among other causes for the fixation of inversion we are familiar with the simple mechanism of what is called the flight from incest, which is naturally founded on a particular attitude, possibly also on a particular predisposition, and leads to alienation from the opposite sex and to an attachment to objects of the same sex. I think I need not here describe⁴ these mechanisms, which are equally valid in both sexes, more closely; but I will emphasize once more that we owe our understanding of them to neurotics who are not manifest homosexuals but who show the same mechanisms as the homosexual—particularly that of identification, which is so important for homosexuality—and who have come to a dead-lock in symptom-formation and so become accessible to analysis. I shall here further mention female homosexuality (the genesis of which in one case Freud has shown us⁵) because, having had less experience of it, most analysts appear to have less certain knowledge about the mechanisms of the female tendency to inversion than about male homosexuality. In a series of analyses of neurotic women, some of whom plainly showed actual homosexual traits, I can personally confirm only one fundamental mechanism, that which we call 'defence against incest', which out of the original normal sexual type of Oedipus-attitude and by means of the emotional interplay of love and hate towards

⁴See Freud's concise summary: Certain Neurotic Mechanisms in Jealousy, Paranoia and Homosexuality. INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS. Vol. IV. Part I.

⁵INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS. Vol. I. Part 2. 1920.

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both sexes—father and mother—gives an appearance of a 'homosexual' affective fixation. This can be resolved by making conscious the sense of guilt motivating it and by the abreaction of it. The apparent fixity of a libido-displacement of this kind, which is one result of the defence-mechanism, often leads analytic observers mistakenly to elevate this apparently insurmountable libido-fixation into a scientific and therapeutic dogma.

If this holds good even to-day for neurotic fixations in regard to persons of the same sex, so that they are just summarily labelled 'homosexual' without any attempt to discover a fundamental genesis and resolution of them, how much more true is it for other less thoroughly investigated kinds of perverse libido-satisfaction. To judge from

the present rate of acceptance and application of analytic knowledge, it will still be some time before, for example, the Freudian solution of the so-called 'masochistic' attitude will have found its way into terminology, technique and therapy. Nothing should be called masochistic offhand, and treated as such, until it has been incorporated into its place in the general libido-system in accordance with Freud's exposition of it, whereupon all necessity to call it masochistic generally vanishes.⁶

This is still more plain in exhibitionism, which has been investigated⁷ analytically least of all, although—or because—it would seem best suited to illustrate the point of view presented here. When its unconscious and preceding stages have been analysed classical exhibitionism shows itself as a final, far-removed end-result (or, in view of the infantile factor involved, as a return to a previous stage) of an extremely complicated libido-development, which takes place in the period between the infantile pleasure in exposing the body and the appearance of the perversion itself. The whole process, which in the neuroses corresponding to this perversion

⁶Whereby it must not be forgotten that a part of the gain by illness which the sufferer draws from his symptoms is regularly 'masochistic', that is, specifically of a libidinal nature, and that this 'gain' is bound to appear in some form during the process of analysis. The line along which this generally occurs is in resistance, which of course always goes before the exposure of the symptoms, and in this way it is possible for the patient to substitute his suffering during the analysis for his 'masochistic' satisfaction.

⁷This in spite of Sadger's honest and industrious work: *Psychopathia sexualis auf analytischer Grundlage*, Vienna, Leipzig, 1921, which, with all its superiority over previous expositions on this subject, suffers from the fact that it remains on the level of analytic description and unduly neglects the dynamic and economic aspects (stratification).

⁸It seems to me important from this point of view that in dreams 'homosexuality' is so often represented by 'reversals', because the mechanism of the homosexual attitude presupposes a reversal of the Oedipus affect.

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we can and must make conscious, remains in perverts in the unconscious; the perversion itself represents a condensed mechanism of satisfaction which has been put together out of the most varied libido-currents, behind which not only exhibitionistic but all kinds of other trends may be concealed. The analysis of 'exhibitionistic' traits shows incontestably that the so-called 'perversions'—just like dreams—merely constitute various ways in which a gratification of libido can be attained, by means of displacement and condensation, secondary elaboration and particularly by representation through opposites, ⁸ and that often enough the content of this libido-gratification has been able to find a suitable outlet only in the perversion in question.

III

Before drawing any conclusions in regard to these conceptions I will now very briefly, more by way of illustration than instruction, present a few points from the analysis of an hysterical girl, which may lead us better to understand the roots out of which exhibitionism can grow in certain given circumstances.

The patient, a girl who for years had suffered from various conversion symptoms, brought for analysis certain dreams which can literally be called exhibitionistic; she constantly saw herself lying completely naked, generally in the street, and trying to attract to herself the gaze of the great number of men passing, in which, however, she never succeeded. Her principal dream was practically perennial, and had for years represented the only sexual satisfaction of this quite virgin girl; after great resistance she

described her bodily position in it as a sort of 'arc de cercle', an arching of the back with protrusion of the genitals, accompanied by sexual orgasm and satisfaction.⁹ We see here, therefore, a fully manifest perversion as a manifest dream-content ; the conscious repression of the exhibitionistic impulse was so powerful, however, that the patient could only call up these changing dream-situations in the course of analysis after the

9Just as I write the above a newspaper report has come to my notice which mentions the arrest of an exhibitionist who had engaged a large number of young girls for indecent exhibitionistic dances; among their positions the 'arc de cercle' played the chief role. Apparently, then, this is a widespread and typical exhibitionistic position.

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greatest resistances it is possible to imagine—silences lasting a quarter of an hour, or like an inverted Salome, after hiding herself under numberless coats and covers, etc. This truly 'exhibitionistic' dream, in contrast to the typical nakedness-dreams of normal persons but like those of perverts, contained no sense of shame and thus indicates that the desire to expose herself came to full expression in the dream. At the same time the repression pertaining to it manifests itself as a resistance in accordance with the mechanism of neurosis and seeks to obtain its pleasure in a 'masochistic' form during the analysis, which, as a 'psychic' exhibitionism, has undergone a corresponding libidocathexis.

If as a result of our analytic recognition we are to conceive of perversions as the manifest expression of various repressed libidinal trends, then perhaps this exhibitionistic dream may serve literally as a classical example for a study of the unconscious roots of exhibitionism, if we can succeed in reconstructing its latent content. The key to the understanding of this dream was found at a rather advanced stage of the analysis in the roots of the neurosis in the infantile Oedipus-attitude. The associations always led back to a childhood-scene in which the patient was two years old, when the father beat her older sister on the buttocks with a stick. This early harmless experience had later on—obviously in conjunction with her troubled family life—had quite special consequences. When she was one year old her mother died, and her father soon after married again (stepmother); in her second year the above scene took place, being thus the second trauma taking the form of a libido privation in the patient's young life (preference shown to her sister). When she was between three and four years old, her father died (fresh privation for the libido); and when she was five her stepmother married again and she soon after acquired a stepsister. Enough serious shocks in the life of a five-year-old child. Nor were her later experiences very fortunate, although she herself, like patients with a traumatic neurosis, constantly sought to reproduce or to exaggerate the situation of being passed over (by the father) which had been realized in a libidinal form in the beating-scene of childhood. Her actual neurosis broke out in puberty when the priest showed quite openly a preference for her sister—at a time, that is, when reality comes to the point, so to speak, of confronting the maturing individual with a situation which in the form of wish-phantasies has been stores up for repetition in the unconscious.¹⁰

10I am inclined to think that the pathogenic strength of what are called traumatic experiences consists in the difference in tension between the factor of privation, or alternatively, of sense of guilt that the real experience brings with it when it recurs (for instance, in the actual death of one of the parents) and the factor of the wish underlying the phantasy that is later realized. In other words, that only those—mostly typical—

experiences have a traumatic effect which correspond to phantasies—also mostly typical—that have become unconscious.

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Without going into the development of the neurosis out of this Oedipus-constellation, I will point out the meaning that the exhibitionistic dreams represented for the patient's sexual life and their corresponding transformations in the course of the analysis. A first understanding of the unconscious roots of the manifest exhibitionistic dream followed after substitution of exposure of the anus for the conspicuous display of the genitals in the dream—an interpretation which lay very near, through the direct connection with the childhood-scene related and with the associations clustering about it. The many men, as usual, took the place of the one man emotionally—libidinally—marked out (secret with the father) and her wish that her father should notice and look at her (instead of her sister) had like her position been reversed into the opposite: he does not look at her. At the same time the substitution of the genital for the earlier form of exposure corresponds to a further stage in development of the maturing libido, but, however, involving also the return (characteristic alike for the neuroses and perversions) to an early infantile auto-erotic level of satisfaction and the resultant infantilization of the genital function. In accordance with this, the patient's dreams in the course of the analysis pass back over the passive pleasure in exhibiting herself to the active exhibition of the earliest pleasure phase (washing, masturbation) which is genitally, even masculinely experienced (urinating like a boy). This stage in the analytic backward progress culminated in the following dream:

One boy out of a lot of boys was urinating against me. I put up an umbrella as a protection, but Frau W. was there too and she also wanted to protect herself. I said, 'It can't be done', for there was a storm which always blew the umbrella to one side, and then I went away.

Frau W. had actually later on taken her mother's place, and the patient associated with her a childhood-scene in which she did not wish to urinate in the W. C. because it was 'too high', and her stepmother called to her to let down her drawers and got angry because they were wet. So she wants to urinate like a boy, but it can't be done. At this point in the analysis a second dream of the same night which had been forgotten occurred to her:

She saw a boy, whose suit was too short behind, and who was trying to cover the resulting nakedness. He did not see his mother—or she did not see him.

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The dream brings back clearly the childish wish to be like a boy, and the shame at not having a penis and at having to conceal this lack, which normally determines the greater part of the modesty which we so prize as a feminine quality and which is so completely disavowed in exhibitionism. This connection between exhibitionism and the castration phantasy enables one to understand why classical—genital—exhibitionism is found predominantly among men, whereas normally women permit themselves to show all their other charms. This sort of exposure, however, when it tends to perversion at most deserves the name of an exhibition-substitute. The dream under discussion is now seen to be a typical nakedness-dream with the appropriate sense of shame, including its source—the castration phantasy;¹¹ it shows that the large number of boys with whom the patient had identified herself in her childhood had in her later dreams become the onlookers whose attention she wished to draw to herself. In the first dream she does not see these boys, only the one who is urinating, just as in the second dream the other exhibitionistic boy is not seen by the mother. Here the sense of shame appears simultaneously with the elements of prohibition and guilt which culminate in the

infantile beating-scene and in the ensuing 'masochistic' attitude. Whereas these libidinal phantasies show themselves in her neurotic symptoms, i. e. in backache (beating and child by the anal orifice), headache (father-identification), and nausea (pregnancy), her latent exhibitionism plainly springs from a different source, out of the early infantile (narcissistic) genital libido-cathexis, which usually, before the stage of female object-libido is reached, takes the form of envy of the penis and fear of castration. According to Freud's observations¹² the little girl regularly goes through a phase in which she envies the boy his penis. This phase is normally succeeded by the identification with the mother and the simultaneous libido-transference to the father: the stage between consists in an attachment of the libido to the bisexual anal zone (cf. equivalence of child—faeces—penis) which finally ends in desire for coitus and a child (boy!).

The case of our patient confirmed the view that it was the numerous, premature and severe libido-privations, rather than an original overstrong wish for a penis, which forced her to regress to earlier narcissistic satisfactions and in this way caused her to become fixated upon the penis-wish. Even when a woman's development is quite normal at the outset,

¹¹Thus it comes that nakedness can frequently be represented in a dream by a slight defect in the clothes, by the lack of a button, for example.

¹²Tabu der Virginität, Sammlung kleiner Schriften. IV. Folge, S. 245 ff.

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a wish for a penis which has been outgrown can be reactivated as soon as a subsequent libidinal disappointment occurs, for example, in the relationship with the father. The wish to be a man, i. e. to have a penis, then regularly means a protest which is not merely a libidinal one, 'I don't need you', but which at the same time on a deeper level contains an identification with the loved father, and constitutes an endeavour to replace the loss of him in this way. Our patient had of course actually—not only libidinally—lost her father, a circumstance which had induced a premature identification in her before the normal desire for a penis had become taken up in the feminine attitude towards the father. These two factors of time and of content determined, so far as I could see, the fixation on the desire for a penis; and also brought about the 'isolation' of this wish, which preserved it from being elaborated and worked off, even in the neurosis. A premature isolation of this kind of an infantile narcissistic libido-situation seems favourable to the formation of a perversion, although in the case of our patient it only produced a latent tendency in this direction.

It might be said that her budding exhibitionism became prematurely neurotic, that is, was brought into the service of her over-strong object-libidinal tendencies and therefore took on pseudo-exhibitionistic neurotic forms. Looked at from this angle, her exhibitionistic libido reveals its purpose, which is to draw the father's attention to herself: 'he must look at me, not at my rival, and he must do it in the anal way, as he does to my rivals (sister, mother) so that I may get a child (like my mother) by being beaten (like my sister).'¹³ This is one (object) libidinal current in the Oedipus attitude; the other represents the denial of these tendencies resulting from the privation which has been defiantly accepted by the ego (masculinity complex). 'My father did not pay any attention to me, therefore other men need not do so either'—the men in the dreams were not to look at her—'so that they shall not see that I am a woman; for I wish to be a man, don't wish to have a child from my father, but would much rather have a penis and am ashamed of being castrated.' The patient did not, therefore, successfully reach the point of substituting

13The phantasy of being beaten is of course at once an expression of both guilt and punishment. The patient had sometimes behaved improperly at school (pulled her skirts too high, etc.) in order to be beaten. During the analysis she dreamt that she was in a shop and was stealing some women's underwear. Underclothes had kept a sort of fetishistic meaning for her from the time of the childhood-scenes of beating. In other dreams she wet her drawers in an infantile fashion, so as to be able to expose herself and be punished for it.

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the object-libidinal wish to have a child for the early infantile-narcissistic desire for a penis, a circumstance which may well be connected with the early loss of the father and the disappointment of the object-libido. As an expression of this conflict a picture remembered by the patient played a great part in the analysis; in it a woman was lying dead with a child sitting on her lap, and the child, according to the patient, produced the effect of a penis.

After this we may interpret our patient's latent inclination to exhibitionism as an over-determined detail of a strongly repressed phantasy of beating, which under the weight of repression had been retained as the single lasting libidinal satisfaction. In the phantasy of beating the (feminine) wish for a child is repressed in favour of the (masculine) wish for a penis, which, however—in our case—was not powerful enough to lead to the full perversion of narcissistic exposure of the is evident that object-libidinal tendencies are interfered with and partly paralyzed by 'perverse' trends proceeding from the narcissistic ego, but that in the case of our patient neither side was completely victorious. This makes the case so complicated, but nevertheless gives it its instructive character enabling us to recognize so clearly the conflict between narcissistic and object-libido.

IV

We seem now to have come back by the circuitous route of this analysis to the familiar view of the perversions which defines them as forms of libidinal satisfaction outside that of the normal sexual goal. By reference to their infantile origin Freud has enabled us to understand this characteristic of the perversions. They correspond to fixations, or alternatively, to regressions to former stages of development at which not merely the normal sexual aim, but also that which it presupposes, the difference between the sexes, is still either unknown or not accepted by the child. At this infantile stage, the child does not differentiate between libidinal relationships to its own or to the opposite sex ('homosexuality') and is therefore able to obtain the highest degree of pleasure from such a thing as exposing himself before others, or from a quite remorseless indulgence in egotistic and cruel impulses (beating). The following fact, however, which is familiar to us from the psychology of neurotics is noteworthy and,

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as it seems to me, not unimportant for the mechanism of the fixation of these uninhibited instincts towards perversion. At a time when the child is still getting auto-erotic and narcissistic satisfaction in the uninhibited activity of all its instincts, it yet recognizes unbelievably early (on the basis of the identification mechanism) that goal of libido-satisfaction which the adult, as we know, likes consciously to put forward as the aim of his own sexuality, namely, that of having children. It is actually possible to observe in children's development how very early the auto-erotic instinctual activities become subservient to this 'grown-up' tendency, and according to the extent to which this fusion is successful we can recognize from the result what the preliminary conditions for the development of perversion, neurosis or normality are.

Soon after it has become freed through the act of birth from the microcosmic biologic system of things and has learned to direct its instincts towards self-maintenance, the

child is again immediately forced into the larger biologic system of things—in that it prematurely, by the mechanism of identification, adopts into its immature sexual system the adult's sexual goal, which, however, also serves the process of self-development. To get a child from the father like the mother, to identify itself with the mother, so as to participate in the much-desired exclusive love of the father, is actually the sexual goal of children of both sexes, though often only shyly admitted and always soon deeply repressed. Out of this conflict, brought to light by analysis, the infantile libido-development of the child acquires its pathogenic strain ('the Oedipus complex') which according to circumstances may lead to various forms of neurosis or perversion.

The child seems to be doomed biologically—and our conventional education contributes its share to this—to wish for the adult sexual goal, a child, long before he is able to grasp where children come from, and, because he himself is not capable of having one, long before he wishes to understand it. The famous question where children come from, which children proverbially ask among a crowd of varied queries long before they can consciously formulate it, is nothing but an expression of this conflict, and really means: 'I can't imagine where babies come from, because I can't or don't have one myself.' With an attitude of this kind the negative reaction against already existing or newly-arrived brothers and sisters becomes comprehensible; the child simply denies their right to existence, because he does not know where they come from¹⁵—anmdash;an

¹⁵One patient told me that after a difficult labour which necessitated her being a long time under an anæsthetic she did not feel her child to be her own at all, because she had been unconscious when it was born. She had not been able, even in this entirely adult situation, to fulfil her old childhood wish at last to know where children come from. This point of view may perhaps throw a light on many problems of the process of birth which appear to be purely physiological.

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attitude which, as we know, our government authorities reproduce in only recognizing the existence of persons who are able to produce a birth certificate.

This 'dangerous age' in children can perhaps be most simply characterized by describing it biologically as the point of contact between individual and generative tendencies, and psychologically as the first conscription of libido into the service of the idea of propagation. Propagation itself is certainly a biologic fact, strictly viewed it is actually biology itself. This, however, should not prevent us from recognizing that in the exaggerated emphasis which our culture lays upon it it is actually the scientific formulation of an infantile theory of sex.¹⁶ For the adult neither the child nor propagation is usually the conscious sexual aim, but rather the actual sexual act which consists in the union of the two sexes, and itself in turn serves only a deeper narcissistic libido-satisfaction. The view that the purpose of the sexual act is propagation is a post-hoc conclusion, which even the child in complete ignorance of all the premisses and laws of logic draws from appearances alone on the basis of a libidinal identification. Since the act of union between father and mother remains unknown to the child, it naively substitutes the conjectured product of the act, a child, for the act; and so it remains libidinally fixated to the wish for a child, which, in contrast to the sexual wish represents something tangible and permissible, and so dominates the phantasy-building activities of childhood. Just as their child provides the parents psychologically with satisfaction both for their narcissistic (enlargement of the ego) and their object-libidinal trends, so at the same time it itself is biologically the clearest evidence of the conflict between individuation

16From the viewpoint of the history of civilization some interesting remarks which would also illustrate this conception might be made about the scientific recognition of the reproductive processes and the unconscious repressive motives which have been operative in this matter. In view of the above discussion it certainly seems to me worthy of note that natural science is engaged upon disposing of these 'infantile sexual theories' bit by bit. Recent investigations about sexuality in mushrooms by the Würzburg botanist, Hans Kniep, and the French scientist, Mathilde Bensaude, have not only proved that the connection between the sexual act and the processes of reproduction and increase is essentially limited to the higher organisms, but also have clearly shown that reproduction and increase proceed more or less independently of the actual sexual act.

17From another point of view, a considerable part of the ego-development is contained in the wish for a child; this is particularly noticeable in its negative form in the psychology of only children; in the case of brothers and sisters, the restrictions forced upon the ego by the outside world are helpful to the growth of the ego as well as to the harmonious development of the reproductive libido which finds expression in the wish for a child.

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and generation; and these tremendous properties then make the desire for a child that is taken over from the parents into such a highly valuable libido-symbol for the unconscious. Apart from these primal sources which are founded on biology, this early infantile desire for a child can then be explained by the impossibility of its realization by the child. It is in this way destined to remain the most intense of all wishes, because it constitutes the most insuperable obstacle to complete identification with adults (the parents). The tendency of the child to identification comes to grief as a rule—one might almost say fortunately—on this wish to have a baby and forces him instead towards development of the ego in the period up to maturity. The development of the ego is threatened by his clinging to this repressed wish for a child, which thus often leads to neurosis.¹⁷

In accordance with this suggested interpretation, the wish for a child, which is later permitted to establish itself in consciousness in the form of the idea of propagation, may be regarded as a sublimated product of incestuous libido; and perhaps it is from this first biologically motivated displacement, among other peculiarities which we will discuss below, that the libido draws its disposition 'never to be satisfied', which is such an essential peculiarity of homo sapiens. As in all infantile sexual theories, there is also in this one (according to which libido is merely a means of getting children) a kernel of truth, which however is only too readily put forward by the adult as the whole exclusive truth, contrary to biologic and still more to psychologic evidence.

If we remember that by means of his perversion the adult pervert returns to a form of narcissistic libido-satisfaction, if indeed he has not always been fixated at this stage, we must ask ourselves what the meaning of this regression may be. Even in the period of uninhibited satisfaction of his instincts, when the child behaves in what Freud has called 'polymorphous perverse' fashion, he has already, as analysis has abundantly shown, attained more or less to the adult goal, culminating in the wish to give the father a child and in this manner to penetrate into the secret of reproduction which really contains the deepest meaning of the child's famous question. The normal person maintains this infantile wish

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almost unchanged, only, instead of the libidinal ideal, which corresponds to an identification with father or mother, up to the time of maturity he substitutes for it the

ego-ideal of manliness or womanliness, respectively, which later again can easily be fused with the wish to have a child that during the period of development had been in abeyance.

Perverts, on the other hand, are fixed in a phase of libido-development which enables single component-instincts again to be gratified purely narcissistically, while actually excluding the one infantile libidinal aim—namely, the wish for a child—the purpose of which was served at that early period by these component-instincts. The pervert, therefore, has loosened again the premature attachment of the component-instinct, working on the basis of auto-erotic pleasure, from the idea of propagation; whereas the neurotic has retained the connection of the idea to this component-instinct so tenaciously that there remains no place in his mechanism for the normal later interpolation of the genital function into his scheme of things. Even when they appear to have developed the normal genital function, neurotics of both sexes still wish to get a child from the father in the extra-genital infantile way—conception through the mouth, birth through the anus—whereas both the unconscious sense of guilt which is attached to the Oedipus libido and their adult ego-ideal condemn these repressed phantasies. Perverts have completely eliminated the infantile wish for a child; what characterizes them is the avoidance of the sexual act, often indeed a horror of it, which may be related to the neurotic. They do, however, freely satisfy the component-instinct in question in a narcissistic way (fellatio, pæderastia). The inhibiting mechanism in the case of the neurotic operates against auto-erotic narcissistic satisfaction—perhaps that is the source of his great need for transference; in the pervert this mechanism operates against the reproductive libido, even in its infantile form when it prematurely breaks forth in the wish for a child and is then radically eliminated. The only scar from this radical repression which the pervert retains is the feminine libido-attitude—as a mere gesture, so to speak, of the wish to be impregnated by the father combined with an elimination of the original aim. The femininity of the homosexual does not need any proof, no matter whether he actually assumes a passive rôle in a feminine attitude towards the father, or identifies himself with the mother in an apparently active love for a youth, at the same time narcissistically clinging to one of his own stages of development. In like manner it is sufficient to point to the root of masochism discovered by analysis in the passive feminine phantasy of being beaten; in the oral perversions the (feminine) impregnation-symbolism

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is clear, in exhibitionism the (feminine) castration complex, whereas fetichism and kleptomania more nearly approach the neurotic defence-mechanism arising from the fear of castration and might be said to have come to a stop at a preliminary stage of perversion-formation: the fetichist clings to an idealized part of the sexual object that he lacks in place of the whole; the kleptomaniac takes possession of an object withheld from him with a characteristic displacement from the sexual to the social province (prohibition, punishment).

V

Before we finally discuss the factor determining the development of the libido in one direction or the other, we must cast a glance at one method of satisfaction (masturbation) which appears suited to build a compromise in the conflict between auto-erotic and reproductive satisfaction and to which also the task normally falls of leading the libido from the phase of auto-erotic partial instinct-gratification to the stage of reproductive libido-satisfaction under the primacy of the genital organs. This middle position occupied by it explains why since Freud's work we may regard masturbation as the representative of the whole infantile libido.

The first phase of early infantile masturbation already presents itself as an attempt to return to the original auto-erotic sources of pleasure, consequent upon the natural deprivation experienced by the premature object-libido (Oedipus-phantasy) which, as a wish-phantasy, accompanies the originally auto-erotic act; the latter at the same time amounts to a narcissistic satisfaction, for the child himself plays the part of two objects libidinally. Early masturbation is therefore a secondary cathexis of the originally purely auto-erotic pleasurable sensations which had been partly given up, out of love for the parents by a transference of libidinal feeling on to them. The inevitable privation undergone by the premature object-libido in the Oedipus situation occasions the new cathexis, and the blame for the disappointment is attributed to the parent of the same or of the opposite sex, according to the phase of repression in which the subject finds himself at the time. This also defines the rôle that the ego plays in the identification-situation of the masturbation-phantasy and also in turn determines the characteristic form of the onanism and the defence-mechanism against it, so important for the formation of symptoms.

One may say that in the successive outbreaks of periods of masturbation, often well into the years of puberty, the conflict kindled in early childhood

18The obstinate denial of the reproductive libido which undoubtedly lies behind masturbation has found justifiable expression in the apparently misleading designation of this kind of libido-satisfaction as onanism, since the biblical Onan represents a man who neglects the human obligation to propagate.

19In masturbation itself there lies besides regression to an infantile autoerotism an important psycho-biologic advance in the direction of permitting or affirming sensuality, which in consideration of the special tendency of neurotics to repress the sensual bodily components we may designate as 'healthy'.

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between auto-erotism and object-libido, between the ego instincts and the sexual instincts, between individuation and generation¹⁸ is continually breaking forth anew and more violently. The compromise contained in the so-called normal sexual life finally resolves these conflicts, whereas the premature repression of the auto-erotic bodily components may lead to neurosis, and over-emphasis of them, on the other hand, may end in perversion at the expense of the generative object-libido.¹⁹

In onanism, which ought in conformity with its nature and tendency to be counted among the perversions, even when the object is represented in phantasy, one is able to recognize with perfect certainty that factor which determines the final fate of onanism and with it that of the whole infantile libido. It is the sense of guilt which, of uncertain origin, proceeding out of the deepest and most tangled roots of the ego and the sexual instincts, appears to have the function of ensuring the organic and cultural repression-mechanisms from two different angles; on the one hand, by moderating over-strong demands on the part of the ego-instincts by indicating the claims of reproduction; on the other hand, by rejecting displacements of the reproduction-tendencies that are too strong and prove disadvantageous to the development of the ego. Normally this sense of guilt which might be subdivided as biologic or sociologic, according to circumstances, is elaborated into ethical, social, and probably also æsthetic inhibitions, or alternatively, standards of value, thus making it possible for so many egos to live together and also for sublimations to arise. In the neuroses, however, we have before our eyes the unsuccessful cases, the 'flaws', which are characterized perhaps by an overplus of instinctual desire and certainly by a great deal too much free-floating sense of guilt. One may safely say that the nature and degree of the sense of guilt determine the nature

and degree of mental health or sickness; in the latter case, they also determine the nature and degree to which the patient is open to influence, that is, his chances of being cured. As regards the neuroses, I have no doubt that each analyst will have examples of this in mind, since each properly analysed case must lead back to this

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nuclear point from which symptom-formation began. Of the many formulas for psycho-analysis which its many aspects provide, perhaps the most important from the point of view of therapy is that of attaining freedom from the sense of guilt, or to express it better, freedom from too much of that sense of guilt under the normal pressure of which we all in modern cultural society live.

VI

To reach this therapeutic goal, it is necessary in most cases certainly to penetrate back into an analysis of the structure of the ego out of which the sense of guilt seems ultimately to spring. For this sense of guilt directs itself predominantly against libidinal demands and arises out of the repression of the socially useless instinct-components called 'perverse', and is to some extent a protection for the ego against their return. With neurotics this protection has, however, become so strong that it goes to the length of preventing any further development of the libido, and inflicts the self-punishment, so to speak, of symptoms.

With perverss we see the opposite result, i.e. satisfaction of some component-instincts at the expense of the instinct of propagation without the inhibition due to the sense of guilt. In this way perversions support analytic experience that the best means of resolving the neurotic sense of guilt is by first setting free the narcissistic libido, a process which actually goes hand in hand with the analytic discipline of the sense of guilt that was employed in symptom-formation. The perversions not only exclude adult reproductive libido, but also, as we are trying to show, attempt directly to repudiate its preliminary stage; for in them the outcome of the conflict we have described is the opposite of the outcome in the neuroses. The neuroses show an over-strong sense of guilt and an incomplete repression of the component-instincts, which find satisfaction, or alternatively, punishment, in the symptom; perversions, on the other hand, show an uninhibited satisfaction of the component-instinct without any disturbance by the sense of guilt; they are even, as can be shown, actually founded on a repudiation of the sense of guilt, this being evidently the necessary preliminary condition for maintaining a narcissistic libido-satisfaction.

Before trying to show how the mechanism of perversion-formation in single cases is also made comprehensible by thus taking into account the part played by the ego in perversions, it seems necessary to point out and then remove an apparent objection and an actual difficulty in

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the way. having found that perverted practices owe their existence to an absence of that sense of guilt so dominant in the neuroses, does not one of the most widespread of the perversions, masochism, then seem to contradict this formula? For masochism represents nothing but the sense of guilt, seeking attachment and discharge (satisfaction) by libidinal channels. Now this appears to us, however, to strengthen our view; in any case it is at least an obvious proof of the close connection between 'perversion' and sense of guilt. The apparent difficulty disappears if we wait, as suggested at the beginning of this paper, until after sufficient investigations we can properly establish the criteria for what we should wish the word perversions to mean in our sense. If we do this, we can properly recognize masochism as a 'perversion-formation' which has miscarried because the neurotic sense of guilt has broken through; its pendant, sadism,

which is a successful perversion-formation, is well known to us. It even looks as though masochism does actually not occur without neurosis, whereas with sadism this often happens; in its extreme manifestations it can even lead to criminal acts.

So we have to see the perversions as an attempt to repudiate the sense of guilt and by means of sufficiently deep analysis we are able to find, even in successful cases of perversion-formation, the appropriate sense of guilt. The therapeutic effect then consists in re-connecting the dissociated sense of guilt with libido and ego tendencies from which it proceeds and to which it belongs, and in guiding the pervert, so to speak, through this 'neurotic' stage of early infancy to a better economic distribution of his libido.

Having thus removed the apparent contradiction between masochism and our view of the mechanism of perversion, there still remains something to be said about sadism, which we have regarded as the successful opposite of masochism—indeed, on account of this typical lack of a sense of guilt it might be regarded as the perversion par excellence. It is clear that the problem of sadism cannot be solved by any reference to its opposite, masochism, but rather demands estimation and analysis on its own account. It would be premature, however, to infer from this some lack in the theory we are presenting—the more so because sadism, as Freud long ago suggested, seems to be one of the libidinal manifestations that require us to seek understanding of it on an entirely different plane of our mental operations from that of the other so-called perversions. If we remember Freud's conjecture²⁰ that in sadism we may have to do with a destructive

²⁰Beyond the Pleasure Principle. International Psycho-Analytical Press. 1922.

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instinct directed towards the outer world, this would amount first and foremost to an emphasis on the great part played by the ego in sadism; whereas masochism, which we are in the habit of pairing with sadism, with its preponderating neurotic libido-element and sense of guilt, would then stand at the opposite end of the perversion-series. It seems therefore as if it were hardly an accident that analysis so very early recognized masochism primarily as a form of sadism turned inwards and directed against the self, thus seeking to shift back into the self the original destructive tendency. The social sense of guilt that is 'bound' by these transformation-processes in the ego and is on that account neurotically dammed up, then necessarily requires to be discharged upon an object and it is this that we designate as a 'perversion'. The same circle of projection and introjection appears to be continued in the single perverse act; for analyses show us, for example, how the beaten 'masochist' always up to a certain point takes upon himself the sense of guilt lacking in the 'sadistic' aggressor. The masochist then always 'binds' (satisfies) the sense of guilt afresh by continuation of the punishment, whereas the sadist occasionally betrays a sense of guilt after the act.

If after this preliminary digression we examine the main perversions in regard to their relationship to the sense of guilt and to the mechanism for guarding against it, the following points present themselves:

The homosexual appears to asseverate, in the face of an inner indictment by his own sense of guilt: 'I won't have Oedipus-libido and a child from my father; on the contrary, I want libido towards my own sex (narcissistic) and no child!' The masochist also utters the same protest, only with the explanatory modification that he wants punishment for the forbidden Oedipus wish. The exhibitionist exposes his genital organ in narcissistic fashion, and its supposed similarity with that of the opposite sex is intended to deny the possibility of the (incestuous) sexual act and of getting a child. They all, however, convert into reality the infantile theory of conception and birth to which neurotics cling

in their unconscious, but with the decisive modification that they do not get children but rather wish to be children, ore more accurately, are children themselves. The homosexual shows his childishness by ignoring the difference of sex; the masochist by letting himself be beaten like a child; the exhibitionist by exposing himself with pleasurable infantile shamelessness which also rests on the assumption of an unconscious denial of the differentiation of sex.

Now the homosexual protests against the object, by turning it into its opposite; the exhibitionist against the sexual organ, by denying the

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differentiation; the masochist against the act, by degrading it to punishment; the sadist protests against the libido itself, by expressing it in the form of hatred and cruelty. Masochism consequently contains the largest amount of free-floating sense of guilt, because—as Freud's analysis has shown us—masochism permits the greatest amount of infantile unconscious wish-fulfilment; sadism has almost no sense of guilt, because it has 'bound' it in cruelty, justified it up to a point, and is seeking to utterly deny libido itself.

All these perverts, however, appear to wish to revenge themselves upon the opposite sex by withholding from it genital libido proper; and yet the very intensity of the denial of the wish for an object and a child which we think we recognized in the perversion-mechanism indicates that their desire for vengeance has sprung from the Oedipus phantasy—turned into its opposite on account of a disappointment and originally actually based on the most intense wish for a child.

That the pervert, in a state of narcissistic retardation or regression, himself wishes to play the child, instead of wanting to get one from the father in accordance with the feminine attitude, can be supported by experience out of the psychology of neurotics; for a phase of the curative process regularly shows the patient no longer wishing to have a child, but to be a child. He thus shows that he is on the road to recovering a part of his normal narcissism, which had gone under in a sense of guilt, or to put it differently, that he is again permitting himself certain repressed narcissistic libido-satisfactions to which the pervert has given full play and has raised to a single and permanent sexual goal.

If one wished to found a general theory of the perversions on the points of view which have been discussed, it would be necessary not to omit directing attention to perhaps the largest group of perversions, the description of which occupies a large place in literature, namely, the so-called coprophiliacs. Combining as they often do the characteristics of the voyeur—sexual curiosity—with their own, they also might be called the perverts par excellence, since they afford the chief proof that it is actually the fate that the wish for a child by the anus has undergone in repression that determines the form of this perversion. Its mechanism becomes comprehensible as arising in a sense of guilt due to the violation of biologic law, so to speak, in the wish for a child by the anus. The great group of coprophilic perverts represents the anal element in life (in which is contained psycho-biologically the whole bisexuality) maintained in its most primitive form—compare the equivalence of fæces, penis, child; whereas homosexuality, masochism and exhibitionism try to lift

21Ferenczi has shown that perversions are genitalized (infantile) erotisms and as such are not so much counterparts to neurotic symptoms as symptoms themselves. The Nosology of Male Homosexuality, Contributions to Psycho-Analysis. R. Badger. Boston. 1916.

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anal erotism to the genital level and are therefore already the products of conflict, that is, compromises.²¹ Homosexuality seeks directly to realize a compromise-satisfaction of both anal and genital zones; masochism seeks to substitute anal beating for the genital act; exhibitionism on the basis of the castration complex unites anal and genital erotism (in displaying).

Whereas the neurotic with his surplus of object-libido and his fixation on the wish for a child makes too many concessions to reproduction at the expense of his own narcissistic ego-satisfaction, the pervert with childlike defiance tries to deny everything belonging to reproduction. In condemning the perversions and still penalizing them more or less Society expresses a true estimate of the social opposition which they represent, but which is bound only to increase by threats of punishment. But the way in which perverts themselves react to such threats shows plainly that their sense of guilt, successfully thrown off by a bold regression, comes back to them again from reality in the form of social condemnation.

14In two other cases analysed an exhibitionistic tendency which was either 'repressed' or not fully developed turned out to be the surviving vestige of a phantasy of being beaten and was made use of in the service of this phantasy.

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(IJP)**

**SYMBOLISM AND ITS RELATIONSHIP TO THE PRIMARY AND
SECONDARY PROCESSES¹**

CHARLES RYCROFT

The purpose of this paper is to discuss the relationship of symbolic processes to ego-functioning. I have started by restating Freud's initial formulation of the differences between the primary and secondary processes with special reference to Winnicott and Milner's concept of illusion (Section I). I have then gone on to suggest reasons why, in my opinion, it is not only misleading to restrict, as some writers do, the concept of symbolism to the use of symbols by the primary process, but also incompatible with Freud's later views on the nature and development of the ego (Section II). In this section I have been much influenced by Milner and Kubie, both of whom have written in favour of an extension of the classical, analytical concept of symbolism. In the third and last section I have attempted to reformulate the theory of symbolism on the basis of the assumption that symbolization is a general capacity of the mind which is based on perception and which may be used either by the primary or the secondary process. My immense debt to Jones's classic paper 'The Theory of Symbolism' (1916) will be obvious throughout, even when I take up a position diverging from his.

I have also been profoundly influenced by Brierley's conception of metapsychology as process-theory and her stress on the need to relate psycho-analytical theory to the trend of modern thought which is 'a movement away from analysing into things and towards analysing into processes'. (Waddington, quoted by Brierley, 1951.) One implication of this standpoint is that dynamic and economic formulations in terms of process and organization are, when possible, to be preferred to topographical descriptions, which tend to be static and to encourage reification, i.e. the fallacy of forgetting that concepts such as Ego and Id are fictions and endowing them with a concrete reality only

possessed by such 'things' as, for instance, bodily organs. This is the reason for my having on occasion restated familiar notions in unfamiliar terms.

I

The distinction between primary and secondary processes was one of Freud's earliest and most fundamental ideas. He founded his metapsychology on the assumption of a primitive psychic apparatus, the activities of which are directed by an attempt to regulate states of tension by discharging instinctual impulses. This psychic apparatus is patterned on a reflex arc, the sensory side of which carries endogenous impulses of somatic origin, the motor side of which discharges these impulses, thereby abolishing the tension to which they tend to give rise. He further assumed that there are on the motor side two psychic modes and pathways of discharge. These two modes of discharge he called the primary and secondary processes.

If an impulse is discharged by way of the primary process, the end-result is either a waking or sleeping hallucination. If the latter, it is what we call a dream. The mechanism by which this occurs is that the energy or libido carried by the impulse passes, not towards those bodily organs which might effect a real satisfaction of

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1A slightly shorter version of this paper was read to a meeting of the British Psycho-Analytical Society on 20 April, 1955.

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the impulse, but towards that part of the psychic apparatus in which memories of past satisfactions are represented. The memory-traces or imagos of the objects which provided these past real satisfactions are thus invested with energy (cathected) and experienced as real. The memory-imagos are converted into a hallucination by precisely the same process that in normal waking life makes any part of the external world subjectively real, by being invested with libido. The fact that a symbol may be substituted for the memory-imagos will be considered in Section III.

The pre-condition of memory-imagos and symbols being converted into hallucinations in this way is withdrawal of cathexis from external reality and functional immobilization of those parts of the mind that are orientated towards external reality. This occurs under at least four different conditions:

- a. Sleep, hence dreams.
- b. Psychosis, in which there is a defensive denial of reality. Freud was much impressed by the existence of simple wish-fulfilling hallucinoses, which were first described by one of his teachers in neuro-psychiatry, Meynert. The fact that the great majority of psychotic hallucinations have a much more complex psychopathology does not, of course, invalidate the importance of this observation.
- c. Infancy, in which immaturity of the ego facilitates hallucinatory wish-fulfilment. It was, I think, Freud's view that all infantile impulses are at first dealt with by hallucination and that only when the tension passes beyond a certain critical point is pain experienced.
- d. Neurosis, in which partial withdrawal of interest from the outer world is accompanied by introversion and the development of a phantasy life based on a psychical elaboration of childhood and infantile memories.

In none of these four instances is the mind entirely under the influence of the primary process. In sleep the withdrawal of interest from the outside world is not so great as to prevent the sleeper registering significant external stimuli, e.g. signs of real danger, even though there may be an attempt to misinterpret them in such a way as to make it unnecessary to wake up. Similarly with dreams provoked by a full bladder or rectum:

the dreamer usually wakes up in time. Nor is the infant entirely under the sway of the primary process; he has certain innate responses which are primitive adaptive activities, e.g. startle reaction, crying when not firmly supported and when hungry, etc.

In describing the course of an impulse when it is subjected to the primary process, I have by implication also described the secondary process. It is the process by which an impulse passes to that part of the psychic apparatus which (a) perceives external reality, and (b) controls those physical organs which can effect changes in the outside world which will lead to satisfaction of the wish (discharge of the impulse). That is to say, the secondary process is that process by which an impulse becomes a more or less conscious wish, which is satisfied, not immediately by hallucination, but only after a delay during which (a) external reality is perceived and analysed in the search for an appropriate object, and (b) skills of a more or less complex kind are used in such a way that the wish is satisfied. These skills may be either innate or acquired. In other words, the secondary process involves use of the functions of reality-testing and reality-manipulation. According to the particular conditions prevailing the secondary process may be more or less complex and involve more or less delay in discharge of the impulse.

The essential distinction between the primary and secondary processes can be conveniently expressed in two different ways, one of which stresses the fate of the impulse, the other the quality of the relationship to the object. According to the former the difference is that the primary process relieves tension immediately and independently of external reality but only temporarily, while the secondary process involves a delay, is dependent on reality but relieves tension permanently—permanently, that is, in respect of the impulse operating at any particular moment. It does not, of course, abolish the inherent tendency of impulses to recur. It is this difference between the two processes that explains the limited value of dreams. Unsatisfied wishes which would otherwise disturb sleep can be relieved immediately and completely by dreaming—vide Freud's dictum that the function of dreams is to preserve sleep—but no amount of dreaming will ever really and permanently satisfy the wishes; hence the eventual need to awaken and re-cathect external objects. Similar considerations explain the temporary success but ultimate failure of day-dreams and neurotic symptoms to give satisfaction.

In respect of the quality of the relationship to the object the essential difference is that the primary process is objectively autistic, this notwithstanding the subjective presence of an

2Throughout this paper I have used the word 'psychotic' to refer to a particular quality or intensity of cathexis with which an internal object-imago may be invested. This cathexis, which arises from the primary process, gives the object-imago delusional or hallucinatory qualities, either actually if the imago is projected or potentially if it remains unprojected. Later in the paper I refer to such object-imagos as 'phantoms'.

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(internal) object-imago, whereas the secondary process leads to communication, contact and interaction with an external object, which, at the moment of consummation, is both objectively and subjectively present. The fundamentally autistic nature of the primary process is obvious in its simpler manifestations, but it tends to become obscured in its more complex elaborations. Following the use of projective and introjective identifications objects in the outside world may be treated, with or without their connivance, as unconscious substitutes for ideal, internal imagos. When this happens, a pseudo-object relationship develops which is technically psychotic² and potentially

unstable, even though it may be (apparently) ego-syntonic and last a lifetime. Examples of this are folie à deux, perverse relationships and certain ideological groups.

It is important to realize that the primary and secondary processes are not clinically observable phenomena but theoretical constructs designed to explain a particular range of facts. They were designed to explain, in the first instance, neurotic and particularly hysterical introversion and phantasy and then, secondarily, dreams, in which Freud found a normal analogue of hysterical phantasy. The simplest possible formulation of the resemblance between neurosis and dreaming is that both are permeated by the primary process, by attempts to satisfy wishes not realistically by relationships with appropriate external objects but in an illusory manner by cathexis of internal object-imagos (cf. Jones, 1911).

Formulations of the difference between the primary and secondary processes tend to assume an antithesis between phantasy and reality, between imagined ideas of objects and real external objects. It is therefore important to realize that this antithesis is not always a valid one and that, as Winnicott in particular (1945) has pointed out, conditions occur in which the distinction breaks down. The reason for this is that the satisfaction of certain wishes, e.g. those produced by oral and genital impulses, requires an object motivated by a reciprocal wish. Thus, for instance, satisfaction of an infant's oral wishes requires the active participation of a mother who wishes to suckle her baby. It may obviously happen that, as a result of the mother's actions, no appreciable or significant time elapses between the emergence of the infant's wish to be fed and the actual feed, i.e. that the breast appears before the baby has begun to suffer a painful degree of tension. (I am not assuming here that the mother satisfies the infant's wish to be fed the moment that the wish emerges—it is difficult even to conceive of a wish of this kind emerging at a particular moment in time—but that there is a period of time during which the wish is active without the infant entertaining any expectation that it will not be satisfied, and during which, therefore, the infant has no motive either to perceive or to deny external reality.) When this happens, what is the infant's subjective experience of the event? Is its perception of the real breast different in some way from the image of the breast which it hallucinates while under the influence of the primary process, or are the perceived and imagined breasts identical? If the latter, then we have a situation in which a real satisfaction occurs while the infant is under the influence of the primary process, in which a real experience is subjectively a hallucination. Repeated experience of this overlap or convergence of illusion and reality will tend to attach the individual positively to external reality without disturbances arising from denial, hatred, suspicion, disillusion, or withdrawal. Although frustration may lead to acceptance of reality, only satisfaction can lead to love of it.

It is possible that the function of courting and fore-pleasure activity in adult sexual life is to produce an analogous state of affairs, in which the presence in both partners of synchronized reciprocal wishes leads to the abolition at the moment of orgasm of any distinction between phantasy and reality. If so this would explain the apparent paradox that the climax of object-love is a feeling of identification with the object or, as Fenichel puts it, that 'at the height of full genital satisfaction identification comes back at a higher level' (Fenichel, 1945, p. 85). This idea is obviously very close to Ferenczi's and Balint's conception of genital love.

II

In the preceding section I have used the term 'primary process' in its restricted sense of the tendency to hallucinatory wish-fulfilment and

have not adopted the wider usage, which includes in the concept all those features which Freud described as characteristic of the Unconscious, i.e. symbolization, displacement, condensation, mobility of cathexes, absence of the categories of space and time, etc. I have done this for two reasons. First, certain of these features; mobility of cathexes, absence of the categories of space and time, and possibly, condensation, are logically necessary consequences of the tendency to hallucinatory wish-fulfilment and therefore do not call for special consideration. Secondly, inclusion of others, e.g. symbolization and displacement, in the concept of the primary process implies two things that are, I believe, untrue:

- i. That the modes of unconscious and conscious mental activity are qualitatively absolutely different, and, in particular,
- ii. that symbolization is a feature of unconscious mental activity and does not occur in conscious thinking.

The idea that unconscious and conscious mental activity are qualitatively different can, I think, be rejected on general grounds, since it ignores the fact that the mind, notwithstanding its propensity to conflict, dissociation, etc., is nevertheless a unitary structure which acts as a whole. It is therefore illogical to conceive of the mind as being subdivided into two subsidiary structures, an Unconscious and Conscious, or an Ego and Id, functioning in entirely different ways. Biologically speaking, one can only think in terms of one, the ego, being a specialized differentiation of the other, in the same way as—and this is probably more than an analogy—the cerebral cortex is a specialized differentiation of more primitive parts of the central nervous system. The fact that some aspects of cortical activity are sometimes conscious does not justify us in assuming that the cortex functions in a way basically different from the rest of the central nervous system.

The notion that symbolism is confined to unconscious mental activity is open not only to the general objection raised in the last paragraph but also to more specific ones. Firstly, it makes it very difficult to describe the process of sublimation and, in particular, to differentiate stable and progressive sublimations from neurotic and defensive (pseudo-) sublimations. Secondly, it is impossible to explain the nature of the therapeutic action of psycho-analysis without recognizing that the analyst, the analytical situation, and the words used in analytical treatment are all symbols. Thirdly, it runs counter to the clinical observation, which Freud made very early on, that there are individuals who possess spontaneous understanding of symbolic equations and who offer no resistance to interpretations of sexual symbolism. These individuals are not necessarily schizophrenics, as Freud at first thought. Nor incidentally are they always artists.

The difficulties involved in trying to restrict the concept of symbolism can be seen if one considers Jones's paper 'The Theory of Symbolism', which was written in 1916, i.e. before the development of ego-psychology. Here Jones maintains that there is such a thing as 'true' symbolism which can be differentiated from what he calls 'symbolism in its widest sense'—not, it will be noted, 'false' symbolism. On the one hand he writes 'If the word symbolism is taken in its widest sense, the subject is seen to comprise almost the whole development of civilization. For what is this other than a never-ending series of evolutionary substitutions, a ceaseless replacement of one idea, interest, capacity, or tendency by another?' On the other hand he says 'symbolism arises as the result of intrapsychical conflict between the repressing tendencies and the repressed' and 'only what is repressed is symbolized; only what is repressed needs to be symbolized'. Further, in formulating the essential difference between 'true' symbolism and 'symbolism in its widest sense' he writes: 'The two cardinal characteristics of

symbolism in this strict sense are (1) that the process is completely unconscious ... and (2) that the affect investing the symbolized idea has not, insofar as the symbolism is concerned, proved capable of that modification in quality denoted by the term "sublimation". This quotation shows that Jones has not just made an arbitrary and purely verbal distinction by restricting the concept symbolism to identifications between ideas, one of which is repressed and unconscious, but is making a real and very important distinction, viz. that between symbols that have become subordinated to the neurotic process and those that have been utilized in ego-development. There are, however, two interrelated objections to the way in which Jones has formulated this distinction.

The first is that it is surely more logical to say that symbolism is a general capacity which may be used in two different ways than to subdivide symbolism into two separate categories according

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to the two different uses to which it is put. The second is that the distinction used by Jones as a criterion to differentiate his two kinds of symbolism, i.e. whether the affect investing a symbol has or has not undergone 'that modification in quality denoted by the term "sublimation"', is really a distinction between two kinds of affect, modified and unmodified, not one between two different kinds of symbol. The question whether one can, in fact, distinguish between different kinds of affect is not, I think, directly relevant to the theme of the present paper.

It will, I hope, be understood that the preceding paragraphs are not, in the ordinary sense of the word, a criticism of Jones's paper. They are rather a re-statement of some of the difficulties created by the immaturity of psycho-analytical theory at the time the paper was written, difficulties which must have played their part in leading Freud to replace his earlier metapsychology by that of the 'Ego and the Id', in which (a) what is unconscious is not necessarily repressed, (b) the ego (replacing the Conscious) is not necessarily conscious, and (c) the concept of a Conscious opposing an Unconscious is replaced by that of an Ego which is 'that part of the Id which has been modified by the direct influence of the external world'. It is this last which, in my opinion, makes the classical theory of symbolism untenable. The only justification for this present communication is my belief that analysts in their thinking about symbolism have not always fully appreciated the implications of ego-psychology and have tended to think of symbolism and ego-functioning as being two entirely unrelated fields of psycho-analytical study.

Two notable exceptions are Melanie Klein's paper on Symbol-Formation (1930) and Susan Isaacs's on Phantasy (1948). However, as should already have been obvious, I have adopted throughout this paper a standpoint diverging in several respects from Kleinian theory. One aspect of this divergence is perhaps worth discussing in some detail, since it bears directly on my main theme. This is in connection with the concept of phantasy. On the only occasion that I have so far used this word I used it as an antithesis to external reality and not in its extended Kleinian sense of the 'unconscious mental content' underlying all behaviour, including both neurotic and realistic mental activity. This extension of meaning, which has, as I shall mention later, highly respectable literary precedents, seems to me to be at one and the same time extremely helpful and most misleading. Its value, I think, is that it draws attention to the fact that unconscious symbolic and imaginative processes underlie the development and maintenance of a sense of reality just as much as they do neurosis.³

This is, of course, the main theme of this present paper. Its weakness in my view is that it tends to blur a distinction that was abundantly clear in classical analytical theory.

This is the distinction between mental processes involving defensively-cathected, ideal, illusory 'psychotic' imagos—to which the term 'phantoms' might justly be applied—and those involving imagos based directly on memories of real experiences. This seems to me to be a fundamental distinction notwithstanding the fact that the former arise by idealization from the latter. The emphasis placed in Kleinian theory on the fact that 'psychical reality' and 'external reality' are both subjectively real does, I think, tend to obscure the fact that there are none the less essential differences between them, and that psychical reality is itself divisible into one part which is developmentally bound to external reality and another which has been formed by idealization (Rycroft, 1955). The essential difference between 'external reality' and this second part of 'psychical reality' is, of course, that satisfactions provided by the former are objectively real while those provided by the latter are illusory and sense-deceiving. One sometimes gets the impression that in their quite justified reaction against a tendency to undervaluation of psychical reality some Kleinian analysts fall unwittingly into the opposite error of disparaging external reality. The fallacy of thinking of phantasy as mere fantasy, as Susan Isaacs put it, tends to be replaced by that of thinking of external reality as mere external reality. Another aspect of this blurring of distinctions is the tendency to proceed from the perfectly correct observation that all perception is unconsciously conceived of as a 'taking in' to an unjustified implied equation between perception and 'psychotic' introjection (and between recognition and 'psychotic' projection). The need to reinstate the distinction classically maintained by the antithesis between phantasy and reality has, I think, been one of the reasons why Winnicott and Milner have introduced the concept of illusion. That this is in effect the reintroduction

3This same point has been made by Kubie (1953) without reference to the concept of phantasy. '... Every moment of thought and feeling involves simultaneously the activation of a literal, an allegorical, and a dream-like meaning of the symbolic representative of all the percepts and concepts which are relevant to that moment of psychical activity.'

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of an earlier concept has however been obscured by the fact that both have been primarily interested in defining the nature of the relationship between (the capacity for) illusion and (the perception of external) reality during the period of maximal reciprocity between the infant and its mother and in describing the way in which disturbances in this relationship lead to a divorce between illusion and reality. They have tended to take for granted the later vicissitudes of the conflict between illusion and reality after the split has occurred. These vicissitudes form the subject matter of classical psychopathology, in which the opposition between phantasy and reality is, within its limits quite correctly, taken for granted.

An additional help in reintroducing the classical distinction between phantasy and reality into the framework of a theory which no longer holds the distinction to be absolute, would be to use the word 'imagination' for the process of elaboration, organization, and configuration of imagos which subserves the secondary process and to restrict the term phantasy to the use of imagos by the primary process. This would have at least three advantages:

a. It would enable the distinction between the primary and secondary processes to be clearly made without ignoring the fact that all reality-thinking is 'supported by unconscious phantasy', to use a phrase of Susan Isaacs'.

b. It would be in accordance with common educated parlance, which recognizes that imagination is an essential prerequisite for a full appreciation of reality and that people can suffer from a lack of imagination.

c. It would make available three words—illusion, phantasy and imagination—to cover the wide range of meanings previously embraced by phantasy. (At present the word is used to mean (i) a general mental activity, (ii) a particular, neurotic form of this activity, (iii) a state of mind arising from it, and (iv) the fictive realm in which it occurs.)

In this context the spelling of the word phantasy is of interest. According to Susan Isaacs the English translators of Freud 'adopted a special spelling of the word phantasy' to differentiate the psycho-analytical meaning of the term from the popular word fantasy meaning 'day-dreams, fictions and so on'. However, fantasy and phantasy have, according to the Oxford English Dictionary (1901), tended since the rediscovery of Greek learning to be 'apprehended as separate words, the predominant sense of the former being "caprice, whim, fanciful invention" while that of the latter is "imagination, visionary notion"'. In other words there has been a tendency to recognize that the notion of phantasy subsumes two different ideas, or alternatively that it is a process that may lead to two very different end-results. The clearest pre-analytical insight into the nature of phantasy would seem to have been that of Coleridge, who based his theory of Imagination (Phantasy) on a distinction between primary imagination, which he called 'the living power and prime agent of all human perception' and fancy, which he described as 'a mode of memory emancipated from the order of time and space', a phrase which almost sounds like a definition of the primary process. Unfortunately Coleridge's theories are so entangled with his idealist philosophy that they are probably of no practical use to psycho-analysts. I should however like to give two further quotations which suggest that he was dealing with the problem being discussed here and that the relevance is not merely apparent. These are (a) his concept of secondary imagination which is 'an echo of the former (i.e. primary imagination), co-existing with the conscious will, yet still identical with the primary in the kind of its agency, and differing only in degree, and in the mode of its operation. It dissolves, diffuses, dissipates (i.e. analyses) in order to recreate' (*Biographia Literaria*, 1817), and (b) his statement of the relation between Imagination and Fancy. 'Imagination must have fancy, in fact the higher intellectual powers can only act through a corresponding energy of the lower' (*Table Talk*, 1833) (I. A. Richards: *Coleridge on Imagination*, 1934).

I have made no attempt here to follow out the implications of the idea that the perception of reality involves imagination. One of these is, however, worth mentioning in relation to symbolism. This is that it makes it possible to conceive of each individual having his own idiosyncratic view of reality, based on the specific configurations of his own imaginative and symbolic processes without it being necessary to assume that it represents a deviation from a hypothetical normal sense of reality. This idea is of particular importance in relation to the work of creative thinkers and artists who produce new symbols for apprehending reality, thereby permanently altering the sense of reality of those who follow them (cf. Milner, 1952). This view of the matter is not necessarily idealist or even relativistic, since (a) *imagos* and symbols arise in a last resort from bodily perceptions which are common to all mankind, and (b) the new conceptions of reality created by thinkers and artists represent additions to the previously existing conceptions of reality which tend to be subsumed within them; in this they differ essentially from the delusional systems of schizophrenics with which they have, none the less, certain psychopathological connections.

III

In this last section, I shall try to formulate the theory of symbolism on the basis that symbolization is a general tendency or capacity of the mind, one which may be used by the primary or the secondary process, neurotically or realistically, for defence or self-expression, to maintain fixation or to promote growth. For the sake of brevity my formulation takes the form of fourteen propositions.

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1. The process of symbol-formation consists in the displacement of cathexis from the idea of an object or activity of primary instinctual interest on to the idea of an object of less instinctual interest.⁴ The latter then operates as a symbol for the former.

This definition of symbol-formation requires expansion and clarification in three respects:

A. The notion of an object of primary instinctual interest is intended to include (a) the external object of a primary drive, (b) the parts of the self that are necessary for the establishment, maintenance, and consummation of a relationship with an external object, and (c) the substance that passes between subject and object.

B. I have used the phrase 'object or activity' in preference to just 'object' to draw attention to the fact that objects derive their significance from their function and that therefore the displacement in symbol-formation is from one process or function to another and not from one 'thing' to another. In what follows the word 'object' should be taken to mean 'function of an object'.

C. This definition, with its stress on object relationships, is, as it stands, only valid for oral and genital drives, which obviously require an object for their satisfaction and about which there is no uncertainty as to the nature of the object. With respect to the symbolization of anal and urethral drives, the situation is more complex, since it is uncertain (a) whether the faeces and urine should be thought of as instinctual objects requiring expulsion or as substances which lend themselves readily for use as symbolic objects, and (b) whether defaecation and urination are primarily autoerotic activities or are originally an intrinsic part of the infant's relationship with its mother. If the latter, the mother is primarily the object of anal and urethral activity and faeces and urine are the substances which pass between subject and object (see A above).

2. The object or activity onto which cathexis is displaced is one which the mind by its intrinsic organization is capable of associating with the primary object or activity. A symbol may (a) resemble the primary object in appearance, function, or capacity to arouse an identical affect, or (b) be part of the primary object, or (c) have been experienced in spatial or temporal contiguity with it. These three kinds of relationship between the symbol and the symbolized correspond to the three figures of speech, simile, synecdoche, and metonymy (see Sharp, *Dream Analysis*, Ch. 1).

3. A symbol carries affect displaced from the object it represents. In any particular instance the affect attaching to an object will be loving, hating, fearful, etc., and the symbol representing the object will be chosen on account of its aptness to carry that affect. The phallic symbols, dagger, watering-can, gun, aeroplane and snake—to use examples cited by Freud—all refer to different affective conceptions of the penis, and to different aspects of its functions.

4. The process of displacement from one object or activity to another is capable of indefinite repetition, so that schematically one can construct a series of symbolic equations, A the primary object or activity being symbolized by B, B by C, C by D, etc., each successive member of the series being more remote from, and having less intrinsic resemblance to, or connection with, the primary object. In other words symbolism is a centrifugal, one-way process. Displacement of cathexis in the opposite, centripetal

direction can however occur, and is characteristic of mental dysfunction arising from neurotic regression, cerebral damage, sleep, or fatigue. This centripetal displacement of cathexis is usually called 'regression', though it could as appropriately, and perhaps less confusingly, be called 'desymbolization'. One example of this, the replacement of word-images by visual images in dreams and states of fatigue, formed the basis of Silberer's theory of Functional Symbolism. According to the view expressed here, regressive visualization is the reverse of symbolization, not a special form of it. I shall return later to the symbolic nature of words.

5. The fact that an object or activity is itself

4It will be noted that I have referred to the displacement in symbol formation as being from an object of primary instinctual interest onto one of less instinctual interest, not onto one of no instinctual interest. This is necessary for at least two reasons. First, the notion of an object of primary instinctual interest is a relative one, since in the last resort one cannot conceive of any one instinct being continuously primary to any other. All that one can say is that at any particular moment, within any particular phase of development one instinctual drive will be dominant and prepotent over all other potentially active drives and that the displacement in symbol formation will be away from the specific object of that drive onto some other object. Secondly, this other object certainly may be and perhaps always is an object of some other drive. That it may be is obvious, and I have referred to the fact in proposition 5. The possibility that it may always be so arises from the fact that it is at least arguable that all objects that are perceptible are of instinctual interest. There is certainly a tendency to make this assumption when considering the perceptual worlds of species less complex than man, and it seems to me probable that all objects that enter our perceptual fields are unconsciously assessed as potential sources of satisfaction or danger. In this connection it is relevant that the majority of phobic objects, including closed and open spaces—and human objects—do in fact give rational grounds for a circumspect approach.

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of primary instinctual interest is no bar to its being used as a symbol. A penis may, and often does, represent a breast, or a head a penis. In such cases the object has a double cathexis, only one of which is capable of interpretation, the other being intrinsic and irreducible.

6. The process of symbol-formation presupposes some degree of ego-development, since the symbol-to-be has to be perceived before it can be used as a symbol. Although there seems to be no objection to assuming that the mind possesses some kind of innate idea of the objects necessary for the satisfaction of its primary instincts (and also, presumably, of the 'sign stimuli' necessary for the release of instinctual drives and recognition of their objects) (cf. Tinbergen, 1953), the notion that symbols are innate implies either the inheritance of acquired knowledge or a collective unconscious. The so-called universality of symbols is better explained by reference to (a) 'the uniformity of the fundamental and perennial interests of mankind', to use Jones's phrase, (b) the uniformity of the affects and sensations accompanying instinctual acts (see Sharpe, 1940, on Metaphor), and (c) the uniformity of the human mind's capacity for forming Gestalts and seeing resemblances between them. This last is a fact that analysts can take for granted, since analyst and patient have minds that in this respect function in an identical way. This is why symbolic equations are perceived so easily so long as there is no emotional resistance operating. Things would be perhaps very different if inter-species analyses were attempted.

(The statement that symbolism is inherited can be found in contemporary analytical literature (e.g. Fliess, 1953). It seems to be based on a confusion of thought, since it is not made clear whether the word 'symbolism' means 'propensity to form and use symbols' or 'mode of acquiring symbols'. If the former, the statement is true but of no especial significance, since all propensities are presumably in some sense inherited. If the latter, the statement is untrue since either (a) it implies that acquired knowledge can be inherited, i.e. it is Lamarckian, or (b) it is self-contradictory, since the essence of a symbol is that it acquires its significance by displacement from something else, while the essence of an inherited idea is that its significance is intrinsic. If psycho-analytical symbols were inherited, this would, of course, provide a basis for making an absolute distinction between them and other kinds of symbols. In the Tenth Introductory Lecture (1916), where Freud describes symbolism as an 'ancient but obsolete mode of expression', he includes aeroplanes and zeppelins in his list of typical phallic symbols, an inclusion which is only compatible with Jones's view that each individual re-creates his symbolism anew by perception.)

7. Once a symbol has been formed it may be used either by the primary or the secondary process.

8. If used by the primary process the symbol is treated in exactly the same way as is the memory-*imago* of the primary object, for which it becomes an interchangeable substitute and representative. This is another way of putting Freud's statement that the primary process is characterized by mobility of cathexis. Further elaboration of this is unnecessary, since it would amount to a repetition, *mutatis mutandis*, of Section I. The simplest example of the utilization of a symbol by the primary process is the not uncommon dream which only requires symbolic interpretation of its manifest content for its underlying wish to be obvious.

9. Insofar as an object is being used as a symbol by the primary process the significance it has depends entirely on the object it represents and not at all on its own intrinsic nature. When as a result of the use of the mechanisms of projection and denial an object in external reality acquires the cathexis of an internal object the fact that it may be totally inappropriate to fulfil the functions of the object it symbolizes is irrelevant.

10. If used by the secondary process the symbol remains related to the outside world and symbol-formation leads to a widening of the individual's libidinal interests. The fact that symbol-formation is a process capable of indefinite repetition (see Par. 4 above) leads to the possibility of an ever-increasing extension of the individual's 'outer world', to his being able to find satisfaction in objects and activities increasingly remote from his primary instinctual interests. This is the process referred to by Jones in his description of civilization as a never-ending series of symbolic substitutions.

11. An object can only be used as a symbol by the secondary process if it is capable of giving real satisfaction, and hence there is no tendency to distortion of the symbol and denial of its actual nature. Reading can symbolize oral activity and become a sublimation only because real knowledge and real enjoyment can be obtained from books. I am well aware that there is something question-begging about this use of the word 'real' and that an important problem

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lies behind the ability of symbolic equivalents to give enjoyment. It can probably only happen when the relationship to the symbol resembles an object-relationship in involving interaction between subject and symbol and being capable of progressive development.

12. Words are a special class of symbols, which, when operating as words, form part of the secondary process. They arise in exactly the same way as do other symbols, by displacement of cathexis from the imago of the object onto the imago of the word. In the development of the individual the connection between word and object is established by habitual association (temporal contiguity). The ultimate reason why any particular word symbolizes its referent is usually only explicable historically, though the number of words which owe their currency to 'sound symbolism' and an intrinsic aptness for their meaning is apparently much greater than the small but well-known group of onomatopoeic words (Jespersen, *Language*, Ch. xx). Words owe their special significance to three characteristics which enable them to be differentiated from other symbols:

a. Their immediate symbolic connections remain conscious; the person using a word knows what he is symbolizing by it—this notwithstanding the fact that he may be, and only too often is, under a misapprehension as to the meaning it has for his audience.

b. The displacement of cathexis is always partial, the word remaining distinguishable from what it signifies.

c. They are conventionalized symbols. The way in which they are acquired, that is in the simplest instance, by the child repeatedly hearing their sound made in connection with what they signify leads to the development of a community of symbols, i.e. to a tendency for each individual to use symbols which are common to him and to the other members, both past and present, of his group. It is this that makes possible the transmission of knowledge, morality, etc., from one individual and generation to another. It is this, furthermore, that explains the importance of words in conscious thinking. Freud's statement (1923) that the essential difference between an unconscious idea and a pre-conscious idea is that the latter has been 'brought into connection with verbal images' is another way of saying that pre-conscious and conscious ideas are communicable and that the ego is that part of the mind which is concerned with object-relationships. Incidentally, I take the phrase 'brought into connection with verbal images' to mean that pre-conscious and conscious ideas can, when the wish or need arises, be verbalized and not that conscious thought is always verbal. There are, after all, non-verbal modes of communication, nor, even inside the analytical situation, are object-relationships ever conducted on a purely verbal basis.

13. Although words have such a close connection with ego-development and the capacity for object-relationships, their genetic relationship to other classes of symbols is shown by the fact that under certain conditions they lose their three differentiating characteristics and are treated exactly like other symbols. The classic examples of this are dreams and schizophrenic thinking, in both of which words are used by the primary process and (a) acquire meanings of which the individual is unaware, (b) carry the complete cathexes of the objects they normally only signify, and (c) become interchangeable substitutes for one another. 'They transfer their cathexes to one another without remainder' (Freud, 1915). Another example is the neologizing tendency of the schizoid philosopher or psychologist, who is unconsciously using words to create a private inner world. It is probable, indeed, that all disturbances in the capacity for object-relationships are reflected in impairment of the capacity to use words intelligibly. The issue is, however, complicated by a number of social and educational factors which influence verbalization and communication.

14. It is the fact that words can symbolize instinctive acts and objects and carry cathexes ultimately derived from them which makes psycho-analytical treatment possible. As Milner (1952) has pointed out, the 'fundamental rule' that the patient should try to put into words all that he is aware of implies' that words are in fact

symbols by means of which the world is comprehended ... in the daily battle with our patients over the transference we are asking them to accept a symbolic relation to the analyst instead of a literal one, to accept the symbolism of speech and talking about their wants rather than taking action to satisfy them directly'. Sharpe (1940) in her *Examination of Metaphor* has described vividly how the metaphors used by patients can be analysed in the same way as the symbols occurring in their dreams and how the emotions which accompanied bodily processes in infancy can be reproduced in speech.

SUMMARY

Symbolism is not inherited, nor is it exclusively 'the language of the unconscious'. Symbols arise by displacement of cathexis from the imagos of objects of primary instinctual interest onto the imagos of objects that have been perceived in the outside world. Once formed, a symbol may be used by either the primary or the secondary process. Insofar as it is used by the primary process its meaning becomes independent of the object it originally represented and it becomes implicated in the phantasy-systems which underlie neurosis and dreaming. Insofar, on the other hand, as it is used by the secondary process, the symbol continues to represent the appropriate object in the outside world and it becomes part of the conscious and unconscious imaginative processes that subserve the development of a sense of reality. I have followed Klein and Isaacs in assuming that the sense of reality is subserved or supported by phantasy, but have suggested that the word 'imagination' might be used to distinguish reality-enhancing phantasies from those which maintain illusory, neurotic substitutes for reality. I have included words among the symbols which subserve the secondary process and have attempted to define the ways in which they can be differentiated from other symbols. I have, in particular, stressed their close connection with consciousness and with the capacity for object-relationships, a connection which depends on the fact that verbalization is an important, though not the only, mode of communication between objects.

I have followed Milner and Kubie in taking this wider view of the nature of symbolism and have raised the following objections to restriction of the concept to the defensive use of symbols by the primary process:

1. That it implies that the modes of conscious and unconscious mental activity are qualitatively absolutely different and ignores the implications of Freud's statement that 'the Ego is that part of the Id which has been modified by the direct influence of the external world'. As Kubie has said, 'There are no such discontinuities in nature as those who put the symbolism of dreams in a category of its own would seem to imply' (Kubie, 1953).
2. That Jones in his classic paper on symbolism really made a distinction between two different kinds of affect with which symbols might be invested and not one between two different kinds of symbolism.
3. That it implies an antithesis between phantasy and reality which ignores the fact that imagination is necessary for a full appreciation of reality.
4. That the concept of sublimation presupposes that symbol-formation is an important aspect of ego-development.
5. That analytical technique presupposes that the analyst, the analytical situation, and the words used in analysis are all symbols.
6. That the idea that symbolism is inherited implies either the inheritance of acquired ideas or the existence of a collective unconscious.

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WINNICOTT, D. (1945) PRIMITIVE EMOTIONAL DEVELOPMENT. INT. J. PSYCHO-ANAL., 26:137 (IJP)
PRIMITIVE EMOTIONAL DEVELOPMENT I
D. W. WINNICOTT

It will be clear at once from my title that I have chosen a very wide subject. All I can attempt to do is to make a preliminary personal statement, as if writing the introductory chapter to a book.

I shall not first give a historical survey and show the development of my ideas from the theories of others, because my mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then last of all interest myself in looking to see where I stole what. Perhaps this is as good a method as any.

About primitive emotional development there is a great deal that is not known or properly understood, at least by me, and it could well be argued that this discussion ought to be postponed 5 or 10 years. Against this there is the fact that misunderstandings constantly recur in the Society's scientific meetings, and perhaps we shall find we do know enough already to prevent some of these misunderstandings by a discussion of these primitive emotional states.

Primarily interested in the child patient, and the infant, I decided that I must study psychosis in analysis. I have had about a dozen psychotic adult patients, and half of these have been rather extensively analysed. This happened in the war, and I might say

that I hardly noticed the blitz, being all the time engaged in analysis of patients who are notoriously and maddeningly oblivious of bombs, earthquakes and floods.

As a result of this work I have a great deal to communicate and to bring into alignment with current theories, and perhaps this paper may be taken as a beginning.

By listening to what I have to say, and criticizing, you help me to take my next step, which is the study of the sources of my ideas, both in clinical work and in the published writings of analysts. It has in fact been extremely difficult to keep clinical material out of this paper, which I wished nevertheless to keep short so that there might be plenty of time for discussion.

The following is my highly condensed personal statement.

I

First I must prepare the way. Let me try to describe different types of psycho-analysis. It is possible to do the analysis of a suitable patient taking into account almost exclusively that person's personal relation to people, along with the conscious and unconscious phantasies that enrich and complicate these relationships between whole persons. This is the original type of psycho-analysis. In the last two decades we have been shown how to develop our interest in phantasy, and how the patient's own phantasy about his inner organization and its origin in instinctual experience is important as such.² We have been shown further that in certain cases it is this, the patient's phantasy about his inner organization,

My especial thanks are due to Dr. W. Clifford M. Scott for his help both in the work on which this paper is based and in the preparation of the paper itself.

¹Read before the British Psycho-Analytical Society, November 28, 1945.

²Chiefly through the work of Melanie Klein.

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that is vitally important, so that the analysis of depression and the defences against depression cannot be done on the basis only of consideration of the patient's relations to real people and his phantasies about them. This new emphasis on the patient's phantasy of himself opened up the wide field of analysis of hypochondria in which the patient's phantasy about his inner world includes the phantasy that this is localized inside his own body. It became possible for us to relate, in analysis, the qualitative changes in the individual's inner world to his instinctual experiences. The quality of these instinctual experiences accounted for the good and bad nature, as well as the existence, of what is inside.

This work was a natural progression of psycho-analysis; it involved new understanding but not new technique. It quickly led to the study and analysis of still more primitive relationships, and it is these that I wish to discuss in this paper. The existence of still more primitive object relationships has never been in doubt.

I have said that no modification in Freud's technique was needed for the extension of analysis to cope with depression and hypochondria. It is also true, according to my experience, that the same technique can take us to still more primitive elements, provided of course that we take into consideration the changes in the transference situation inherent in such work.

I mean by this that a patient needing analysis of ambivalence in external relationships has a different phantasy of his analyst and the analyst's work from the one who is depressed. In the former case the analyst's work is thought of as done out of love for the patient, hate being deflected on to hateful things. The depressed patient requires of his analyst the understanding that the analyst's work is to some extent his effort to cope with his own (the analyst's) depression, or shall I say guilt and grief resultant from the

destructive elements in his own (the analyst's) love. To progress further along these lines, the patient who is asking for help in regard to his primitive, pre-depressive relationship to objects needs his analyst to be able to see the analyst's undisplaced and co-incident love and hate of him. In such cases the end of the hour, the end of the analysis, the rules and regulations, these all come in as important expressions of hate, just as the good interpretations are expressions of love, and symbolical of good food and care. This theme could be developed extensively and usefully.

II

Before embarking directly on a description of primitive emotional development I should also like to make it clear that the analysis of these primitive relationships cannot be undertaken except as an extension of the analysis of depression. It is certain that these primitive types of relationship in so far as they appear in children and adults come as a flight from the difficulties arising out of the next stages, after the classical conception of regression. It is right for a student analyst to learn first to cope with ambivalence in external relationships and with simple repression and then to progress to the analysis of the patient's phantasy about the inside and outside of his personality, and the whole range of his defences against depression, including the origins of the persecutory elements. These latter things the analyst can surely find in any analysis, but it would be useless or harmful for him to cope with principally depressive relationships unless he was fully prepared to analyse straightforward ambivalence. It is at least as true that it is useless and even dangerous to analyse the primitive pre-depressive relationships, and to interpret them as they appear in the transference, unless the analyst is fully prepared to cope with the depressive position, the defences against depression, and the persecutory ideas which appear for interpretation as the patient progresses.

III

I have more preparatory remarks to make. It has often been noted that, at five to six months, a change occurs in infants which makes it more easy than before for us to refer to their emotional development in the terms that apply to human beings generally. Anna Freud makes rather a special point of this and implies that in her view the tiny infant is concerned more with certain care-aspects than with specific people. Bowlby recently expressed the view that infants before six months are not particular, so that separation from their mother does not affect them in the same way as it does after six months. I myself have previously stated that infants reach something at six months, so that whereas many five months' infants grasp an object and put it to the mouth, it is not till six months that the average infant starts to follow this up by deliberately dropping the object as part of his play with it.

In specifying five to six months we need not try to be too accurate. If in a certain case a baby of three or even two months or even less reaches the stage of development that it is convenient in general description to place at five months, no harm will be done.

In my opinion the stage we are describing, and I think one may accept this description, is a very important one. To some extent it is an affair of physical development, for the infant at five months becomes skilled to the extent that he grasps an object he sees, and can soon get it to his mouth. He could not have done this earlier. (Of course he may have wanted to. There is no exact parallel between skill and wish, and we know that many physical advances, such as the ability to walk, are often held up till emotional development releases physical attainment. Whatever the physical side of the matter, there is also the emotional.) We

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can say that at this stage a baby becomes able in his play to show that he can understand he has an inside, and that things come from outside. He shows he knows that he is

enriched by what he incorporates (physically and psychically). Further, he shows that he knows he can get rid of something when he has got from it what he wants from it. All this represents a tremendous advance. It is at first only reached from time to time, and every detail of this advance can be lost as a regression because of anxiety.

The corollary of this is that now the infant assumes that his mother also has an inside, one which may be rich or poor, good or bad, ordered or muddled. He is therefore starting to be concerned with the mother and her sanity and her moods. In the case of many infants there is a relationship as between whole persons at six months. Now when a human being feels he is a person related to people, he has already travelled a long way in primitive development.

Our task is to examine what goes on in the infant's feelings and personality before this stage which we recognize at five to six months, but which may be reached later or earlier.

There is also this question: how early do important things happen? For instance, does the unborn child have to be considered? And if so, at what age after conception does psychology come in? I would answer that if there is an important stage at five to six months there is also an important stage round about birth. My reason for saying this is the great differences that can be noticed if the baby is pre-mature or post-mature. I suggest that at the end of nine months' gestation an infant becomes ripe for emotional development, and that if an infant is post-mature he has reached this stage in the womb and one is therefore forced to consider his feelings before and during birth. On the other hand a premature infant is not experiencing much that is vital till he has reached the age at which he should have been born, that is to say some weeks after birth. At any rate this forms a basis for discussion.

Another question is: psychologically speaking, does anything matter before five to six months? I know that the view is quite sincerely held in some quarters that the answer is 'no'. This view must be given its due, but it is not mine.

The main object of this paper is to present the thesis that the early emotional development of the infant, before the infant knows himself (and therefore others) as the whole person he is (and they are), is vitally important: indeed that here are the clues to the psychopathology of psychoses.

IV

PRIMARY PROCESSES

There are three processes which seem to me to start very early: (1) integration, (2) personalization, and (3), following these, the appreciation of time and space and other properties of reality—in short, realization.

A great deal that we tend to take for granted had a beginning and a condition out of which it developed. For instance, many analyses sail through to completion without time being ever in dispute. But a boy of nine who loved to play with Ann, aged two, was acutely interested in the expected new baby. He said: 'When the new baby's born will he be born before Ann?' For him time-sense is very shaky. Again, a psychotic patient could not adopt any routine because if she did she had no idea on a Tuesday whether it was last week, or this week, or next week.

The localization of self in one's own body is often assumed, yet a psychotic patient in analysis came to recognize that as a baby she thought her twin at the other end of the pram was herself. She even felt surprised when her twin was picked up and yet she remained where she was. Her sense of self and other-than-self was undeveloped.

Another psychotic patient discovered in analysis that most of the time she lived in her head, behind her eyes. She could only see out of her eyes as out of windows and so was not aware of what her feet were doing, and in consequence she tended to fall into pits

and to trip over things. She had no 'eyes in her feet'. Her personality was not felt to be localized in her body, which was like a complex engine that she had to drive with conscious care and skill. Another patient, at times, lived in a box 20 yards up, only connected with her body by a slender thread. In all practices examples of these failures in primitive development occur daily, and by them we may be reminded of the importance of such processes as integration, personalization and realization.

It may be assumed that at the theoretical start the personality is unintegrated, and that in regressive disintegration there is a primary state to which regression leads. We postulate a primary unintegration.

Disintegration of personality is a well-known psychiatric condition, and its psychopathology is highly complex. Examination of these phenomena in analysis, however, shows that the primary unintegrated state provides a basis for disintegration, and that delay or failure in respect of primary integration predisposes to disintegration as a regression, or result of failure in other types of defence.

In any case, integration starts right away at the beginning of life, and in our work we can never take it for granted. We have to account for it and watch its fluctuations.

An example of unintegration phenomena is provided by the very common experience of the patient who proceeds to give every detail of the week-end and feels contented at the end if everything has been said, though the analyst feels that no analytic work has been done. Sometimes we

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must interpret this as the patient's need to be known in all his bits and pieces by one person, the analyst. To be known means to feel integrated at least in the person who knows one. This is the ordinary stuff of infant life, and an infant who has had no one person to gather his bits together starts with a handicap in his own self-integrating task, and perhaps he cannot succeed, or at any rate cannot maintain integration with confidence.

The tendency to integrate is helped by two sets of experience: the technique of infant-care whereby an infant is kept warm, handled and bathed and rocked and named, and also the acute instinctual experiences which tend to gather the personality together from within. Many infants are well on the way toward integration during certain periods of the first 24 hours of life. In others the process is delayed or set-backs occur because of early inhibition of making greedy attacks. There are long stretches of time in a normal infant's life in which a baby does not mind whether he is many bits or one whole being, or whether he lives in his mother's face or in his own body, provided that from time to time he comes together and feels something. Later I will try to explain why disintegration is frightening, whereas unintegration is not.

In regard to environment, bits of nursing technique, faces seen and sounds heard, and smells smelt are only gradually pieced together into one being to be called mother. In the transference situation in analysis of psychotics we get the clearest proof that the psychotic states of unintegration had a natural place at a sufficiently primitive stage of the emotional development of the individual.

It is sometimes assumed that in health the individual is always integrated, as well as living in his own body, and able to feel that the world is real. There is, however, much sanity that has a symptomatic quality, being charged with fear or denial of madness, fear or denial of the innate capacity of every human being to become unintegrated, depersonalized, and to feel that the world is unreal. Sufficient lack of sleep produces these conditions in anyone.³

Equally important with integration is the development of the feeling that one's person is in one's body. Again it is instinctual experience and repeated quiet experiences of body-care that gradually build up what may be called satisfactory personalization. And as with disintegration so also the depersonalization phenomena of psychosis relate to early personalization delays.

Depersonalization is a common thing in adults and in children, it is often hidden for instance in what is called deep sleep and in prostration attacks with corpse-like pallor:— 'She's miles away,' people say, and they're right.

A problem related to that of personalization is that of the imaginary companions of childhood. These are not simple phantasy constructions. Study of the future of these imaginary companions (in analysis) shows that they are sometimes other selves of a highly primitive type. I cannot here formulate a clear statement of what I mean, and it would be out of place for me to explain this detail at length now. I would say, however, that this very primitive and magical creation of imaginary companions is easily used as a defence, as it magically by-passes all the anxieties associated with incorporation, digestion, retention and expulsion.

V

DISSOCIATION

Out of the problem of unintegration comes another, that of dissociation. Dissociation can usefully be studied in its initial or natural forms. According to my view there grows out of unintegration a series of what are then called dissociations, which arise owing to integration being incomplete or partial. Take the quiet and the excited states. I think an infant cannot be said to be aware at the start that while feeling this and that in his cot or enjoying the skin stimulations of bathing, he is the same as himself screaming for immediate satisfaction, possessed by an urge to get at and destroy something unless satisfied by milk. This means that he does not know at first that the mother he is building up through his quiet experiences is the same as the power behind the breasts that he has in his mind to destroy.

Also I think there is not necessarily an integration between a child asleep and a child awake. This integration comes in the course of time. Once day-dreams are remembered and even conveyed somehow to a third person, the dissociation is broken down a little; but some people never clearly remember their dreams, and children depend very much on adults for getting to know their dreams. It is normal for small children to have anxiety dreams and terrors. At these times children need someone to help them to remember what they dreamed. It is a valuable experience whenever a dream is both dreamed and remembered, precisely because of the breakdown of dissociation that this represents. However complex such a dissociation may be in child or adult, the fact remains that it can start in the natural alternation of the sleeping and awake states, dating from birth.

In fact the waking life of an infant can be perhaps described as a gradually developing dissociation from the sleeping state.

Artistic creation gradually takes the place of dreams or supplements them, and is vitally important

3Through artistic expression we can hope to keep in touch with our primitive selves. It is from here that the most intense feelings and even fearfully acute sensations derive, and we are poor indeed if we are only sane.

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for the welfare of the individuals and therefore for mankind.

Dissociation is an extremely widespread defence mechanism, and leads to surprising results. For instance urban life is a dissociation, a serious one for civilization. Also war and peace. The extremes in mental illness are well known. In childhood dissociation appears for instance in such common conditions as somnambulism, incontinence of faeces, in some forms of squinting, etc. It is very easy to miss dissociation when assessing a personality.

VI

REALITY ADAPTATION

Let us now assume integration. If we do, we reach another enormous subject, the primary relation to external reality. In ordinary analyses we can and do take for granted this step in emotional development, which is highly complex and which, when it is made, represents a big advance in emotional development, yet is never finally made and settled. Many cases that we consider unsuitable for analysis are unsuitable indeed if we cannot deal with the transference difficulties that belong to an essential lack of true relation to external reality. If we allow analysis of psychotics we find that in some analyses this essential lack of true relation to external reality is almost the whole thing.

I will try to describe in the simplest possible terms this phenomenon as I see it. In terms of baby and mother's breast (I am not claiming that the breast is essential as a vehicle of mother-love) the baby has instinctual urges and predatory ideas. The mother has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby. These two phenomena do not come into relation with each other till the mother and child live an experience together. The mother being mature and physically able has to be the one with tolerance and understanding, so that it is she that produces a situation which may with luck result in the first tie the infant makes with an external object, that is external to self from the infant's point of view.

I think of the process as if two lines came from opposite directions, liable to come near each other. If they overlap there is a moment of illusion—a bit of experience which the infant can take as either his hallucination or a thing belonging to external reality.

In other language, the infant comes to the breast when excited, and ready to hallucinate something fit to be attacked. At that moment the actual nipple appears and he is able to feel it was that nipple that he hallucinated. So his ideas are enriched by actual details of sight, feel, smell, and next time this material is used in the hallucination. In this way he starts to build up a capacity to conjure up what is actually available. The mother has to go on giving the infant this type of experience. The process is immensely simplified if the infant is cared for by one person and one technique. It seems as if an infant is really designed to be cared for from birth by his own mother, or failing that by an adopted mother, and not by several nurses.

It is especially at the start that mothers are vitally important, and indeed it is a mother's job to protect her infant from complications that cannot yet be understood by the infant, and to go on steadily providing the simplified bit of the world which the infant, through her, comes to know. Only on such a foundation can objectivity be built, or a scientific attitude. All failure in objectivity at whatever date relates to failure in this stage of primitive emotional development. Only on a basis of monotony can a mother profitably add richness.

One thing that follows the acceptance of external reality is the advantage to be gained from it. We often hear of the very real frustrations imposed by external reality, but less often hear of the relief and satisfaction it affords. Real milk is satisfying as compared with imaginary milk, but this is not the point. The point is that in phantasy things work by magic: there are no brakes on magic, and love and hate cause alarming effects. External reality has brakes on it, and can be studied and known, and, in fact, phantasy is

only tolerable at full blast when objective reality is appreciated well. The subjective has tremendous value but is so alarming and magical that it cannot be enjoyed except as a parallel to the objective.

It will be seen that phantasy is not something the individual creates to deal with external reality's frustrations. This is only true of phantasying. Phantasy has more title to the word primary than has realization, and its enrichment with the world's riches depends on the moments of illusion that I have described.

It is interesting to examine the individual's relation to the objects in the self-created world of phantasy. In fact there are all grades of development and sophistication in this self-created world according to the amount of illusion that has been experienced, and so according to how much the self-created world has been unable or able to use perceived external world objects as material. This obviously needs a much more lengthy statement in another setting.

In the most primitive state, which may be retained in illness, and to which regression may occur, the object behaves according to magical laws, i.e. it exists when desired, it approaches when approached, it hurts when hurt. Lastly it vanishes when not wanted.

This last is most terrifying, and is the only true annihilation. To not want, perhaps as a result of satisfaction, is to annihilate the object. This is one reason why infants are not always happy and

4I will just mention another reason why an infant is not satisfied with satisfaction. He feels fobbed off. He intended, one might say, to make a cannibalistic attack and he has been put off by an opiate, the feed. At best he can postpone the attack.

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contented after a satisfactory feed. One patient of mine carried this fear right on to adult life and only grew up from it in analysis, a man who had had an extremely good early experience with his mother and in his home.⁴

I realize that this is only the bare outline of the vast problem of the initial steps in the development of a relation to external reality, and the relation of phantasy to reality. Soon we must add ideas of incorporation, but at the start a simple contact with external or shared reality has to be made, by the infant's hallucinating and the world's presenting, with moments of illusion for the infant in which the two are taken by him to be identical, which they never in fact are.

For this illusion to be produced in the baby's mind a human being has to be taking the trouble all the time to bring the world to the baby in understandable form, and in a limited way, suitable to the baby's needs. For this reason a baby cannot exist alone, psychologically or physically, and really needs one person to care for him at first.

The subject of illusion is a very wide one that needs study; it will be found to provide the clue to a child's interest in bubbles and clouds and rainbows and all mysterious phenomena, and also to his interest in fluff, which is most difficult to explain in terms of instinct direct. Somewhere here, too, is the interest in breath, which never decides whether it comes primarily from within or without, and which provides a basis for the conception of spirit, soul, anima.

VII

PRIMITIVE RUTHLESSNESS (STAGE OF PRE-CONCERN)

We are now in a position to look at the earliest kind of relationship between a baby and his mother.

If one assumes that the individual is becoming integrated and personalized and has made a good start in his realization, there is still a long way for him to go before he is

related as a whole person to a whole mother, and concerned about the effect of his own thoughts and actions on her.

We have to postulate an early ruthless object-relationship. This may again be a theoretical phase only, and certainly no one can be ruthless after the concern stage except in a dissociated state. But ruthless dissociation states are common in early childhood, and emerge in certain types of delinquency, and madness, and must be available in health. The normal child enjoys a ruthless relation to his mother, mostly showing in play, and he needs his mother because only she can be expected to tolerate his ruthless relation to her even in play, because this really hurts her and wears her out. Without this play with her he can only hide a ruthless self and give it life in a state of dissociation.⁵

I can bring in here the great fear of disintegration as opposed to the simple acceptance of primary unintegration. Once the individual has reached the stage of concern he cannot be oblivious to the result of his impulses, or to the action of bits of self such as biting mouth, stabbing eyes, piercing yells, sucking throat, etc., etc. Disintegration means abandonment of the whole person-object to his impulses, uncontrolled because acting on their own; and further this conjures up the idea of similarly uncontrolled (because dissociated) impulses directed towards himself.⁶

VIII

PRIMITIVE RETALIATION

To go back half a stage: it is usual, I think, to postulate a still more primitive object-relationship in which the object acts in a retaliatory way. This is prior to a true relation to external reality. In this case the object, or the environment, is as much part of the self as the instinct is which conjures it up.⁷ In introversion of early origin and therefore of primitive quality the individual lives in this environment which is himself, and a very poor life it is. There is no growth because there is no enrichment from external reality.

IX

THUMB-SUCKING

To illustrate a different method of approach to this subject I add a note on thumb-sucking (including fist and finger sucking). This can be observed from birth onwards, and therefore can be presumed to have a meaning which develops from the primitive to sophistication, and it is important both as a normal activity and as a symptom of emotional disturbance.

We are familiar with the aspect of thumb-sucking which the term auto-erotic covers. The mouth is an erotogenic zone, specially organized in infancy, and the thumb-sucking child enjoys pleasure. He also has pleasurable ideas.

Hate is also expressed when the child damages

⁵There is in mythology a ruthless figure—Lilith—whose origin could be usefully studied.

⁶Crocodiles not only shed tears when they do not feel sad—pre-concern tears; they also readily stand for the ruthless primitive self. (There is much clinical evidence of this.)

⁷This is important because of our relationship to Jung's analytic psychology. We try to reduce everything to instinct, and the analytic psychologists reduce everything to this part of the primitive self which looks like environment but which arises instantly out of instinct (archetypes). We ought to modify our view to embrace both ideas, and to see, if it is true, that in the earliest theoretical primitive state the self has its own environment, self-created, which is as much the self as the instincts that produce it. This is a theme which requires development.

his fingers by too vigorous or continuous sucking, and in any case he soon adds nail-biting to cope with this part of his feelings. He is also liable to damage his mouth. But it is not certain that all the damage that may be done to a finger or mouth in this way is part of hate. It seems that there is in it the element that something must suffer if the infant is to have pleasure: the object of primitive love suffers by being loved, apart from being hated.

We can see in finger-sucking, and in nail-biting especially, a turning-in of love and hate, for reasons such as the need to preserve the external object of interest. Also we see a turning-in to self, in face of frustration in love of an external object.

The subject is not exhausted by this kind of statement and deserves further study.

I suppose anyone would agree that thumb-sucking is done for consolation, not just pleasure; the fist or finger is there instead of the breast or mother, or someone. For instance, a baby of about four months reacted to the loss of his mother by a tendency to put his fist right down his throat, so that he would have died had he not been physically prevented from acting this way.

Whereas thumb-sucking is normal and universal, spreading out into the use of the dummy, and indeed to various activities of normal adults, it is also true that thumb-sucking persists, in schizoid personalities, and in such cases is extremely compulsive. In one patient of mine it changed at 10 or 11 into a compulsion to be always reading.

These phenomena cannot be explained except on the basis that the act is an attempt to localize the object (breast, etc.), to hold it half-way between in and out; a defence against loss of object in the external world or in the inside of the body. I should say, against loss of control over the object, which occurs in either case.

I have no doubt that normal thumb-sucking has this function too.

The auto-erotic element is not always clearly of paramount importance and certainly the use of dummy and fist soon becomes a clear defence against insecurity feelings and other anxieties of a primitive kind.

Finally, every fist-sucking provides a useful dramatization of the primitive object-relationship in which the object is as much the individual as is the desire for an object, because it is created out of the desire, or is hallucinated, and at the beginning is independent of co-operation from external reality.

Some babies put a finger in the mouth while sucking the breast, thus (in a way) holding on to self-created reality while using external reality.

CONCLUSION

An attempt has been made to formulate the primitive psychological tendencies which are normal in early infancy, and which appear regressively in the psychoses.

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GLOVER, E. (1931) THE THERAPEUTIC EFFECT OF INEXACT INTERPRETATION: A CONTRIBUTION TO THE THEORY OF SUGGESTION. INT. J. PSYCHO-ANAL., 12:397 (IJP)

THE THERAPEUTIC EFFECT OF INEXACT INTERPRETATION: A CONTRIBUTION TO THE THEORY OF SUGGESTION EDWARD GLOVER

Psycho-analytic interest in theories of cure is naturally directed for the most part to the curative processes occurring in analytic treatment: the therapeutic effect of other methods is, nowadays at any rate, more a matter of general psychological interest. In

earlier times, of course, it was necessary to pay special attention to the theoretical significance of non-analytic psychotherapy. Statements were frequently bandied about that psycho-analysis was nothing more than camouflaged suggestion: moreover, the fact that analytic method was based on experiences derived from situations of rapport between physician and patient, as for example, in hypnosis, made some theoretical differentiation desirable. Most discussions of the 'resolution of transference' can be regarded as contributions to this problem, affording a rough but serviceable distinction between analytic and other therapeutic methods. And the special studies of Freud (1) on group psychology, Ferenczi (2) on transference, Ernest Jones (3) on suggestion and auto-suggestion, Abraham (4) on Couéism and an unfinished study by Radó (5) on the processes of cure, have given a broader theoretical basis to this differentiation.

Nevertheless we are periodically stimulated to reconsider the relations between different forms of psychotherapy, more particularly when any advance is made in analytic knowledge. When such advances occur we are bound to ask ourselves, 'what happened to our cases before we were in a position to turn this fresh knowledge to

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advantage?' Admittedly we would not be under this obligation had we not previously used terms such as 'cure', 'thorough analysis', etc., etc. But for many years now we have been in the habit of speaking in such terms and therefore cannot avoid this periodic searching of heart.

One possible answer is that the additional information does not affect therapeutic procedure at all; that, like M. Jourdain, we have been talking 'prose' all the time. This certainly applies to a great deal of recent work on super-ego analysis, anxiety and guilt. It is true we have been able to sub-divide resistances into super-ego resistances, ego resistances and id resistance. But we always endeavoured to reduce such resistances, even when we had no special labels to attach to them. On the other hand when we consider the actual content of repression, it is clear that the discovery of fresh phantasy systems sets us a problem in the theory of healing. It might be stated as follows: what is the effect of inexact as compared with apparently exact interpretation? If we agree that accuracy of interpretation amongst other factors contributes towards a cure, and if we agree that fresh phantasy systems are discovered from time to time, what are we to make of the cures that were effected before these systems were discovered?

An obvious difficulty in dealing with this problem is the fact that we have no adequate and binding definitions of terms. Take for example standards of 'cure': it may be that the standards have varied: that in former times the criterion was more exclusively a symptomatic one: that as our knowledge has increased our standards of cure have become higher or broader or more exacting. For example the application of analysis to character processes has certainly increased the stringency of therapeutic standards: whether it has given rise to fantastic criteria remains to be seen. In any case it is generally agreed that a distinction between analytic and non-analytic therapeutic processes cannot be solely or immediately established by reference to symptomatic changes.

Then as to the significance of phantasy systems, it might be suggested that presentation content is not in itself primarily pathogenic: that the history of the affect only is important in illness, hence that the value of fresh discoveries of phantasy content lies solely in providing more convenient or rapid access to affective reactions. The objection to this view is that it leaves the door open to complete interpretative distortion or glossing over of repressed content; moreover

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it would deprive us of a valuable distinction between psycho-analytical interpretation and pseudo-analytical suggestion.

Incidentally a somewhat cynical view would hint that fresh discoveries are not necessarily or invariably accurate, or indeed fresh. One is bound to recall here the rapidity with which some analysts were able to discover 'birth traumas' in all their patients for some time after Rank first published his book on the Trauma of Birth, and before it was officially exploded. A less cynical view is that many new phantasy systems or elaborations of known systems are mainly repetitive in nature; repeating some central interest in varying idiom, the idiom being determined by stages of libido development and ego reaction. According to this view repetitions assist displacement and are therefore protective: the greater the number of systems we discover the more effectively we can prevent defensive displacement. We could then say that in the old days affective disturbances were worked through under a handicap (viz.: lack of knowledge of the variations of phantasy), but that they were nevertheless worked out.

The next view has some resemblances to the last but brings us closer to an impasse. It is that pathogenic disturbances are bound by fixation and repression to certain specific systems, but that these can be lightened by regression (displacement backwards) to earlier non-specific systems (Rückphantasieren) or again by distribution, i.e. forward displacement to later and more complicated systems of phantasy. Even then we could say that legitimate cures were effected in former times although under a handicap. But if anyone cared to claim that particular neuroses were defences against a specific set of unconscious phantasies, related to a specific stage of fixation and that unless these were directly released from repression no complete cure could be expected, we would be compelled to consider very carefully how cure came about in the days before these phantasies were discovered.

Obviously if such a claim were made, the first step in investigation would be to estimate the part played in previous cures by repression. This is always the unknown quantity in analyses. It does not require any close consideration to see that the rapid disappearance of symptoms which one occasionally observes in the opening phase of an analysis (e.g. in the first two or three months) is due partly to transference factors, but in the main to an increase in the effectiveness of repression. This efficiency reaches its height at one of two points; first when the amount of free anxiety or guilt has been reduced, and second when the

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transference neurosis threatens to bring out deep anxiety or guilt together with their covering layer of repressed hate. One is apt to forget, however, that the same factors can operate in a more unobtrusive way and take effect at a much later date in analysis. In this case the gradual disturbance of deep guilt is undoubtedly the exciting cause of increased repression. According to this view cures effected in the absence of knowledge of specific phantasy systems would be due to a general redressing of the balance of conflict by true analytic means, bringing in its train increased effectiveness of repression.

If we accept this view we can afford to neglect the practical significance of inexact interpretations. It will be agreed of course that in the hypothetical case we are considering, many of the interpretations would be inexact in that they did not uncover the specific phantasy system, although they might have uncovered systems of a related type with some symbolic content in common. Nevertheless, we are scarcely justified in neglecting the theoretical significance of inexact interpretations. After all, if we remember that neuroses are spontaneous attempts at self-healing, it seems probable that the mental apparatus turns at any rate some inexact interpretations to advantage, in the

sense of substitution products. If we study the element of displacement as illustrated in phobias and obsessions, we are justified in describing the state of affairs by saying that the patient unconsciously formulates and consciously lives up to an inexact interpretation of the source of anxiety. It seems plausible, therefore, that another factor is operative in the cure of cases where specific phantasy systems are unknown; viz. that the patient seizes upon the inexact interpretation and converts it into a displacement-substitute. This substitute is not by any means so glaringly inappropriate as the one he has chosen himself during symptom formation and yet sufficiently remote from the real source of anxiety to assist in fixing charges that have in any case been considerably reduced by other and more accurate analytic work. It used to be said that inexact interpretations do not matter very much, that if they do no good at any rate they do no great damage, that they glide harmlessly off the patient's mind. In a narrow symptomatic sense there is a good deal of truth in this, but in the broader analytic sense it does not seem a justifiable assumption. It is probable that there is a type of inexact interpretation which, depending on an optimum degree of psychic remoteness from the true source of anxiety, may bring about improvement in the symptomatic sense at the cost of refractoriness to deeper analysis. A glaringly inaccurate interpretation

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is probably without effect unless backed by strong transference authority, but a slightly inexact interpretation may increase our difficulties. Some confirmation of this can be obtained by studying the spontaneous interpretations offered us by patients. These are often extremely accurate in reference to some aspect of their phantasy activity, more particularly when the interpretation is truly intuitive, i.e. is not stimulated by intellectual understanding or previous analytic experience. But it will be found that except in psychotic cases, the interpretation offered is not at the moment the true interpretation. Test this by appearing to acquiesce in the patient's view and in nine out of ten cases of neurosis the patient will proceed to treat you with the indifference born of relief from immediate anxiety. The moral is of course that, unless one is sure of one's ground, it is better to remain silent.

The subject is one that could be expanded indefinitely, but I will conclude its purely analytic aspect here by giving a brief illustration. If we recall the familiar intrauterine phantasies which have been variously interpreted from being indications of birth traumas to being representations of pre-latency genital incest-wishes; or the phantasies of attacking the father or his penis in the mother's womb or vagina to which special attention was drawn by Abraham; or again the more 'abdominal' womb phantasies to which Melanie Klein has attached a specific meaning and significance, it will be seen that we have ample material to illustrate the problem under discussion. I would add only one comment by way of valuation. It is that in the absence of definite evidence indicating specific fixation at some stage or another the more universally such phantasies are found, the greater difficulty we have in establishing their value in any one case. In other words the greater difficulty we have in establishing the neurotic option. In terms of a recent discussion (6) of precipitating factors in neurosis, we cannot speak of a specific qualitative factor in a precipitation series of events until by the uncovering of repression we have proved not only that the same factor existed in the predisposing series, but also that it was pathogenic.

Before leaving this aspect of the subject, and in order to prevent misunderstanding, it would be well to establish some distinction between an 'inexact' and an 'incomplete' interpretation. It is obvious that in the course of uncovering a deep layer of repressed phantasy, a great number of preliminary interpretations are made, in

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many cases indeed cannot be avoided. To take a simple example: it is common experience that in the analysis of unconscious homosexual phantasies built up on an anal organisation, much preliminary work has to be done at a genital level of phantasy. Even when genital anxieties are relieved and some headway has been made with the more primitive organization, patients can be observed to reanimate their genital anxieties periodically. The anal system has for the moment become too strongly charged. In such a case the preliminary interpretations of genital phantasy would be perfectly accurate and legitimate, but in the pathogenic sense incomplete and indirect. If, however, no attempt were made to uncover anal phantasies and if genital phantasies alone were interpreted, the interpretation would be inexact. If subsequently in the course of analysing anal phantasies, genital systems were re-cathected, and a genital interpretation alone were given, such an interpretation would be not only incomplete but inexact.

A similar situation arises with sadistic components of an analsadistic system. Preliminary interpretation of the anal component would be incomplete: it would not be inexact unless the sadistic element were permanently neglected. This particular example is worthy of careful consideration: it brings out another point in the comparison of analytic results obtained in recent times with those obtained in earlier years. In the analysis of obsessional neuroses it can be observed that when sadistic components are causing resistance, the resistance frequently takes the form of an exaggeration of seemingly erotic phantasy and ceremonial. And the patient is only too glad to accept an interpretation in terms of libidinal phantasy. The same applies to the defence of erotic components by a layer of sadistic phantasy. Now the whole trend of modern psycho-analytic therapy is in the direction of interpreting sadistic systems and guilt reactions. We are bound, therefore, to consider whether some of the earlier symptomatic successes were not due to the fact that by putting the stress on libidinal factors and only slightly on sadistic factors, the patient was freed from anxiety but left with unresolved (repressed) sadistic systems. It would be interesting to compare the earlier results of analysis of transference and narcissistic neuroses respectively with those obtained in recent times. If the view I have presented is valid, one would expect to find that in former times the results in the narcissistic neuroses were comparatively barren, and the symptomatic results in the transference neurosis more rapid and dramatic. As against this one would expect to find better results from the modern

If a companion paper were written 'on the exacerbating effect of inexact interpretation', it would doubtless be concerned mainly with the result of partial interpretation of sadistic phantasy. A common result of disturbing guilt systems without adequate interpretation is that the patient breaks off in a negative transference. Even if his anxiety symptoms have disappeared he may depart with increased inferiority feeling, a sure sign of activated guilt. Short of this dramatic termination, there are many other indications of active resistance following inexact interpretation. During the discussion of this paper, Miss Searl drew attention to a common source of resistance or stagnation during analysis. It is the interpretation of an Id system in terms of a super-ego system or vice versa. This observation is certainly sound. It can be demonstrated experimentally with ease during the analysis of obsessional cases. In the early stages of ceremonial formation the protective or cancelling ('undoing') system is dictated by the super-ego. Sooner or later this is infiltrated with repressed libidinal and sadistic (Id) elements. Continuance of the 'Super-ego' interpretation is then 'inexact' and if persisted in brings the analysis to a standstill.

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treatment of narcissistic neuroses and less rapid (if ultimately more radical) results in the transference neuroses. The deep examination of guilt layers might be expected to postpone alleviation in cases where the maladaptation lay more patently in the libidinal organization.¹

One more comment on 'incomplete' interpretation. Apart from the degree of thoroughness in uncovering phantasy, an interpretation is never complete until the immediate defensive reactions following on the interpretation are subjected to investigation. The same applies to an interpretation in terms of 'guilt' or 'anxiety': the latter is incomplete until the phantasy system associated with the particular affect is traced. The tracing process may lead one through a transference repetition to the infantile nucleus or through the infantile nucleus to a transference repetition (7).

Turning now to the non-analytical aspect of the problem, there are one or two points worthy of consideration. The psycho-analyst has never called in question the symptomatic alleviation that can be produced by suggestive methods either of the simple transference type or of the pseudo-analytical type, i.e. suggestions based on some degree of interpretative appreciation. He has of course queried the permanence of results or speculated as to the price paid for them in general happiness or adaptability or emotional freedom. But he could not very well question the occurrence of such alleviations; in his own

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consultative practice the analyst has many occasions of observing the therapeutic benefit derived from one or more interviews. Even in this brief space he is able to observe the same factors at work which have been described above. Patients get better after consultation either because they have relieved themselves of trigger charges of anxiety and guilt, or because they have been frightened off unconsciously by the possibility of being analysed or because in the course of consultation the physician has made some fairly accurate explanations which are nevertheless sufficiently inexact to meet the patient's need.

Strictly speaking this observation is not an analytical one, but taken in conjunction with the earlier discussion of the effect of inexact interpretation in actual analysis, it seems to justify some reconsideration of current theory of suggestion. One is tempted to short-circuit the process by stating outright that whatever psychotherapeutic process is not purely analytical must, in the long run, have something in common with the processes of symptom formation. Unless we analyse the content of the mind and uncover the mental mechanisms dealing with this content together with its appropriate affect, we automatically range ourselves on the side of mental defence. When therefore an individual's mental defence mechanisms have weakened and he goes to a non-analytical psychotherapist to have his symptoms (i.e. subsidiary defences) treated, the physician is bound to follow some procedure calculated to supplement the secondary defence (or symptomatic) system. He must employ a tertiary defence system.

Theoretical considerations apart, it would seem reasonable to commence by scrutinizing the actual technique employed in suggestion. This can be done most conveniently by using a common standard of assessment, to wit, the amount of psychological truth disclosed to the patient. Or, to reverse the standard, suggestive procedure can be classified in accordance with the amount of deflection from psychological truth, or by the means adopted to deflect attention.

Using these standards it would no doubt be possible to produce an elaborate subdivision of methods, but there is no great advantage to be obtained by so doing. It will be sufficient for our purpose to contrast a few types of suggestive procedure, using

analytical objectivity as the common measure. The most extreme form of deviation from objectivity is not generally regarded as a suggestive method at all. Yet there is no doubt that it belongs to suggestive procedure and produces very definite results. It is the method of 'neglect' combined with 'counter-stimulation' employed by the general practitioner or

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consultant (8). The psychological truth is not even brushed aside; it is completely ignored. Nevertheless, stimulated no doubt by intuitive understanding of counter-irritations and attractions, the practitioner recommends his patient to embark on activities outside his customary routine. He advises a change of place (holiday) or of bodily habit (recreation, sport, etc.) or of mental activity (light reading, music-hall, etc.). The tendencies here are quite patent. The physician unwittingly tries to reinforce the mechanism of repression (neglect) and quite definitely invokes a system of counter-charge, or anticathexis. His advice to go for a holiday or play golf or attend concerts is therefore an incitement to substitute (symptom) formation. And on the whole it is a symptom of the obsessional type. The patient must do or think something new (obsessional ceremonial or thought), or take up some counter attraction (anticathexis, cancellation, undoing, expiation). This counter-charge system no doubt contributes to the success of the general manoeuvre but the repression element is important. The physician encourages the patient by demonstrating his own capacity for repression. He says in effect, 'You see, I am blind; I don't know what is the matter with you: go and be likewise'.

The next group, though officially recognized, does not differ very greatly from the unofficial type. It includes the formal methods of suggestion or hypnotic suggestion. Here again the tendency is in complete opposition to the analytical truth; but the repression aspect is not so strongly represented. The suggestionist admits that he knows something of his patient's condition but either commands or begs the patient to neglect it (auxiliary to repression). The patient can and will get better, is in fact better and so on. To make up for the inherent weakness of the auxiliary system, the suggestionist goes through various procedures (suggestions or recommendations) that are again of an obsessional type. Interest has to be transferred to 'something else' more or less antithetical in nature to the pathogenic interest; and of course in hypnotic procedure there are always remainders of magical systems (gestures and phrases).

A third group is distinguished by the fact that a certain amount of use is made of psychological truth or analytic understanding. Explanations varying in detail and accuracy are put before the patient or expounded to him. This is followed by direct or indirect suggestion. By exhortation or persuasion or implication the patient is led to believe that he is now or ought now to be relieved of his symptoms. Auxiliary suggestions of an antithetical type may or may not be added. Although

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varying in detail, all these procedures can be included under one heading, viz.: pseudo-analytical suggestion. And as a matter of fact, although the view has aroused much resentment, analysts have made so bold as to describe all pseudo-Freudian analysis as essentially pseudo-analytic suggestion. The only difference they can see is that no open suggestive recommendations are made in the second or third stage of the procedure. As however the negative transference is not analysed at all, and very little of the positive, a state of rapport exists which avoids the necessity for open recommendation. Despite this, and presumably to make assurance doubly sure, a good deal of oblique ethical or moral or rationalistic influence is exerted.

There is one feature in common to all these methods; they are all backed by strong transference authority, which means that by sharing the guilt with the suggestionist and by borrowing strength from the suggestionist's super-ego, a new substitution product is accepted by the patient's ego. The new 'therapeutic symptom construction' has become, for the time, ego-syntonic.²

At this point the critic of psycho-analysis who for reasons of his own is anxious to prove that psycho-analysis is itself only another form of suggestion, may argue as follows: if in former times analysts did not completely uncover unconscious content, then surely the analytic successes of earlier days must have been due in part to an element of suggestion in the affective sense as distinct from the verbal sense. It may be remembered that the old accusation levelled against psycho-analysis was that analytic interpretations were disguised suggestions of the 'verbal' or ideoplastic order. At the risk of being tedious the following points must be made clear. Analysis has always sought to resolve as completely as possible the affective analytic bond, both positive and negative. It has always pushed its interpretations to the existing maximum of objective understanding. It is certainly possible that the factor of repression (always an unknown quantity) has dealt with psychic constructions that were incompletely interpreted, but analysis has always striven its utmost to loosen the bonds of repression. It is equally possible that when interpretation has been incomplete some displacement systems are left to function as substitutes or anticathexes; nevertheless analysis has always endeavoured to head

2I have omitted here any detailed description of the dynamic and topographic changes involved in the processes of suggestion. These have been exhaustively described by Ernest Jones in the papers already quoted.

3In a personal communication Mrs. Riviere has emphasized the importance of sadistic factors in any assessment of analytic or suggestive method.

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off all known protective displacements. In short, it has never sought to maintain a transference as an ultimate therapeutic agent; it has never offered less than the known psychological truth; it has never sided with the mechanisms of repression, displacement or rationalisation. Having made its own position clear, psycho-analysis offers no counter-attack to the criticism. It offers instead a theory of suggestion. It is prepared to agree that the criticism might be valid for bad analysis or faulty analysis or pseudo-analysis. It adds, however, that bad analysis may conceivably be good suggestion, although in certain instances it has some misgivings even on this point. For example, it has always been poor analysis to stir up repressed sadistic content and then, without analysing the guilt reactions fully, to remove the props of displacement. And it has probably always been good suggestion to offer new or reinforced displacement substitutes and to buttress what tendencies to withdraw cathexis are capable of conscious support. It is conceivably bad suggestion or more accurately bad pseudo-analytic suggestion to disturb deep layers of guilt. Presumably a good deal of the success of ethical suggestion and side-tracking is due not only to the fact that the patient's sadistic reactions are given an extra coating of rationalization, but to the fact that the sidetracking activities recommended act as obsessional 'cancellings' of unconscious sadistic formations.³

In addition to these two factors of repression and substitution there is a third fundamental factor to be considered. A great deal of information has now been collected from various analytical sources to show that at bottom mental function is and continues to be valued in terms of concrete experience. There has of course always

been some academic interest in the relation of perceptual to conceptual systems, but the contributions of psycho-analysis to this subject have been so detailed and original that it is for all practical purposes a psycho-analytical preserve. For the unconscious a thought is a substance, a word is a deed, a deed is a thought. The complicated variations which psycho-analysis has discovered within this general system depend on the fact that in the upper layers of the unconscious (if we may use this loose topographical term) the substance is regarded as having different origin, properties and qualities. Put systematically;

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the nature of the substance depends upon the system of libidinal and aggressive interest in vogue during the formation of the particular layer of psychic organization.

During the primacy of oral interest and aggression, all the world's a breast and all that's in it good or bad milk. During the predominance of excretory interest and anal mental organization, all the world's a belly. During infantile genital phases, the world at one time is a genital cloaca, at another a phallus. The overlappings and interdependence of these main systems give rise to the multiplicity and variety of phantasy formations. One element is however common to all phases, and therefore is represented in all variations of phantasy. This is the element of aggression direct or inverted. So all the substances in the world are benign or malignant, creative or destructive, good or bad.

Psycho-analysts have shown over and over again that, given the slightest relaxation of mental vigilance, the mind is openly spoken of as a bodily organ. The mind is the mouth; talk is urine or flatus, an idea is fertile and procreative. Our patients are 'big with thought' and tell us so when off guard. This has been demonstrated with considerable detail in the analysis of transference phantasies. An interpretation is welcomed or resented (feared) as a phallus. Analysts are reproached for speaking and for keeping silent. Their comments are hailed as sadistic attacks; their silences as periods of relentless deprivation. In short, analysis is unconsciously regarded as the old situation of the infant in or versus the world. An interpretation is a substance, good or bad milk, good or bad faeces or urine (or baby, or phallus). It is the supreme parent's substance, friendly or hostile; or it is the infant's substance, returning in a friendly or malignant form, after a friendly or hostile sojourn in the world.

As I have pointed out elsewhere (9) this innate tendency of the mind is a perpetual stumbling block to objectivity not only on the patient's part but on the part of the analyst. It must be constantly measured and allowed for in all stages of analysis. This measurement and uncovering is the essence of transference interpretation. In both transference and projection forms it plays a large part in the fear of analysis which is universally observed. Only the other day a patient with intuitive understanding of symbolism, but without any direct or indirect orientation in analytic procedure expressed the following views during the first stage of analysis: words are really urine and the stream of urine is an attacking instrument: associations may be either unfriendly or friendly urine: interpretation is generally friendly urine,

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except on days when erotic and sadistic phantasies are important: when the associations are bad the urine is bad; when the interpretation is bad the analyst is putting bad urine into the patient: the patient must get it out or as the case may be the analyst must take it out. Prognostically speaking the situation in this case was not very good, but the material was entirely spontaneous.

As has been remarked this innate tendency of the mind is a perpetual stumbling block to analysis. But what is a stumbling block to analysis may be a keystone to suggestion. At any rate part of a key structure. From the earliest times some appreciation of the

significance of 'substance' has crept into theories of suggestion; it is to be seen in the old belief in a 'magnetic fluid' and in the quite modern 'implantation' theories of Bernheim and others (ideoplasty). And it seems plausible that these, in their time apparently scientific explanations, are remote derivatives from a more primitive 'concrete' ideology such as is to be studied in the animistic systems of primitives, the delusional systems of paranoiacs and (given analytical investigation) the transference systems of neurotics. Janet, it will be remembered, regarded the 'somnambulistic passion' or craving as comparable with the craving of drug addicts; and Ernest Jones (3) has pointed out the relation of this to psycho-analytic ideas concerning the significance of alcohol (Abraham). Discredited or inadequate theories of suggestion thus come into their own in an unexpected fashion. They give us one more hint of the nature of hypnotic and suggestive rapport. And they give us some hint of the therapeutic limits of pseudo-analytic suggestion. The essential substance, symbolized by words or other medium of communication, must be a friendly curative substance. It must be capable of filling a dangerous space in the patient's body-mind, it must be able to expel gently the dangerous substances in the patient's body-mind, or at the least it must be able to neutralize them. In the process of neutralizing guilt, it must not awaken anxiety. The hysteric, for example, must not be made psychically pregnant in the course of psychic laparotomy. So the pseudo-analytical suggestionist does well to alleviate anxieties before administering his suggestive opiate for guilt. And he should steer clear of analysing sadism. The general practitioner sets him a good example in his unofficial and unwitting system of suggestion (8). As we have seen the latter not only weighs in on the side of repression and inculcates policies of obsessional anticathexis, but he caters for the patient's fundamental core of paranoia. He doesn't know what is wrong with his patient's mind but

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he knows, or thinks he knows, what is wrong with his patient's intestinal system. And he uses cathartic drugs or gentle laxatives to drive out the poison, following them up with friendly tonics and invigorating hæmatinics. In this way he deals with the paranoidal and dangerous omnipotence systems of his patient, without bringing the mind into the matter at all. The suggestionist who openly endeavours to deal with mind through mind should remember that in the last resort he must base his suggestive interferences on a system of 'friendly paranoia'. Here again the difference between suggestion and true analysis becomes apparent. Analysis must at all times uncover this deepest mental system: the suggestionist with an eye on his patient's anxiety reactions must invariably exploit it.

Conclusion.—There are many other factors in the operation of suggestion, concerning which analysis has had or will have much to say. But for the present purpose it is unnecessary to go into greater detail. Examination of the effect of inexact interpretation in analysis focusses our attention on the possibility that what is for us an incomplete interpretation is for the patient a suitable displacement. By virtue of the fact that the analyst has given the interpretation, it can operate as an ego-syntonic displacement system (substitution-product, symptom). Applying this to the study of methods of suggestion, we see that suggestion technique varies in accordance with the emphasis placed on various defensive mechanisms. All methods depend on the mechanism of repression, but as regards auxiliaries to repression there are quite definite variations in method. In general, non-analytical types of suggestion, by virtue of their complete opposition to the psychological truth and the stress they put on modifications of conduct and thought, might be regarded as 'obsessional systems of suggestion'. Pseudo-analytical types, although nearer the truth, are yet sufficiently remote to operate by

focussing energy on a displacement, and in this respect might be called 'hysterical suggestions of a phobic order'. But the most original and in a sense daring technician, who seldom gets credit for being an expert in suggestion, is the general practitioner or consultant. Intuitively he attempts to deal at once with the patient's superficial anxiety layers and his deepest guilt layers. He is unwittingly a pure 'hysterical suggestionist' in the sense that he plumps for repression and tacitly offers his own repressions (ignorance) as a model; but by his use of drugs he shows intuitive appreciation of the deeper cores of guilt which, under other circumstances, give rise to paranoia. And he plays the rôle of the 'friendly persecutor'. He is

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in this respect the lineal descendant of the first magical pharmacologists.

These conclusions do not pretend to be original. It has long been held that hypnotic manifestations represent an induced hysteria, and similar suggestions have been made by Radó (5) for the abreaction phenomena of catharsis. Abraham (4) considered that states of autosuggestion were induced obsessional systems and of course the induction or development of a transference 'neurosis' during analysis is regarded as an integral part of the process. Current types of pseudo-analytical suggestion have not received the same amount of attention. And since they are being employed more and more frequently in psycho-therapeutic circles, it is high time to give them some more definite status. In the sense of displacement, the system they endeavour to exploit is a phobia system. For the treatment to be successful, the patient must develop an ego-syntonic phobia. One might regard this form of suggestion as a kind of homeopathy. The suggestionist plays the patient at his own game of symptom formation.

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The Unknown Self

Edward Glover

By Georg Groddeck, M.D. (The C. W. Daniel Company, London, 1929. Pp. 207. Price 7 s. 6 d. net.)

The name Groddeck will not be forgotten so long as Freud's book on psychic structure is read by a psycho-analytical public. But the fact that Freud borrowed from Groddeck the term 'Id' (It) tends to obscure the latter's more individual claim to enduring recognition. Groddeck would doubtless be the last to claim distinction as a

propagandist, yet the fact remains that he is one of the most forceful and original of propagandists in the history of psychological medicine. He has done more than anyone else in recent times to demonstrate to a hidebound medical faculty the universal exploitation of mechanisms of conversion hysteria, the conversion element in organic disease and the psychic gains of illness in general. To this enthusiastic interest he has coupled a passion for investigating the precipitating psychic factors in neurotic and other illness. Over and above all this, his imagination has been fired by the idea of impersonal forces manifesting themselves through various somatic and psychic activities and structures.

This conception is by no means unfamiliar, and its application in psychic affairs certainly helps us to cultivate a sense of perspective concerning the relation of the conscious Ego to the rest of the psyche. Groddeck has always presented these relations in a masterly way, and the present volume, although by no means of the same quality as some of his earlier works, contains many of those illuminating passages with which we have become familiar.

Having paid tribute to these gifts of terse expression and to the tenacity with which he holds by no means popular views, it must be said that his enthusiasm at times outruns his sense of proportion. And on some occasions he quite obviously does scant justice to the nature and function of Ego systems. It is easy to say that his 'It' concept includes everything else, hence is not comparable with the Freudian 'Id.' And of course he admits that the closest access we have to this 'It' is by means of psycho-analysis, i.e. via the Ego systems. But that is not sufficient justification for attributing to the 'It' certain activities which are quite adequately understood in terms of the Ego. It is interesting to note that many of the phenomena he describes would be called 'secondary gains' wrested by the Ego from illness. Indeed there are very few cases reported in this book that require any broader concept than that of the Freudian Id-Ego relationship. Groddeck's 'It' is one of those concepts which are extraordinarily vivid and stimulating so long as they are not too closely examined.

And it is not unfair to say that the value of his system depends to a certain extent on the degree of vagueness with which the contrasting Freudian views are presented. These lectures were given in 1926, and at that time there was no excuse for saying, as Groddeck does, 'there exist

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(for Freud) only the expressions "Conscious" and "Unconscious". Nor for using such loose sentences as 'What is unconscious was at some time or other in the consciousness'. Indeed a certain elasticity in the use of terms is the weakest feature of his presentation.

It would be easy to pick holes in many expressions of this sort. But Groddeck would himself be the first to admit that his subject is one which involves a good deal of contradictoriness in expression. More interesting, however, is the curious mixture of optimism and pessimism that runs throughout the book. What one might call the constitutional aspect of the 'It' as presented by Groddeck is enough to justify the deepest of pessimism: yet the results obtained by a brief conscious attack on the precipitating factors of illness would appear to justify boundless optimism. Here, surely, the omnipotent 'It' is shewing feet of clay. In short, however tame the Freudian 'Id' may appear by contrast with Groddeck's 'It', there is some reason to believe that the former shews more refractoriness to influence, hence is a more fruitful concept for the comprehension of everyday neurotic illness.

When all has been said, however, Groddeck's claims to recognition as a persuasive and at the same time challenging lecturer on conversion hysteria, etc., cannot be disputed.

