

La relación de objeto y las estructuras freudianas (1956-1957)

Artículos psicoanalíticos citados por Lacan en su seminario

Nota bene: *esta recopilación es una transcripción de los artículos originales, su objetivo es ser un apoyo en la lectura de los seminarios de Jacques Lacan. Se ha tratado de realizarla con la máxima fidelidad posible, sin embargo, dado que es una transcripción puede incluir errores involuntarios, por lo cual urgimos a los lectores que quieran citar estos textos a consultar directamente la fuente original, ya sea en las revistas en papel o a través del CD-ROM generado para ese propósito por la Asociación Psicoanalítica Americana, y que puede ser consultado y/o adquirido a través de su sitio de internet.*

Dado que este sitio es gratuito, no pretende lucrar de ninguna manera con estas transcripciones; su finalidad es únicamente contribuir al estudio crítico y documentado del psicoanálisis, en particular de la enseñanza de Jacques Lacan

INDICE

- Glover, E.** (1930). Grades of Ego-Differentiation. *Int. J. Psycho-Anal.*, 11:1-11
- Glover, E.** (1933). The Relation of Perversion-Formation to the Development of Reality-Sense. *Int. J. Psycho-Anal.*, 14:486-504
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Grades of Ego-Differentiation¹

Edward Glover ⓘ

Not long after Freud first published his systematization of psychic structure in terms of the Ego, the Super-ego and the Id, a tendency manifested itself amongst psycho-analytic writers, to convert what had been of necessity a fluid presentation into a more rigid and refractory medium. Moreover, in their exposition of this concept of tripartite psychic structure some writers had recourse to terms which, although suggestive enough in themselves, evaded the more disciplined usages of academic statement. One might quote for example phrases such as that coined by Alexander of a 'secret alliance' between Id and Super-ego, or again, the statement that a psychic formation can be 'Id-syntonic'. Useful as such phrases may be for purposes of description, they are unsatisfactory in many other respects: they tend to gloss over the difficulties of a precise statement of mechanism and may ultimately give rise to theoretical misconceptions, particularly in the minds of students. Thus we are left to form our own opinion whether this 'secret alliance' can be contained within the more familiar concept of 'regression', and if so, whether we can or must postulate some degree of Id organization in order to express the idea of regression to some common point in development or to some common functional reaction.

Another rather slipshod usage, due in all probability to some anthropomorphizing tendency, is that whereby we speak of severe

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

Super-egos, imperious Ids and helpless Egos. Here again the idea of mechanism, of the control and regulation of instinctual tensions, gives place to a more or less lax descriptive process, one which, in the case of the Id, is totally alien to the conception of the impersonal. As usual Freud himself was the first to foresee this danger: in his original essay he warned us that from the topographical point of view, although the Id and Ego systems could be illustrated by a conventional diagram, a system such as that of the Super-ego did not lend itself to diagrammatic representation; and again he entered a mild caveat against taking abstractions too seriously when (in *Hemmung, Symptom und Angst*) he warned us against regarding the mental systems as armed camps. It may be profitable therefore to review the existing structural conceptions to see to what extent their manifest advantages are offset by certain difficulties in formulation.

The first step in such a review is to consider *what advantages are actually obtained by the formulation of an Id concept*. To begin with, the concept of the Id made an end once and for all with the confusion arising from the use of the same term (i.e. unconscious) to designate a special mental system and a characteristic applicable to two out of three mental systems. It enabled us not only to distinguish between the old *ucs* and the unconscious components of the Ego but between the 'repressed' and the remainder of the *ucs* system. Further, it clarified the position of what up to then had been called the Ego instincts, a somewhat urgent matter since, as Mitchell² has pointed out, the use of the term Ego instinct had become somewhat precarious after the separation of the Ego libido, and more so after the self-preservative instincts were assigned to the Eros group. Indeed, whatever view one might hold as to the clinical usefulness of postulating Life and Death instincts, it was impossible to make theoretical use of these postulates, without formulating the concept of an instinct reservoir such as the Id. Naturally once the Id concept had been established, the ego was necessarily reduced to the status of a regulating institution, formed originally on a reactive pattern, with a capacity for exploiting perceptual function and an adequate sensitiveness to affective danger signals. Incidentally it may be noted that the modern concept of the Ego is in the deterministic sense as impersonal as that of the Id itself. Finally the concept of an Id matrix provided an asylum for the preservation of phylogenetic imprints

2 *Problems in Psycho-pathology*, London (Kegan Paul), 1927.

and temporarily at any rate rescued the theory of primal impressions from some unclarity with which it was beset.

As far as the Ego was concerned it was an organization derived from this psychic matrix but without any clear line of demarcation from the Id. At a later date the fact that the Id itself was no organization had to be restated in *Hemmung, Symptom und Angst*. Now the necessity for this reminder itself suggests that the Id system was being credited with some features more characteristic of an Ego system, in other words, that an anthropomorphizing tendency was eating into a scientific concept. After all, study of

primitive animistic systems together with some reflection on the use of rationalization as a late Ego defence against anxiety should serve to remind us that any attempt to strip the Ego of its dignity and independence even in the name of objective science is bound to provoke some attempt at restitution, no matter how unobtrusively this may be effected by anthropomorphising the concept of the Id.

Now the pre-Id view of the relation of the Ego to instinct and stimuli prevented this anthropomorphizing tendency, in so far as it related the development of the Ego to a primary separation of Inner and Outer world based on experiences of instinct tension and of the mastering of stimuli. This primary functioning is gradually complicated by the expansion of the pleasure-pain principle. This in turn leads to exploitation of the special reactive function of projection and hence to the formation of the Primary Pleasure Ego as distinct from a painful outer world. With the clearer differentiation of objects and the consequent frustration and foundering of impulses directed towards those objects, Ego differentiation receives much stronger impetus. It is at this point that we are justified in speaking of a Super-ego system and in describing its function. By the development of the Super-ego system, the Ego is placed in the advantageous position of being able to delegate some of its primary activities: the Super-ego becomes the instigator though not the executant of inner inhibition. At this point also we are entitled to speak of the Real Ego. Having delegated the exhausting task of scrutinizing certain instinct derivatives, the Real Ego can exploit its capacity for watchfulness as an organ of adaptation to external stimuli.

The formulation of the Id concept does not involve any alteration in these fundamental views of Ego development, but the postulate that the Ego had no sharp line of demarcation from the Id has resulted in some blurring of the *concept of the primary pleasure Ego*. As has been

- 3 -

suggested, in spite of the fact that the Id is to be regarded as an unorganized psychic mass, the tendency exists to attribute to it characteristics which imply some degree of organization, and hence are more appropriately reserved for a primary pleasure Ego. Moreover, it has the delayed result of obscuring what are the ontogenetic and functional relationships between the Ego and the Super-ego. Thus, for example, even if we ignore the infiltration of Ego by the Id and content ourselves with the rough formulation of distinct Id, Ego and Super-Ego systems, we are bound to assume that since the Ego is a structure imprinted on the Id by external necessity, and since the Super-Ego is a differentiated part of the Ego, there is a sort of historical precedence of the Ego over the Super-Ego.

Now in view of the close connection (inferred from clinical data), between the Id and Super-Ego systems, this is a precedence which can by no means be taken for granted.

At this stage it might be inquired whether much of the confusion which arises on this and other problems does not depend on the *latitude allowed in definition of the Ego*. This is undoubtedly true: for example, if we take a broad enough view of the Ego we are bound to maintain that all instincts the aims of which are apparent—and after all we know of the existence of instincts only through the expression of their aims—form an integral part of the Ego. This is particularly obvious in the case of certain self-preservative aims, and in the case of the restricted aims of the libido. Incidentally it is this all-embracing view of the Ego which gives rise to so much difficulty when attempts

are made to define what is meant by 'character'. On the other hand we may take a limited view of the Real Ego focussed round perceptual consciousness and having a range extending through memory systems to the margins of the preconscious. Beyond that margin we have to deal with the territories of the Id and of the unconscious Ego, which latter tends to be regarded in practice as mostly super-ego. In spite of these fairly clear-cut distinctions a good deal of confusion exists, due to the fact that perceptual consciousness and the instruments of projection are at the service of the most primitive Ego formations. In the sense of organized reactive function we are entitled to say that a 'Real'-Ego system exists from shortly after birth. In spite of hallucinatory and other pleasure aberrations which obscure its reality function, this system is maintained unbroken down to the final formation of the actual Real-Ego. That battles are fought for the possession of these instruments is seen in the phenomena of split-personality

- 4 -

and is implied in, for example, paranoidal personalities, to say nothing of the personalities of primitives.

But apart from these sources of confusion I think it can be shown that *our interpretation and formulation of infantile stages of development has been affected by our theoretical conceptions*. Mrs. Isaacs has reminded us in her paper on 'Privation and Guilt'³ that according to the accustomed view there is a definite temporal relationship between the passing of the Oedipus complex, the formation of the Super-Ego and the onset of latency. According to this view we have an approximate date of *completion* of Super-Ego formation, viz. the onset of latency (leaving out of account of course the processes of consolidation which take place during latency and after). The *onset* of super-ego formation is not so precisely indicated, but is nevertheless bound by the view that true castration anxiety cannot occur until the phallic phase of infantile organization has set in. Even if we allow for precocity in attaining the phallic phase, this view gives rise to certain difficulties. The analysis of obsessional neurotics has shown that it is possible for the Ego to achieve a high degree of differentiation (in the Super-Ego sense) under the primacy of the anal-sadistic phase, and the presence of distinct obsessional traits in a large number of so-called 'normal' individuals suggests that this early differentiation is a common occurrence. In the second place there has long been clinical evidence to support the view that in certain cases (until recently regarded as exceptional) organized Oedipus impulses could manifest themselves in the first year,⁴ that is to say, at a time when the Real-Ego is obviously undeveloped. If then the existing views are strictly adhered to, we must assume that Super-Ego differentiation of unconscious components of the Ego takes place only at the stage of final renunciation of the Oedipus wishes—a time when by ordinary standards the Real Ego is already developed. But if the Real-Ego is the end result of renunciation of the pleasure principle it is difficult to see how it can take proper

3 INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, 1929, X, p. 335.

4 It is often forgotten that, although Mrs. Klein deserves all the credit of having adduced evidence in favour of the view that Oedipus conflict commences *as a rule* in the first two years of life, it is many years since sporadic observations proved that it was possible for typical Oedipus reactions to occur at an extremely early stage, e.g. during the oral phase. The mere coining of terms such as that of Ferenczi of 'Sphinkter-Moral'

was at the same time a confession of uncertainty concerning the date of origin of the Super-Ego and a concession to existing theory.

- 5 -

shape until incest wishes are renounced, i.e. until the new reality principle has been finally established. If this contradiction is something more than a mere nosological confusion we are thrown back on certain assumptions. We may say for example that the Super-Ego develops simultaneously with the Ego, a differentiation in function becoming more obvious with each stage of development. Or if we prefer it, we can say that both Super-Ego and Ego are struck out of a primitive pleasure Ego, itself derived from the Id, or we may say that the Super-Ego is first differentiated from the primitive pleasure Ego, the Real-Ego being as it were an important byproduct of conflict between the Super-Ego and the Primitive Pleasure Ego. What seems to cause confusion and difficulty is the postulation of an unorganized Id, and an organized Ego from which the Super-Ego is ultimately differentiated.

The final resolutions of these problems must obviously depend on the results of future psycho-analytical research, but there are three particular lines of investigation which appear especially promising in this connection. These are, first, direct analysis of young children; second, analysis of borderline psychotic personalities and, third, the working hypotheses of psycho-analytical anthropology.

Although there have been in the past many isolated observations of the behaviour of young children, as far as the *analysis of young children* is concerned, the only available evidence at the moment is that derived from the findings of Klein⁵ and her school. This can be divided into (a) the material of observation together with primary interpretations of such material, and (b) inferences as to Ego structure and dynamics drawn from this interpreted material.

Concerning the clinical data we need only say that Klein's observations compel us to reassess certain facts which we had always been inclined to neglect or gloss over. The fact that the Oedipus situation occurs regularly at an early stage of development compels us to reconsider the early processes of Super-Ego formation; secondly, although emphasis had long been laid on the existence of sadism in early stages of libido development, the developmental significance of high and continued sadistic charges had never been properly estimated, especially their effect in stimulating the inhibiting side of Ego activity.

The most important of Klein's inferences can be stated as follows:—

⁵ I am indebted to Mrs. Klein for the privilege of reading her as yet unpublished lectures on this subject. The digest given below was prepared from these lectures, but the responsibility for error (if any) is mine.

- 6 -

(a) That Super-Ego formation commences in the second half of the first year of life, —and that at first the Super-Ego is hardly differentiated from the Id. (b) That the growth of this system is stimulated by an early efflorescence of primary sadistic charges which, when linked to purely libidinal charges, set up a vicious circle of frustration and tension. (c) That this reactive system, patterned on unreal primitive object-imagines, can

itself promote tension, and that as the result of these primary tensions an impetus is given to real Ego and real object formation.

From the structural point of view the logical outcome of her views might be put rather crudely in this way: *So far from the Super-Ego being a later differentiation of an organized Ego, the Ego in its relation to real objects is hammered out of the Id by the Super-Ego.*

Now as we are dealing here with inferences we are bound to ask whether the developments indicated are sufficiently plausible to justify their being made the basis of working hypotheses. I will recapitulate here only the most essential stages as described by Klein. Normally oral deprivation activates sadism (in the order—deprivation, anxiety, sadism). This sadism is directed *via* the libido to the object, but is thwarted, produces fresh anxiety, a cumulative charge of sadism and a stronger drive towards the object on which the sadism is projected. The existence of a sadistic vicious circle increases libidinal excitation, sets the Oedipus situation going, and Oedipus expression through the oral sadistic mode of incorporation leads to the early introjection of Oedipus objects, which are nevertheless, by virtue of projected characteristics, unreal distorted objects. These constitute the nucleus of the primitive Super-Ego.

With regard to the *validity of these views*, it seems to me that there is one weighty argument in favour of their acceptance, provided of course we admit, as I think we are to a very large extent bound to admit, the accuracy of Klein's primary observations, and the correctness of most of her primary interpretations. It is that, apart from the special time relationship between Super-Ego and Real-Ego implied by her, and apart from the fact that she derives the Super-Ego almost directly from the Id, the early processes of Super-Ego formation she describes differ in no fundamental respect from the processes described and accepted by all analysts for what Klein would call later stages. For example, it might appear that the processes of object introjection she describes would be vitiated by the partial and rudimentary nature of these objects, and that the decisive element of abandonment of object cathexes cannot be presumed. Now whilst it may be true that in Abraham's sense real object formation does not commence

- 7 -

until the second of the anal sadistic phases, this does not invalidate the conception of introjection of part objects. The term part object is after all an object's view of an object. The completeness of an object depends on the whole-heartedness of instinctual aims. The only true sense in which early pregenital objects are part objects is in so far as libidinal strivings are polymorphous. If we agree that the primacy of the earliest stages of libido development is an oral primacy, then the object of that libido is correspondingly as complete as the object of genital libido. Similarly if we agree that one primacy gives way to later primacies, whether by frustration or as the result of processes inherent in development or both, we are bound to concede that the abandonment of this libidinal aim is as complete and as liable to give rise to introjection as a later abandonment of genital aims to a 'complete' Oedipus object. The difficulty is due to a confounding of perceptual syntheses with the objects of libidinal aims.

In short, I believe that when all due corrections have been made⁶ the most important of Klein's findings will remain unchallenged, viz. the pre-phallic Oedipus phase, and the pregenital phase of Super-Ego formation. Even granting this, we are no better off as far as the primitive phases of the Ego are concerned. Indeed the tendency of her work is one of Super-Ego aggrandisement at the expense of the concept of the primitive ego.

The primitive Ego is suggested simply as a weak Ego as little differentiated from the Id as the Super-Ego.

Now the mere suggestion that the early Super-Ego is very little differentiated from the Id necessitates careful examination. *Is it permissible to say that a Super-Ego is an immediate derivative of the Id?* The reply might be made that if it is justifiable to regard the Ego system as a whole as being a differentiated part of the Id, it is at any rate conceivable that the Super-Ego system represents some of the more direct modifications. To do so however is to put a certain amount of strain on the topographical aspect of Freud's psychic systematizations. An Id concept is after all the expression of ideas concerning instinct and concerning phylogenetic ego inheritance; apart from its special relationship to the 'repressed' its main justification in theoretical description is the extent to which it simplifies and clarifies the concept of an organized Ego system, and Freud has been content so far to represent the idea of an Id-Ego boundary in the most elastic terms. The

6 E.g., free use of the term 'sadism' is liable to obscure our understanding of early modifications of the destructive impulses, together with their influence on development.

- 8 -

expression of the aims of Id instincts and the record of Id tensions automatically constitute the groundwork and reckoning apparatus of the primitive Ego. To put the matter crudely: if we did not already possess the concept of a primitive Ego it would be as necessary to invent one as it is to postulate a primal Ego in anthropological study.

If now we define the function of the Ego as that of regulating psychic tension, involving primarily the employment of reactive instincts for this purpose, and proceed to re-examine the course of events sketched by Klein as leading up to the formation of the Primitive Super-Ego, it will be observed that the *primitive Ego* not only plays a large part in this process but that it must itself have attained a relatively high degree of organization before it could play this part. What is described briefly as the cumulative charge of sadistic impulses leading to Super-Ego formation can be translated in terms of the primitive Ego as a turning point in a *protracted history of reactive Ego functions*. These have arrived at the stage where they tend to defeat their own aim of reducing tension, and in face of defeat the primitive Ego develops in self-defence a specialized protective and inhibiting institution, viz. the Super-Ego. The ultimate factor responsible for this threatened defeat is the failure of the primitive mechanism of projection. But projection is by no means the only protective measure of the primitive Ego. To mention only two other systems, the discharge through the sensory end of the psychic apparatus is constantly exploited and continues to be exploited throughout the dream life of the individual. Again the distribution of reactive tensions through systems other than the oral system performs a protective function.

Apart from these considerations, if we view the actual processes of object formation and introjection as described by Klein, it appears that these would be liable to founder but for peculiarities of primitive Ego organization, e.g. *primary identification*. Like the concept of the Id, primary identification is a necessary descriptive formula. It forms the basis of all later systems of identification and introjection by virtue of the fact that for the primitive mind all states having the same pleasure tone tend to bring about identification of the objects connected with these states. But we must not treat this

primary identification in a one-sided way—for although by wrongly including the object, primary identification leads the way to introjection, it is also true that by faulty differentiation of the Ego the primitive Ego arrives at object formation. Indeed it might be held that the concept of a primitive Ego itself requires further elaboration. It is conceivable that at the stage we

- 9 -

usually describe as that of primary identification, there are as many primary Egos as there are combinations of erotogenic zones with reactive discharge systems: in other words, it is conceivable that the so-called primitive Ego is originally a polymorphous construction.

Finally, with regard to the *rôle of the super-ego in promoting object formation* the views held by Klein seem to imply that the early formation of the super-ego with the resultant loosening of anxiety promotes closer adaptation to reality, hence stimulates real object formation. That under favourable circumstances an early super-ego ultimately promotes objectivity cannot I think be denied, but the processes of adaptation remain essentially Ego processes, and in this sense are simply reinforced varieties of mechanism already put in operation by the primitive Ego. Possessed as it is of the instruments of cognition, the primitive Ego is driven by inner tension to make sharper perceptions of objects. It is moreover the primitive Ego which by virtue of its tendency to aversion gradually develops the system of denial which, as Freud points out, is the first step in the acceptance of objects associated with pain. It is the primitive Ego's first libidinal drive towards incorporation, which is the first step in adaptation to the outside world, and, as Ferenczi has suggested, it is the fusing or refusing of libidinal and destructive drives which promotes objectivity as distinct from the mere recognition of objects. Lastly, it is the primitive Ego's capacity for identification on a pleasure or pain basis which promotes displacement and maintains a sufficient spread of discharge. In short, it is difficult to avoid the presumption that the primitive Ego has attained a highly complicated stage of organization before the development of more complicated aims towards objects necessitates a subdivision of labour, which is achieved by the formation of the Super-Ego and the splitting of libidinal drives.

Considerations of space prevent more than a cursory review of the two other sources of evidence I have mentioned. A *study of psychotic personalities* shows however that in every case *two* factors have to be estimated, —first the amount of disorder of Super-Ego formation and, second, the extent of regression to a primitive Ego organization. In a paper given at the Innsbruck Congress on suicidal mechanisms I endeavoured to show that the suicidal act, although primarily the result of destructive forces directed through the Super-Ego, *could not* come about without a regression of the Ego to primitive animistic levels and the adoption of primitive autoplasmic methods of dealing with tension based on the processes of primary identification.

- 10 -

With regard to the third group of data the evidence of *psychoanalytical anthropology* is so familiar as hardly to require recapitulation. Nevertheless it is curious to note how little attention has been paid to a discrepancy between anthropological views and the customary teachings of a temporal relation between Ego and Super-Ego. If we had no evidence to consider other than the evidence of anthropological data, one would have presumed from the sequence animism, and magic, religion and objective science that the Super-Ego was a decisive factor in Real-Ego formation and real object

formation. But we would also have to realize from the finished product of the primitive personality how far the primitive Ego had advanced in organization and in the exploitation of primitive mechanisms before the development of guilt finally instituted a drive towards culture.

To conclude: it would seem that a number of difficult theoretical problems can be resolved provided we do not set out on investigation with too rigid preconceptions as to psychic structure. For example, the apparent contradiction between Klein's views and the more familiar accepted teachings of psycho-analysis would seem to be due not so much to any fundamental incompatibility between the mechanisms involved as to a bias of interest in favour of one or other of the organized psychic constructions. There would appear to be a certain overestimation of the Ego in the customary teaching and an under-estimation of the primitive Ego in Klein's teaching. It is true to say that forces directed by the Super-Ego drive the Ego to the grindstone of objectivity, but it can still be held that the Super-Ego is a differentiated part of the primitive Ego, through which it maintains its close connection with the Id. The alternative to this view is to postulate a readiness for differentiation in the Id, whereby early Super-Ego formations gather impetus directly from racial impressions in the Id.

A few comments may perhaps be added as to the *specific obstacles to objectivity about psychic structure*. The most natural tendency is to aggrandize the concept of the Real-Ego at the expense of those of the Super-Ego and of the Primitive Ego. In the second place I think we may safely assume that the tendency to scotomise early stages of Super-Ego formation is a final attempt on the part of the individual to screen guilt. Lastly the anthropomorphizing tendency which manipulates the concept of the Id is one more example of the system whereby Ego irritation is solved by the same projective processes as originated animistic systems in the phylogenesis of the Ego.



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The Relation of Perversion-Formation to the Development of Reality-Sense¹

Edward Glover 

The terms 'reality', 'reality-sense' and 'reality-testing' are frequently used in psychoanalytic literature, but very seldom defined. As a rule there is no serious objection to this practice, but where the terms are themselves the subject matter of investigation, some preliminary definition seems unavoidable. There is, of course, some risk of begging the question by a too rigid statement: nevertheless, I propose on this occasion to adopt the less usual course of provisionally defining these terms before submitting them to investigation.

Thus

1. Reality-sense is a faculty the existence of which we infer by examining the processes of reality-testing.
2. Efficient reality-testing, for any subject who has passed the age of puberty, is the capacity to retain psychic contact with the objects that promote gratification of instinct, including here both modified and residual infantile impulse.
3. Objectivity is the capacity to assess correctly the relation of instinctual impulse to instinctual object, whether or not the aims of the impulse are, can be or will be gratified.

The nature of reality-sense has so far been investigated from three different points of view. The first of these can be studied in Ferenczi's classical paper on the subject **(1)**. Ferenczi's paper was based on inferences drawn from (a) a *behaviouristic* study of infants, and (b) knowledge of mental mechanisms observed during the analysis of adults. The conclusions he arrived at are too familiar to require recapitulation, but it is to be noted that from the systematic point of view his presentation was incomplete in the following respects. With the exception of the 'stage of unconditioned omnipotence', which he related to the 'oral' phase of development, no precise indication was given of the nature or complexity of the *wish* systems involved. Again, he described a series of *relations* (mostly reactions), to the object-world, but gave no corresponding description of the *nature* of the instinctual

1 Expanded from a paper delivered before the Twelfth International Psycho-Analytical Congress, Wiesbaden, September 7, 1932.

- 486 -

objects concerned. This omission was partly rectified later by Abraham, who described a developmental series of libidinal objects including a number of part-objects. Since then no systematic correlation has been attempted.

From the point of view of the present investigation it is interesting to note that Ferenczi endeavoured to correlate his stages in reality-sense with adult psychopathological phenomena. In particular he associated certain obsessional manifestations with 'magical phases' of ego-development. The theoretical importance of this correlation was quite considerable. It implied a marked disparity between the ego-regression and the libidinal regression in obsessional neuroses. In other words, the ego of the obsessional neurotic reacted as in the very earliest stages of ego-development, while, according to then accepted views, the libidinal fixation of the obsessional neurotic was of a much later (anal-sadistic) type. Moreover, obsessional neuroses were then held to be of comparatively late onset. If the order of reality stages suggested by Ferenczi was accurate, then strictly speaking one ought to have found obsessional neuroses during early childhood. Recently Melanie Klein's views as to the appearance of obsessional characteristics and sometimes of typical obsessional neuroses during early childhood—views which I have been able to confirm not only in several adult cases but during the diagnostic anamnesis of many children—have gone far to confirm Ferenczi's conclusions as to the depth of ego regression. Indeed had we paid more attention to his early correlation we might have anticipated these discoveries by several years. Even so the difficulty is by no means overcome because the phase of magical reaction which Ferenczi describes as corresponding to obsessional technique must also exist in the oral and first anal stages when so far as I know obsessional reactions are seldom observed. Ferenczi himself was evidently aware of the discrepancy because he suggested that the obsessional case makes a *part-regression* to this early ego-phase. I do not regard this view as very plausible. I have never been able to observe any case of striking ego regression which did not activate unconsciously the libidinal system appropriate to the phase of ego development.²

2 I have omitted a later paper (2) by Ferenczi in which he emphasizes the importance of ambivalence and of defusion of instinct in bringing about the acceptance of concrete ideas. He suggests also the need for a refusion of instinct to bring about objectivity. Apart from a reference to the oral stage, he does not give any sequence of events of a clinical order.

- 487 -

The second line of investigation is that associated with the name of Federn (3). By means of a careful analysis of subjective as well as reported introspections, in particular, various degrees of depersonalisation, alienation, etc., he has endeavoured to delimit

narcissistic ego boundaries. From this we can to some extent deduce the order of object-recognition and assessment. For example, he regards variation of corporeal ego-feeling as an ascertainable symptom of ego regression, and he attempts some correlation of ego boundaries in transference neuroses, psychoses and dreams. More detailed study of these ego boundaries and regressions would certainly help us to arrive at some idea of the reality systems in vogue at different phases of development. The main difficulty appears to be the somewhat rigid concept of narcissism generally accepted by psychoanalysts. This term really begs the question of ego-object boundaries.

The third and most recent approach is that made under the stimulus of Melanie Klein's (4) work on child analysis. Here again we have to deal with inferences, but with inferences drawn from the *actual analysis of children just emerging from infancy*. Consequently we have the first detailed attempt to describe in concrete terms the stages by which a stable relation to reality is attained, the mental content characteristic of these stages, and the relation of these stages to psychotic and neurotic formations. She emphasizes (a) the importance of early mechanisms of introjection and projection, (b) the importance of anxiety as an instigator of defence, (c) the importance of sadistic impulses in instigating anxiety, and (d) the gradual expansion of reality-sense and of a capacity for objectivity as the result of conflict between an arbitrary Id and an almost equally unrealistic super-ego.

Taking this and other recent work (5) into account, it becomes clear that stages in the development of reality-sense should not be considered solely in terms of *impulse* or *object*, but should be related to *stages in the mastery of anxiety*, in which the rôle of libidinal and destructive impulse is alternating. In the long run, of course, the definition of reality-testing must be in the simplest terms of instincts and their objects. And I have already formulated such a definition. But the *demarcation of stages* cannot be achieved without an accurate understanding of the earliest phantasy systems and of the mechanisms for dealing with the anxieties these systems arouse. From the adult point of view the 'reality' systems of infants and children are clearly phantastic, and this in turn is a necessary consequence of the type of

- 488 -

mental mechanism predominating during these infantile stages, e.g. introjection, projection, etc.

Secondly, whatever the analysis of children may establish concerning the mental content from which we can infer stages in development of reality-sense, *this must have an intelligible relation to the order of perceptual experience of the external world*. And this involves not only a greater number of child analyses but *an entirely new behaviouristic study of infancy*. In particular, a more detailed investigation is needed of the nature, order and 'scatter' of early anxiety formations. And by this term I do not mean those commonly described 'primary infantile phobias' (i.e. fear of the dark, of strangers, or of being alone), to which, owing no doubt to our preoccupation with the antecedents of castration anxiety, our attention hitherto has been rather exclusively directed. Above all, the *minor* phobias require systematization. These are signaled not so much by glaring anxiety reactions, but by less obtrusive manoeuvres, e.g. transitory immobilization, turning away attention, sudden drowsiness, decreased play-activity, or on the other hand by concentration of attention combined with slight restlessness, increased play and so forth. As I have suggested, the earliest displacements of interest from immediate instinctual objects are stimulated by anxiety of whatever sort. Moreover these displacements are governed by symbolism, a process which is in part

responsible for their apparently illogical order. Nevertheless there is every reason to believe that the frequency and order of presentation of external perceptions plays a part in the *focussing* of infantile anxieties as it does in the formation of adult phobias. The more an adult phobia is attached to 'unusual' objects or situations the more successful it is: e.g. it is more advantageous to suffer from a tiger-phobia in London than in an Indian jungle. What we already know of infantile instinct would lead us to suppose that, symbolic factors apart, the child's interest should radiate out from its own body (in particular oral, glottal, gastric and respiratory zones, in other words, inner things) to food, food organs and appurtenances; from skin (and in particular zonal promontories and invaginations) to its own clothes and the clothes of external objects; from excretory zones, organs and content (again almost exclusively inner things) to excretory paraphernalia and the excretory areas of external objects, ultimately to non-excretory contacts, smells, colours, noises and tastes; from body and clothes in general to cot, bed, room, furniture, curtains, hangings, shadows: from the presence or anchorage of 'instinctual' objects to intermittent absence, disappearance or

3 This interest in a new behaviouristic study is not based solely on the need for additional clinical data. It would prepare the ground for a fresh discussion of the old controversy regarding endopsychic and external factors in development or in illness. Modern tendencies in psychoanalysis have swung away from theories of traumatic environmental experiences and it would appear that the recent contributions of child analysts reinforce these conclusions very strongly. In a sense that is true: ideas of traumatic genito-sexual experiences in childhood have been so re-cast that they are now regarded as on occasion exercising a favourable influence on development (Klein) (4). But their place has been taken by others. The significance of enema experiences as representing a violent attack by the real mother on the actual body of the child has now been more adequately valued. But investigation cannot stop here. To the infant with reinforced respiratory erotism and sadism, violent expulsion of breath is a sadistic attack (6). Hence it follows that when its parents or nurses cough or sneeze they are attacking or seducing the child. When the child envelops its enemies with destructive darkness by the simple expedient of shutting its eyes, it is only natural that the drawing of nursery curtains by the mother should be regarded as a counter attack. There is no difficulty in observing that infants do react with fear to such current events. And the same argument can be applied to primal scene hypotheses. If the parents can be thought of as copulating with their breath, the conversation of parents may under certain circumstances be the primal scene. In short, we have not yet solved the problem of endopsychic and external stimuli. We have merely laid ourselves under the obligation to investigate it at an earlier level and in more primitive terms.

- 489 -

detachability of certain 'concrete objects'. Thus experience of the presence or absence of the nipple (breast, body, mother), establishes a criterion of interest in all moving or movable objects coming within sensory range of the child in its cot (clothes, toys, flies, etc.). And not only concrete objects but moving shadows on the wall, beams of sunlight, recurrent noises and smells. In this sense perceptual experiences are classified by instinctual experiences, but the factor of recurrence (familiarity) cannot be ignored. Sporadic stimuli may be, doubtless are, ignored unless their intensity is such as to provoke anxiety. But recurring impressions provide the earliest avenues of

displacement. In other words, we may infer that stages in the sense of reality will combine an instinctual order, an apparently illogical but actually symbolic order with a natural perceptual order. The apparently illogical order of infantile interest and interest is, however, not due solely to the fact that repression has converted a primary interest or displacement of interest into a symbolism. All-important as symbolism is, we must not neglect the ignorance, blindness, lack of *Einfühlung* and unconscious anxiety of the behaviouristic observer, as the result of which an *adult* order of perceptual interest is imposed on the natural order of the child, and is erroneously regarded as normal for the child.³

- 490 -

But pending more precise analytic and behaviouristic investigations of children, we may with advantage review the possibilities of *adult* research. It has to be admitted that our interest in adult psychopathology has been too specialized and circumscribed. We have been so exclusively concerned with the etiology of individual neuroses and psychoses that the relations of these to other social or sexual abnormalities have been by comparison neglected. It is not difficult to imagine that pathological data could be so arranged as to give a distorted reflection of normal development. But this involves a more detailed and systematic classification than has hitherto been attempted. Some time ago I endeavoured to outline such a classification (7). By including a number of characterological abnormalities it was possible to arrange parallel developmental series in accordance with the predominance respectively of primitive introjection and primitive projection mechanisms. It was also possible to narrow the gulf between the psychoses and the neuroses by the interpolation, not of 'borderline psychoses' but of 'transitional states' such as drug addiction. Thus I would place the average drug addiction as transitional between the paranoias and obsessional character formations, the reason being that in drug addictions the projection mechanisms are more localized and disguised than in the paranoias, yet stronger than in obsessional disorders. In drug addictions the projection mechanisms are focussed (localized) on the noxious drugs: in obsessional states the need for projection is lessened by the existence of restitutive reaction-formations.

But although these correlations were of necessity rather sketchy, one point emerged from a study of transitional formations, such as drug addiction (8). It became clear that by localizing his paranoid systems on the noxious drug, the drug addict is able *to preserve his reality-sense from gross psychotic disturbance*. Owing to the fact that we have as yet no adequate terminology for describing reality stages, it is difficult to express this more precisely. Borrowing, however, the over-simple and one-sided terminology of libidinal primacies, we can state the position as follows: whereas the paranoiac regresses to an

- 491 -

oral-anal reality system, the drug addict regresses to the point where the infant is *emerging* from this oral-anal reality system. In other words, up to this point the external world has represented a combination of a butcher's shop, a public lavatory under shell-fire, and a post-mortem room. And the drug addict converts this into a more reassuring and fascinating chemist's shop, in which, however, the poison cupboard is left unlocked. Having to this extent reduced the paranoid dangers of the immediate world the infant

(or addict) gains breathing space in which to look out of the window (assess objective reality).

It was this observation that first directed my attention to *the possibility of reconstructing the development of reality-sense from adult psycho-pathological data alone*.

In the first place it was obvious that even amongst drug addictions there was an apparent order of complexity, which together with prognostic differences suggested a definite order of regression. If then there was a definite order of regression within the addiction group, presumably the stages in development of reality-sense corresponding to addictions were equally complicated. There can be no doubt about the structural differences in drug habits. Not only are there addictions of a melancholic as well as of a paranoid type, but it is clear from examination of the phantasy material that the different component instincts are responsible for some of the clinical variations. Here was an awkward obstacle to surmount: for we have been accustomed to regard the infantile component instincts as innate tendencies having no particular order of priority and leading an autonomous existence within the boundaries of primitive narcissism. There seemed no alternative but to consider the possibility of a natural order amongst the component impulses similar to, possibly bound up with, the order of primacy of erotogenic zones.

Study of drug addictions brought out another problem in classification which has also some bearing on the development of reality-sense, viz.: the significance of perversion formations and fetichistic phenomena so commonly accompanying drug habits. Biassed no doubt by Freud's pronouncements on the subject, in particular his view that the neurosis is the negative of the perversion, I had already had difficulty in 'placing' the perversions in a systematic classification of psycho-pathological states. I was inclined at first to arrange the psychoses and neuroses in a single developmental series, and then to interpolate the perversions at different points in the main sequence. Thus

- 492 -

starting with the psychoses, I took drug addictions as a transitional type, introduced thereafter the more primitive polymorphous perversions, continued with the obsessional neuroses, introduced here the fetiches and homosexual perversions, and ended with the hysterias, sexual inhibitions, social inhibitions and social anxieties. But there were many reasons why this order could not be maintained. In particular, experience of the analysis of homosexual perversions, obsessional neuroses and psychotic states showed both direct and indirect evidence of a much more complicated regressional or developmental order. It can frequently be observed that during psychotic crises occurring in some analyses patients develop *transitory* perversion formations of a standard type. During the analysis of a schizoid state to the superficial layers of which was attached an active homosexual perversion, one of my patients was subjected to a severe heterosexual love trauma. The immediate result was not only a strengthening of schizophrenic features, but a regression of the active homosexual formation first of all to a passive phase and then to a polymorphous excretory ceremonial with both active and passive components, but without any tactile experience. The obvious feature in this regression was the weakening of true object relations in favour of part object relations. In the excretory ceremonial the 'complete object' was never seen, much less touched. Less obvious at first was the fact that these ceremonials acted as a protection against anxieties liable to induce schizophrenic systems. In other words, *they assisted in*

maintaining the patient's reality-sense to some degree. The perversion ceremonials were not constant: they *alternated* with phases of schizophrenic depression. Between ceremonials he became markedly schizophrenic: his reality-sense suffered extreme diminution.

Some additional details may illustrate this point more clearly. The patient's heterosexual advances included some playful strangling gestures: his standardized form of homosexual interest concentrated mainly on the buttock area and included a very high degree of idealization particularly of the anal ring.⁴ The sudden regression involved visiting a lavatory (especially after having had a lonely meal)

⁴ I have been greatly impressed by the combined re-assurance and screening function of idealization in this and many other cases. It seems to me to be much less than we have thought, a simple derivative of aim-inhibited impulse exaggerated for purposes of defence. The most urgent forms of idealization (mostly in symbolic form) occur in psychotic types; schizoid, and cyclothymic.

- 493 -

and there carrying out with mixed feelings of anxiety and guilt, yet with fascination and great temporary reassurance a complicated series of active and passive anal exposures through a hole in the partition. Contact was strictly limited to the passing of suggestive notes of invitation through the spyhole; the person in question was never recognized. Moreover the slightest suspicion of aggression broke the spell. For example, to pass pieces of stained or wet toilet paper through the hole or over the partition induced an immediate and terrified flight reaction. This cubicle ceremonial followed a brief phase in which urinary exposures were practised. The urinary ritual was abandoned because of the degree of contact with recognizable objects and the presence of a number of other neutral (potentially suspicious) onlookers in public lavatories.

These are not in themselves uncommon forms of ritual: their special interest lies in the fact that the ceremonial functioned as a regression to a previously unfamiliar or unknown technique. In other cases the more primitive form of ritual is already apparent or practised in a modified way as part of a more advanced homosexual relation with complete objects, but becomes accentuated by regression. One patient divided his homosexual relations into a friendly group with or without genito-anal connection and an extremely erotic group characterized by violent hostile feeling and violent erotic action towards the object *who was thought of simply as one or more organs held together by an indifferent mass of connective tissue—the body*. When the regression occurred the more advanced homosexual relations disappeared for the time being, and gave place to a complete lavatory ceremonial. In this case also the spyhole system reduced the object's body to the dimensions of a part object. Should a hat or other part of the ordinary external clothing be seen, the spell was immediately broken. This was obviously determined by the symbolism of the clothes, but the patient's rationalization was interesting, viz.: that it was 'too much like a real person'. These cubicle systems bear some resemblance to certain types of masturbation, for example, where the subject visits an archæological museum and has orgasm without erection on contemplating fragments of statuary, the torso, head or hands. In other melancholic and schizoid cases I have frequently noted that relief of depression with corresponding increase of reality-sense was preceded by an uprush of primitive sado-masochistic phantasy. Frequently

attempts are made by such patients to sidetrack their phantasies into adult genito-sexual relations. But as a rule the attempts fail or are

- 494 -

unsatisfactory, in which case there is a notable drive towards perversion-formation. This may take an alloerotic or autoerotic form. As an example of the latter I would cite a depressed case who passed through a transitory phase of going to a lavatory where she stripped, defæcated and urinated into the hand basin and played with the substances with a mixed feeling of anxiety and adoration. During this phase the actual depression disappeared. In short, although I have long held that the ordinary systematized homosexual relations constitute a defensive and restitutive system protecting against earlier anxieties as well as against later purely genito-sexual anxieties, I believe that in most cases the link is not direct, that there is a deeper system of perversion (repressed and therefore not featuring directly as a perversion), which corresponds more accurately with the original anxiety system. And this I believe must be uncovered before adequate contact can be made with the repressed anxiety system. From the therapeutic point of view I believe however that this tendency to regression in perversion-formation should not exceed a transitory formation, and if possible should be short circuited by interpretation of repressed perversion phantasies.

Even more curious is the stabilisation of reality relations which can be effected by transitory fetichistic interests. I have previously reported a case (8) in which an obsessional neurotic passed through a phase of drug addiction, the termination of which was signaled by a transitory paranoid regression. During the recovery from the paranoid phase, a temporary fetich-formation was observed. This evidently functioned as a substitute for the paranoid reaction to reality. Having localized the anxiety on a neutral yet symbolic set of body organs (legs), and having counteracted it by a process of libidinization (fetich-formation), the patient was able to recover reality relations.

Taking these facts into consideration, the problem of relating perversions to psychoses, neuroses and other social and sexual abnormalities is to some extent simplified. *It appears likely not only that perversions show an orderly series of differentiations as regards both aim and completeness of object, but that this developmental order runs parallel to the developmental order of psychoses, transitional states, neuroses and social inhibitions.* This obviates the necessity of *interpolating* perversions in any classificatory series of psychoses and neuroses. It is merely necessary to recognize or discover the elements of *a parallel series*. Following these ideas further it would appear plausible that waves of libidinization and true symptom formation are both exaggerations

- 495 -

of normal modes of overcoming anxiety, having moreover a compensatory or protective interconnection or alternation. The main problem could then be formulated thus: Do perversions form a developmental series reflecting stages of overcoming anxiety of the individual's own body or of external objects by excessive libidinization? And as a corollary do they not only help to preserve reality sense in other departments of the psyche but *indicate the order in which reality sense develops?*

The arguments in favour of attempted reassurance by excessive libidinization are not very seriously in dispute (see, for example, Freud's (9) remarks on the etiological

relation of hate to homosexuality). The arguments against a developmental series are mainly (a) the 'polymorphous' conception of infantile sexuality, (b) the generalization that the neurosis is the negative of the perversion. As regards the first point I have already indicated that the term 'polymorphous' although accurate enough in a general descriptive sense and by comparison with genital impulse is too vague for present-day purposes. We are already more fully informed as to the orderly development of infantile impulse during the first years, and as research on children becomes more precise, the term will become superfluous. As for the second point: this generalization, viz. that the neurosis is the negative of the perversion, is still profoundly true but in a strictly limited sense. It is completely accurate for those perversions and fetiches which run parallel to their appropriate neuroses, e.g. a glove fetich and an antiseptic handwashing mania. But we must now add that certain perversions are the negative of certain psychotic formations and certain others the negative of transitional psychoses. Indeed, following Ferenczi (10) and considering the mixed clinical pictures of psychosis, perversion and neurosis one so frequently observes, it is worth inquiring whether a perversion is not in many cases a *symptomatic formation in obverse* or the sequela or antecedent of a symptom as the case may be—a prophylactic or a curative device?

A further difficulty lies in the earlier pronouncement of Freud (11) that perversions are not formed directly from component impulses, but that the components in question must first have been refracted through an Oedipus phase. So long as this pronouncement referred to a stereotyped Oedipus phase occurring between three to five years of age, it practically paralysed etiological differentiation, as witness Fenichel's textbook (12), in which the etiology of perversions is somewhat monotonously described in terms of castration anxiety. But

- 496 -

since Freud (13) has sanctioned a broader use of the term 'oedipus', we are quite free to consider a chronological element in perversion-formation. Even so, the idea of layering in perversion-formation has always been hinted at. Sachs (14) advanced this view on the grounds that repression was a serial process. Rank (15) too considered that the perversion group had different layers of evolution relating to corresponding psychic systems or localities, but he narrowed his generalization by stating that the pervert remains fixated to the stage before the wish for a child, suggesting that the pervert's inhibition is directed specifically against 'generative libido'. Both writers regard the determining factor as libidinal, and the accompanying anxiety as castration anxiety. The only serious objection to classifying perversions has been made by Fenichel. He does not believe that it is practicable to produce a classification corresponding to that of the neuroses, i.e. in accordance with the depth of regression and the nature of object relations. This, he says, is due to the absence in perversions of the element of *distortion* which characterized neuroses and renders them amenable to classification. Another reason for his objection has already been hinted at above. If one studies the sections in his book devoted to etiology, one discovers that no matter what the nature of the perversion, the etiological formula suggested by the author never alters. He invariably relates perversion-formation to castration anxiety associated with the classical Oedipus situation. Clinically speaking, this is an unsatisfactory state of affairs. I would suggest that difficulties in classification are due rather to the incomplete nature of our researches. In any case clinical differences in perversions are quite as striking as differences in neurotic distortion.

Now it appears to me that Rank was nearer to the solution of the problem when he said that sadism, in so far as it excluded guilt, was the true type of perversion. I would suggest that in the history of sadism or rather the aggressive and destructive impulses we have a sounder guide to the etiology and order of perversion-formation. Libidinal history, it is true, gives the positive and manifest content of the formation. But apart from this the main function of the libidinal contribution is a protective one. Sachs himself pointed out the relation of perversions to phobia formations: but he did not apply this view logically to the whole of infantile history. He restricted himself to castration phobias, neglecting thereby the more primitive infantile phobias. The importance of the study of perversions in relation to reality-sense is that perversions represent periodic attempts

- 497 -

to protect against current introjection and projection anxieties by a process of excessive libidization. In some cases the libidization is directed towards those parts of the body (either of subject or of object) which are threatened in the unconscious phantasy system: in others the mechanism of displacement introduces an additional element of defence and disguise. In others again it is the mode of gratification that is libidized rather than the objects believed to be in danger in the phantasy. In all cases, however, there is some degree of interference with adult genito-sexual function. In other words, perversions assist in preserving the amount of reality-sense already achieved by what in the long run represents a sacrifice of freedom in adult libidinal function, whereas the neuroses often allow a degree of freedom of adult libidinal function at the cost of some inhibition of reality relations, and the psychoses frequently show an apparent freedom of adult libidinal function accompanied by gross disturbances of reality-sense.

To sum up: if we apply the findings of Melanie Klein regarding the early history of infantile sadism and bear in mind what psychoanalysis in general has taught us concerning the mastery of sadism by introjection, projection and other unconscious mechanisms, we are justified in postulating a constantly changing (developmental) series of anxiety situations which, should they become overcharged, give rise to a phase either of symptom-formation or of perversion-formation. This generalization can then be turned to advantage in the study of reality-sense and its development. As Klein has pointed out, stable reality relations cannot be established so long as primitive anxieties have not been mastered. This is all the more true of the faculty of objectivity. In other words, reality-sense depends upon the *emancipation* of systems of bodily and environmental perception from excessive interference through projection and introjection mechanisms. And this emancipation occurs in a definite order which I suggest provisionally to be corporeal zones or organs, food, clothes and ejecta, whether belonging to the self or to instinctual objects.

The course of events can be described somewhat as follows: As a result of alternating processes of projection and introjection, brought about by frustration of instinct, the child's relation to what the adult observer would call objective reality, becomes distorted and unreal. Nevertheless the child during this phase has some primitive objective reality of its own. In the first place it has psychic contact not only with objects catering for crude self-preservative instincts, but with

- 498 -

objects actually threatening self-preservation (real external dangers, injury and aggression): secondly, it has contact with that part of reality which does gratify some love needs. This small enclave of infantile objective reality is swamped by the distorted products of fear. One of the primitive cures for this distortion is the process of libidinization. Libidinization cancels or holds in suspense some of the unreal fear systems and it does so by neutralizing sadism. This process is soon reinforced by some form of repression. The result is that the original nucleus of infantile reality can be *extricated* from the mass of unreal reactions. This libidinizing system is never really abandoned, although its most dramatic effects are to be observed just before repression becomes really massive. Adult objective reality is a by-product of this process. Once rescued, infantile objective reality expands through the auxiliary devices of displacement and sublimation to the limits of adult necessity or interest. Only when sadism is adequately neutralized can sublimation proceed and, following the track of symbolism, add to our reality contacts. Adult objective reality, self-preservation apart, is not so much something we come to recognize, as an inheritance from infancy, something we *maintain possession of* and expand after it has passed through screens of fear, libidinization and sublimation. In some respects indeed it is a residue, a view which is in keeping with the fact that in many ways adults are less objective than children. This expanded inheritance or residue functions to a large extent as a guarantee of the absence of fear. It is manifestly limited in accordance with the range of individual interest plus the range of interest of individuals we either love or hate.

When, for whatever cause, some form of infantile anxiety is re-animated or exacerbated in adult life, one of many ways of dealing with this crisis is the reinforcement of primitive libidinization systems. *This gives rise to what we call a perversion.* I agree with Miss Searl (5) that sublimation can be successful only provided reality is not too highly libidinized, which means in turn, provided the problem of sadism has been solved. Nevertheless this does not contradict the view that a *localized* excessive libidinization (i.e. a perversion) may, by sacrificing *some* relations to reality, *some* sublimations and *some* adult genital function, preserve a reality relation over a wider area. Perversions help to patch over flaws in the development of reality-sense. For this reason the more primitive perversions are in some respects more compulsive than advanced homosexual perversions. They are more appropriate cures for old anxieties. The drawback of primitive

- 499 -

perversions is that they are nearer to the source of anxiety, i.e. *too* appropriate. Ordinary homosexuality reassures mainly in respect of *complete objects, not of primitive part objects*. The apparent gradual increase in the capacity of libido to reassure is to my mind more apparent than real. Or perhaps it would be more accurate to say a concern with real love objects, though undoubtedly a great source of reassurance is a less appropriate cure for primitive anxieties than is a primitive love of part objects. Here we have a theoretical justification for the view put forward by Melanie Klein (4) that under favourable circumstances infantile sexual experiences may promote reality development. But we must accept also the conclusion that such experiences, whether of active or passive nature, accidental or sought-after, promote reality development only in so far as they function as infantile perversions.

I have indicated the lines along which adult psycho-pathological material may be investigated in order to discover the stages of development of reality-sense. Apart from this particular interest I believe the attempt is worth making if only to reduce existing

confusions regarding the classification of mental disorders. It remains to indicate what are the most profitable lines of research and what are the most serious obstacles to progress. As regards immediate lines of approach, I am to some extent biased by the accidental circumstance that my own material came within the group of transitional states, perversions and obsessional neuroses. And although I am bound to agree that analytical study of, for example, the stereotypies of schizophrenia, to say nothing of so-called hysterical phobias, will prove invaluable in this connection, I am inclined to believe that a better sense of perspective will be obtained by starting at the point where transitional psychoses, perversions and obsessional neuroses meet. Indeed I have the impression that one of the most profitable approaches to the study of reality-sense lies in the study of fetichism, including here narcissistic fetiches in which parts of the patient's own body or clothes provide sexual gratification. There is in fetichism a degree of localization of interest and stereotyping of displacement which promises to give more exact information of early anxiety systems than does the average ramifying perversion. Freud (16) himself has pointed out that the denial of anxiety effected by fetichism is similar to the psychotic denial of reality. And Lorand (17) has commented on the rapid intellectual development exhibited in one of his cases.

- 500 -

I have used the term narcissistic fetich with reluctance. On the one hand I believe that what we call 'erotic narcissism' is a compound of true autoerotic activities and concealed alloerotic relations with part objects. Again the term masturbation is notoriously unsatisfactory. And the same applies to descriptive terms such as transvestitism. Many of the phenomena I have observed would be regarded descriptively as half-way between transvestitism and masturbation. Yet I hold they are fetichistic in principle, just as many other of the so-called spontaneous sexual activities of childhood are already—in principle—perversions.

Compare, for example, the following two systems observed in one case. The individual in question had a simple piano fetich, that is to say, contact with a piano of a certain type (i.e. with a new and shiny case) induced sexual excitement and orgasm, with or without manual manipulation. Thereafter the same piano gradually lost its stimulating effect. A scratched or faded or worm-eaten piano case was tabu. On the other hand, whenever the patient put on new articles of clothing, in particular when he purchased a new suit, he developed an erection lasting twelve hours at least, and ending sometimes in orgasm. During this period he was in a state of extreme happiness. Another case combined a motor car fetich, which lost effect as soon as the car was splashed with mud or the upholstery spotted with grease, with masturbatory excitement over his own shoes when they were new and so long as the original shine was preserved intact. In both these cases the apparently autoerotic manifestation corresponded closely to the object-system.

The examples I have given may serve to illustrate one of the many obstacles to research on this subject: viz.: the fact that terms such as 'narcissism', 'auto-erotism', 'component impulse', 'polymorphous perverse', etc., have to some extent outworn their usefulness. They must in time be substituted by terms derived from the study of introjection phenomena. We ought to be able to say exactly what stage in the introjection of part-objects is concealed by any one form of auto-erotism.

A second difficulty is also brought out by the study of fetichism, viz.: the fact that obsessional neuroses are inadequately subdivided or classified. I have already described an obsessional case in which a transitory fetich interest helped to promote

convalescence from a paranoid phase. And I have frequently observed that cases of drug addiction develop (during abstinence) transitory obsessional symptoms

- 501 -

rather localized in action. So much so that I have described some of these obsessional reactions as 'negative fetichistic phenomena'. Many localized contamination phobias with or without washingmanias are of this type, and can be observed to alternate with erotic interest in the same parts of the body.

Referring in an earlier paper to the etiology of fetichism I wrote (8): 'perhaps two rough formulations are permissible: (1) that in the transition between paranoidal systems and a normal reaction to reality drug-addiction (and later on fetichism) represent not only continuations of the anxiety system within a contracted range, but the beginnings of an expanding reassurance system. The reassurance is due to contributions from later libidinal stages in infancy which contain a decreasing amount of sadism. (2) That clothing in general is, after food, the next line of defence in overcoming paranoidal reactions to reality. It appears reasonable to suppose that the first paranoid systems of the child attach themselves to food, that these anxieties are modified not only by the appearance of less sadistic impulse but by a determined effort at displacement of anxiety. In this displacement clothes play their part. When subsequently displacement leads to reactions to the clothes of external objects, the foundation of the classical fetich is laid. So that when anxiety is excessive the result is either a typical sexual fetich or the negative form, viz.: a contamination phobia'.

Finally, study of the etiology of fetichism brings out what is perhaps one of the most important immediate obstacles to the understanding of reality development, viz.: the lack of systematized information as to the exact nature of the oral phase of development. The first etiological formulations concerning fetichism singled out phallic, scopophilic and sadistic factors: later the importance of the imagined phallus of the mother was increasingly emphasized. Still more recently the significance of other elements has been stressed. Freud had himself remarked that the fetich chosen may not necessarily be a common penis symbol, and we now know from the work of Ella Sharpe (18) and others that this is due to the contribution of pregenital elements, e.g. oral sadism. This new orientation follows closely on and is in keeping with Melanie Klein's expansion of the second oral stage to include a genuine phallic Oedipus interest. But the more universal such factors are found to be, the less helpful they are in etiological differentiation. Without making one single analytical observation one might safely assume from behaviouristic data that the first phase

- 502 -

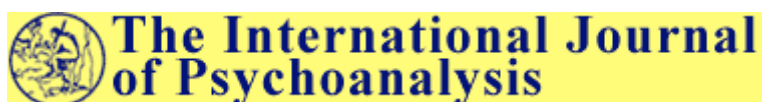
of infantile development must be predominantly oral. Even the existence of a phallic interest during the oral phase might well have been inferred without analysis. The more analysis confirms the importance of these early phallic interests the more urgent it becomes to sub-divide the oral stages and to consider the part played during what we now call the first oral stage by other important erotogenic zones and by component impulses, in particular respiratory, gastric, muscle, anal and urinary erotism. It is not enough to establish the outlines of development in terms of phases. More detailed differentiation is needed before we can provide these etiological formulæ which the existence of clinical variations in mental disorder demands.

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The Significance of Masochism in the Mental Life of Women

Helene Deutsch ①

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.

- 48 -

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.

- 49 -

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.

- 50 -

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.

- 51 -

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.

- 52 -

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".

- 53 -

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.

- 54 -

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

- 55 -

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

- 56 -

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

- 57 -

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

- 58 -

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

- 59 -

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.

- 60 -

KLEIN, M. (1928) EARLY STAGES OF THE ŒDIPUS CONFLICT. INT. J. PSYCHO-ANAL., 9:167 (IJP)

**EARLY STAGES OF THE ŒDIPUS CONFLICT¹
MELANIE KLEIN**

In my analyses of children, especially of children between the ages of three and six, I have come to a number of conclusions of which I shall here present a summary.

I have repeatedly alluded to the conclusion that the Œdipus complex comes into operation earlier than is usually supposed. In my last paper, 'The Psychological Principles of Infant Analysis',² I discussed this subject in greater detail. The conclusion which I reached there was that the Œdipus tendencies are released in consequence of the frustration which the child experiences at weaning, and that they make their appearance at the end of the first and the beginning of the second year of life; they receive reinforcement through the anal frustrations undergone during training in cleanliness. The next determining influence upon the mental processes is that of the anatomical difference between the sexes.

The boy, when he finds himself impelled to abandon the oral and anal positions for the genital, passes on to the aim of penetration associated with possession of the penis. Thus he changes not only his libido-position, but its aim, and this enables him to retain his original love-object. In the girl, on the other hand, the receptive aim is carried over from the oral to the genital position: she changes her libido-position, but retains its aim, which was already led to disappointment in relation to her mother. In this way receptivity for the penis is induced in the girl, who then turns to the father as her love-object.

The very onset of the Œdipus wishes, however, already becomes associated with incipient dread of castration and feelings of guilt.

The analysis of adults, as well as of children, has familiarized us with the fact that the pregenital instinctual impulses carry with them a sense of guilt, and it was thought at first that the feelings of guilt were of subsequent growth, displaced back on to these tendencies, though not originally associated with them. Ferenczi assumes that,

¹Read at the Tenth International Psycho-Analytical Congress, Innsbruck, September 3, 1927.

²This JOURNAL, Vol. VIII, 1927.

- 167 -

connected with the urethral and anal impulses, there is a 'kind of physiological forerunner of the super-ego', which he terms 'sphincter-morality'. According to Abraham, anxiety makes its appearance on the cannibalistic level, while the sense of guilt arises in the succeeding early anal-sadistic phase.

My findings lead rather further. They shew that the sense of guilt associated with pregenital fixation is already the direct effect of the Œdipus conflict. And this seems to

account satisfactorily for the genesis of such feelings, for we know the sense of guilt to be simply a result of the introjection (already accomplished or, as I would add, in process of being accomplished) of the Œdipus love-objects: that is, a sense of guilt is a product of the formation of the super-ego.

The analysis of little children reveals the structure of the super-ego as built up of identifications dating from very different periods and strata in the mental life. These identifications are surprisingly contradictory in character, over-indulgence and excessive severity existing side by side. We find in them, too, an explanation of the severity of the super-ego, which comes out specially plainly in these infant analyses. It does not seem clear why a child of, say, four years old should set up in his mind an unreal, phantastic image of parents who devour, cut and bite. But it is clear why in a child of about one year old the anxiety caused by the beginning of the Œdipus conflict takes the form of a dread of being devoured and destroyed. The child himself desires to destroy the libidinal object by biting, devouring and cutting it, which leads to anxiety, since awakening of the Œdipus tendencies is followed by introjection of the object, which then becomes one from which punishment is to be expected. The child then dreads a punishment corresponding to the offence: the super-ego becomes something which bites, devours and cuts.

The connection between the formation of the super-ego and the pregenital phases of development is very important from two points of view. On the one hand, the sense of guilt attaches itself to the oral and anal-sadistic phases, which as yet predominate; and, on the other, the super-ego comes into being while these phases are in the ascendant, which accounts for its sadistic severity.

These conclusions open up a new perspective. Only by strong repression can the still very feeble ego defend itself against a super-ego so menacing. Since the Œdipus tendencies are at first chiefly expressed in the form of oral and anal impulses, the question of which fixations will predominate in the Œdipus development will be mainly determined

- 168 -

by the degree of the repression which takes place at this early stage.

Another reason why the direct connection between the pregenital phase of development and the sense of guilt is so important is that the oral and anal frustrations, which are the prototypes of all later frustrations in life, at the same time signify punishment and give rise to anxiety. This circumstance makes the frustration more acutely felt, and this bitterness contributes largely to the hardship of all subsequent frustrations.

We find that important consequences ensue from the fact that the ego is still so little developed when it is assailed by the onset of the Œdipus tendencies and the incipient sexual curiosity associated with them. Still quite undeveloped intellectually, it is exposed to an onrush of problems and questions. One of the most bitter grievances which we come upon in the unconscious is that this tremendous questioning impulse, which is apparently only partly conscious and even so far as it is cannot yet be expressed in words, remains unanswered. Another reproach follows hard upon this, namely, that the child could not understand words and speech. Thus his first questions go back beyond the beginnings of his understanding of speech.

In analysis both these grievances give rise to an extraordinary amount of hate. Singly or in conjunction they are the cause of numerous inhibitions of the epistemophilic impulse: for instance, the incapacity to learn foreign languages, and, further, hatred of those who speak a different tongue. They are also responsible for direct disturbances in speech, etc. The curiosity which shews itself plainly later on, mostly in the fourth or fifth year

of life, is not the beginning, but the climax and termination, of this phase of development, which I have also found to be true of the Œdipus conflict in general.

The early feeling of not knowing has manifold connections. It unites with the feeling of being incapable, impotent, which soon results from the Œdipus situation. The child also feels this frustration the more acutely because he knows nothing definite about sexual processes. In both sexes the castration complex is accentuated by this feeling of ignorance.

The early connection between the epistemophilic impulse and sadism is very important for the whole mental development. This instinct, roused by the striving of the Œdipus tendencies, at first mainly concerns itself with the mother's womb, which is assumed to be the scene of all sexual processes and developments. The child is still

- 169 -

dominated by the anal-sadistic libido-position which impels him to wish to appropriate the contents of the womb. He thus begins to be curious about what it contains, what it is like, etc. So the epistemophilic instinct and the desire to take possession come quite early to be most intimately connected with one another and at the same time with the sense of guilt aroused by the incipient Œdipus conflict. This significant connection ushers in a phase of development in both sexes which is of vital importance, hitherto not sufficiently recognized. It consists of a very early identification with the mother.

The course run by this 'femininity' phase must be examined separately in boys and in girls, but, before I proceed to this, I will shew its connection with the previous phase, which is common to both sexes.

In the early anal-sadistic stage the child sustains his second severe trauma, which strengthens his tendency to turn away from the mother. She has frustrated his oral desires, and now she also interferes with his anal pleasures. It seems as though at this point the anal deprivations cause the anal tendencies to amalgamate with the sadistic tendencies. The child desires to get possession of the mother's fæces, by penetrating into her body, cutting it to pieces, devouring and destroying it. Under the influence of his genital impulses, the boy is beginning to turn to his mother as love-object. But his sadistic impulses are in full activity, and the hate originating in earlier frustrations is powerfully opposed to his object-love on the genital level. A still greater obstacle to his love is his dread of castration by the father, which arises with the Œdipus impulses. The degree in which he attains to the genital position will partly depend on his capacity for tolerating this anxiety. Here the intensity of the oral-sadistic and anal-sadistic fixations is an important factor. It affects the degree of hatred which the boy feels towards the mother; and this, in its turn, hinders him to a greater or lesser extent in attaining a positive relation to her. The sadistic fixations exercise also a decisive influence upon the formation of the super-ego, which is coming into being whilst these phases are in the ascendant. The more cruel the super-ego the more terrifying will be the father as castrator, and the more tenaciously in the child's flight from his genital impulses will he cling to the sadistic levels, from which his Œdipus tendencies in the first instance then also take their colour.

In these early stages all the positions in the Œdipus development are cathected in rapid succession. This, however, is not noticeable,

- 170 -

because the picture is dominated by the pregenital impulses. Moreover, no rigid line can be drawn between the active heterosexual attitude which finds expression on the anal level and the further stage of identification with the mother.

We have now reached that phase of development of which I spoke before under the name of the 'femininity-phase'. It has its basis on the anal-sadistic level and imparts to

that level a new content, for fæces are now equated with the child that is longed for, and the desire to rob the mother now applies to the child as well as to fæces. Here we can discern two aims which merge with one another. The one is directed by the desire for children, the intention being to appropriate them, while the other aim is motivated by jealousy of the future brothers and sisters whose appearance is expected and by the wish to destroy them in the womb. A third object of the boy's oral-sadistic tendencies in the mother's womb is the father's penis.

As in the castration-complex of girls, so in the femininity-complex of the male, there is at bottom the frustrated desire for a special organ. The tendencies to steal and destroy are concerned with the organs of conception, pregnancy and parturition, which the boy assumes to exist in the womb, and further with the vagina and the breasts, the fountain of milk, which are coveted as organs of receptivity and bounty from the time when the libidinal position is purely oral.

The boy fears punishment for his destruction of his mother's body, but, besides this, his fear is of a more general nature, and here we have an analogy to the anxiety associated with the castration-wishes of the girl. He fears that his body will be mutilated and dismembered, and amongst other things castrated. Here we have a direct contribution to the castration-complex. In this early period of development the mother who takes away the child's fæces signifies also a mother who dismembers and castrates him. Not only by means of the anal frustrations which she inflicts does she pave the way for the castration-complex: in terms of psychic reality she is also already the castrator.

This dread of the mother is so overwhelming because there is combined with it an intense dread of castration by the father. The destructive tendencies whose object is the womb are also directed with their full oral- and anal-sadistic intensity against the father's penis, which is supposed to be located there. It is upon his penis that the dread of castration by the father is focussed in this phase. Thus the femininity-phase is characterized by anxiety relating to the womb and the father's penis, and this anxiety subjects the boy to the tyranny

- 171 -

of a super-ego which devours, dismembers and castrates and is formed from the image of father and mother alike.

The aims of the incipient genital libido-positions are thus crisscrossed by and intermingled with the manifold pregenital tendencies. The greater the preponderance of sadistic fixations the more does the boy's identification with his mother correspond to an attitude of rivalry towards the woman, with its blending of envy and hatred; for on account of his wish for a child he feels himself at a disadvantage and inferior to the mother.

Let us now consider why the femininity-complex of men seems so much more obscure than the castration-complex in women, with which it is equally important.

The amalgamation of the desire for a child with the epistemophilic impulse enables a boy to effect a displacement on to the intellectual plane; his sense of being at a disadvantage is then concealed and over-compensated by the superiority he deduces from his possession of a penis, which is also acknowledged by girls. This exaggeration of the masculine position results in excessive protestations of masculinity. In her paper entitled 'Notes on Curiosity', 3 Mary Chadwick, too, has traced the man's narcissistic over-estimation of the penis and his attitude of intellectual rivalry towards women to the frustration of his wish for a child and the displacement of this desire on to the intellectual plane.

A tendency to excess in the direction of aggression, which very frequently occurs, has its source in the femininity-complex. It goes with an attitude of contempt and 'knowing

better', and is highly asocial and sadistic; it is partly conditioned as an attempt to mask the anxiety and ignorance which lie behind it. In part it coincides with the boy's protest (originating in his fear of castration) against the feminine rôle, but it is rooted also in his dread of his mother, whom he intended to rob of the father's penis, her children and her female sexual organs. This excessive aggression unites with the pleasure in attack which proceeds from the direct, genital Œdipus situation, but it represents that part of the situation which is by far the more asocial factor in character-formation. This is why a man's rivalry with women will be far more asocial than his rivalry with his fellow-men, which is largely prompted through the genital position. Of course the quantity of sadistic fixations will also determine the relationship

3Internationale Zeitschrift für Psychoanalyse, Bd. XI, 1925.

- 172 -

of a man to other men when they are rivals. If, on the contrary, the identification with the mother is based on a more securely established genital position, on the one hand his relation to women will be positive in character, and on the other the desire for a child and the feminine component, which play so essential a part in men's work, will find more favourable opportunities for sublimation.

In both sexes one of the principal roots of inhibitions in work is the anxiety and sense of guilt associated with the femininity-phase. Experience has taught me, however, that a thorough analysis of this phase is, for other reasons as well, important from a therapeutic point of view, and should be of help in some obsessional cases which seem to have reached a point where nothing more could be resolved.

In the boy's development the femininity-phase is succeeded by a prolonged struggle between the pregenital and the genital positions of the libido. When at its height, in the third to the fifth year of life, this struggle is plainly recognizable as the Œdipus conflict. The anxiety associated with the femininity-phase drives the boy back to identification with the father; but this stimulus in itself does not provide a firm foundation for the genital position, since it leads mainly to repression and over-compensation of the anal-sadistic instincts, and not to overcoming them. The dread of castration by the father strengthens the fixation to the anal-sadistic levels. The degree of constitutional genitality also plays an important part as regards a favourable issue, i.e. the attainment of the genital level. Often the outcome of the struggle remains undecided, and this gives rise to neurotic troubles and disturbances of potency.⁴ Thus the attainment of complete potency and reaching the genital position will in part depend upon the favourable issue of the femininity-phase.

I will now turn to the development of girls. As a result of the process of weaning, the girl-child has turned from the mother, being impelled more strongly to do so by the anal deprivations she has undergone. The genital now begins to influence her mental development.

I entirely agree with Helene Deutsch,⁵ who holds that the genital development of the woman finds its completion in the successful displacement of oral libido on to the genital. Only, my results lead me

4Cf. here Reich: Die Funktion des Orgasmus, Internationaler Psycho-analytischer Verlag.

5H. Deutsch: Psychoanalyse der weiblichen Sexualfunktion.

- 173 -

to believe that this displacement begins with the first stirrings of the genital impulses and that the oral, receptive aim of the genital exercises a determining influence in the

girl's turning to the father. Also I am led to conclude that not only an unconscious awareness of the vagina, but also sensations in that organ and the rest of the genital apparatus, are aroused as soon as the Œdipus impulses make their appearance. In girls, however, onanism does not afford anything like so adequate an outlet for these quantities of excitation as it does in boys. Hence the accumulated lack of satisfaction provides yet another reason for more complications and disturbances of female sexual development. The difficulty of obtaining complete gratification by onanism may be another cause, besides those indicated by Freud, for the girl's repudiation of the practice, and may partly explain why, during her struggle to give it up, manual masturbation is generally replaced by pressing the legs together.

Besides the receptive quality of the genital organ, which is brought into play by the intense desire for a new source of gratification, envy and hatred of the mother who possesses the father's penis seem, at the period when these first Œdipus impulses are stirring, to be a further motive for the little girl's turning to the father. His caresses have now the effect of a seduction and are felt as 'the attraction of the opposite sex'.⁶

In the girl identification with the mother results directly from the Œdipus impulses: the whole struggle caused in the boy by his castration-anxiety is absent in her. In girls as well as boys this identification coincides with the anal-sadistic tendencies to rob and destroy the mother. If identification with the mother takes place at a stage at which the oral- and anal-sadistic tendencies predominate, dread of a primitive maternal super-ego will lead to the repression and fixation of this phase and interfere with further genital development. Dread of the mother, too, impels the little girl to give up identification with her, and identification with the father begins.

The little girl's epistemophilic impulse is first roused by the Œdipus complex; the result is that she discovers her lack of a penis. She feels this lack to be a fresh cause of hatred of the mother, but at the same

⁶We regularly come across the unconscious reproach that the mother has seduced the child whilst tending it. The explanation is that at the period when she had to minister to its bodily needs the Œdipus tendencies were awaking.

- 174 -

time her sense of guilt makes her regard it as a punishment. This embitters her frustration in this direction, and it, in its turn, exercises a profound influence on the whole castration-complex.

This early grievance about the lack of a penis is greatly magnified later on, when the phallic phase and the castration-complex are in full swing. Freud has stated that the discovery of the lack of a penis causes the turning from the mother to the father. My findings shew, however, that this discovery operates only as a reinforcement in this direction, since it follows on a very early stage in the Œdipus conflict, and is succeeded by the wish for a child, by which it is actually replaced in later development. I regard the deprivation of the breast as the most fundamental cause of the turning to the father.

Identification with the father is less charged with anxiety than that with the mother; moreover, the sense of guilt towards her impels to over-compensation through a fresh love-relation with her. Against this new love-relation with her there operates the castration-complex which makes a masculine attitude difficult, and also the hatred of her which sprang from the earlier situations. Hate and rivalry of the mother, however, again lead to abandoning the identification with the father and turning to him as the object to be secured and loved.

The little girl's relation with her mother causes that to her father to take both a positive and a negative direction. The frustration undergone at his hands has as its very deepest

basis the disappointment already suffered in relation to the mother; a powerful motive in the desire to possess him springs from the hatred and envy against the mother. If the sadistic fixations remain predominant, this hatred and its over-compensation will also materially affect the woman's relation to men. On the other hand, if there is a more positive relation to the mother, built up on the genital position, not only will the woman be freer from a sense of guilt in her relation to her children, but her love for her husband will be strongly reinforced, since for the woman he always stands at one and the same time for the mother who gives what is desired and for the beloved child. On this very significant foundation is built up that part of the relation which is connected exclusively with the father. At first it is focussed on the act of the penis in coitus. This act, which also promises gratification of the desires that are now displaced on to the genital, seems to the little girl a most consummate performance.

Her admiration is, indeed, shaken by the Œdipus frustration, but unless it is converted into hate, it constitutes one of the fundamental

- 175 -

features of the woman's relation to the man. Later, when full satisfaction of the love-impulses is obtained, there is joined with this admiration the great gratitude ensuing from the long-pent-up deprivation. This gratitude finds expression in the greater feminine capacity for complete and lasting surrender to a love-object, especially to the 'first love'.

One way in which the little girl's development is greatly handicapped is the following. Whilst the boy does in reality possess the penis, in respect of which he enters into rivalry with the father, the little girl has only the unsatisfied desire for motherhood, and of this, too, she has but a dim and uncertain, though a very intense, awareness.

It is not merely this uncertainty which disturbs her hope of future motherhood. It is weakened far more by anxiety and sense of guilt, and these may seriously and permanently damage the maternal capacity of a woman. Because of the destructive tendencies once directed by her against the mother's body (or certain organs in it) and against the children in the womb, the girl anticipates retribution in the form of destruction of her own capacity for motherhood or of the organs connected with this function and of her own children. Here we have also one root of the constant concern of women (often so excessive) for their personal beauty, for they dread that this too will be destroyed by the mother. At the bottom of the impulse to deck and beautify themselves there is always the motive of restoring damaged comeliness, and this has its origin in anxiety and sense of guilt.⁷

It is probable that this deep dread of the destruction of internal organs may be the psychic cause of the greater susceptibility of women, as compared with men, to conversion-hysteria and organic diseases.

It is this anxiety and sense of guilt which is the chief cause of the repression of feelings of pride and joy in the feminine rôle, which are originally very strong. This repression results in depreciation of the capacity for motherhood, at the outset so highly prized. Thus the girl lacks the powerful support which the boy derives from his possession of the penis, and which she herself might find in the anticipation of motherhood.

The girl's very intense anxiety about her womanhood can be

⁷Cf. Hárník's paper at the Innsbruck Psycho-Analytical Congress: 'Die ökonomischen Beziehungen zwischen dem Schuldgefühl und dem weiblichen Narzissmus'.

- 176 -

shewn to be analogous to the boy's dread of castration, for it certainly contributes to the checking of her Œdipus impulses. The course run by the boy's castration-anxiety

concerning the penis which visibly exists is, however, different; it might be termed more acute than the more chronic anxiety of the girl concerning her internal organs, with which she is necessarily less familiar. Moreover, it is bound to make a difference that the boy's anxiety is determined by the paternal and the girl's by the maternal super-ego.

Freud has said that the girl's super-ego develops on different lines from that of the boy. We constantly find confirmation of the fact that jealousy plays a greater part in women's lives than in men's, because it is reinforced by deflected envy of the male on account of the penis. On the other hand, however, women especially possess a great capacity, which is not based merely on an over-compensation, for disregarding their own wishes and devoting themselves with self-sacrifice to ethical and social tasks. We cannot account for this capacity by the blending of masculine and feminine traits which, because of the human being's bisexual disposition, does in individual cases influence the formation of character, for this capacity is so plainly maternal in nature. I think that, in order to explain how women can run so wide a gamut from the most petty jealousy to the most self-forgetful loving-kindness, we have to take into consideration the peculiar conditions of the formation of the feminine super-ego. From the early identification with the mother in which the anal-sadistic level so largely preponderates, the little girl derives jealousy and hatred and forms a cruel super-ego after the maternal imago. The super-ego which develops at this stage from a father-identification can also be menacing and cause anxiety, but it seems never to reach the same proportions as that derived from the mother-identification. But the more the identification with the mother becomes stabilized on the genital basis, the more will it be characterized by the devoted kindness of an indulgent mother-ideal. Thus this positive affective attitude depends on the extent to which the maternal mother-ideal bears the characteristics of the pregenital or of the genital stage. But when it comes to the active conversion of the emotional attitude into social or other activities, it would seem that it is the paternal ego-ideal which is at work. The deep admiration felt by the little girl for the father's genital activity leads to the formation of a paternal super-ego which sets before her active aims to which she can never fully attain. If, owing to certain factors in her development, the incentive to accomplish these aims is strong enough, their

- 177 -

very impossibility of attainment may lend an impetus to her efforts which, combined with the capacity for self-sacrifice which she derives from the maternal super-ego, gives a woman, in individual instances, the capacity for very exceptional achievements on the intuitive plane and in specific fields.

The boy, too, derives from the feminine phase a maternal super-ego which causes him, like the girl, to make both cruelly primitive and kindly identifications. But he passes through this phase to resume (it is true, in varying degrees) identification with the father. However much the maternal side makes itself felt in the formation of the super-ego, it is yet the paternal super-ego which from the beginning is the decisive influence for the man. He too sets before himself a figure of an exalted character upon which to model himself, but, because the boy is 'made in the image of' his ideal, it is not unattainable. This circumstance contributes to the more sustained and objective creative work of the male.

The dread of injury to her womanhood exercises a profound influence on the castration-complex of the little girl, for it causes her to over-estimate the penis which she herself lacks; this exaggeration is then much more obvious than is the underlying anxiety about her own womanhood. I would remind you here of the work of Karen Horney, who was

the first to examine the sources of the castration-complex in women in so far as those sources lie in the Œdipus situation.

In this connection I must speak of the importance for sexual development of certain early experiences in childhood. In the paper which I read at the Salzburg Congress in 1924, I mentioned that when observations of coitus take place at a later stage of development they assume the character of traumata, but that if such experiences occur at an early age they become fixated and form part of the sexual development. I must now add that a fixation of this sort may hold in its grip not only that particular stage of development, but also the super-ego which is then in process of formation, and may thus injure its further development. For the more completely the super-ego reaches its zenith in the genital stage the less prominent will the sadistic identifications be in its structure and the more surely will an ethically fine personality be developed and greater possibilities of mental health be secured.

There is another kind of experience in early childhood which strikes me as typical and exceedingly important. These experiences often follow closely in time upon the observations of coitus and are induced

8Karl Abraham, Selected Papers, International Psycho-Analytical Library, No. 13.

- 178 -

or fostered by the excitations set up thereby. I refer to the sexual relations of little children with one another, between brothers and sisters or playmates, which consist in the most varied acts: looking, touching, performing excretion in common, fellatio, cunnilingus and often direct attempts at coitus. They are deeply repressed and have a cathexis of profound feelings of guilt. These feelings are mainly due to the fact that this love-object, chosen under the pressure of the excitation due to the Œdipus conflict, is felt by the child to be a substitute for the father or mother or both. Thus these relations, which seem so insignificant and which apparently no child under the stimulus of the Œdipus development escapes, take on the character of an Œdipus relation actually realized, and exercise a determining influence upon the formation of the Œdipus complex, the subject's detachment from that complex and upon his later sexual relations. Moreover, an experience of this sort forms an important fixation-point in the development of the super-ego. In consequence of the need for punishment and the repetition-compulsion, these experiences often cause the child to subject himself to sexual traumata. In this connection I would refer you to Abraham, 8 who shewed that experiencing sexual traumata is one part of the sexual development of children. The analytic investigation of these experiences, during the analysis of adults as well as of children, to a great extent clears up the Œdipus situation in its connection with early fixations and is therefore important from the therapeutic point of view.

To sum up my conclusions: I wish above all to point out that they do not, in my opinion, contradict the statements of Professor Freud. I think that the essential point in the additional considerations which I have advanced is that I date these processes earlier and that the different phases (especially in the initial stages) merge more freely in one another than was hitherto supposed.

The early stages of the Œdipus conflict are so largely dominated by pregenital phases of development that the genital phase, when it begins to be active, is at first heavily shrouded and only later, between the third and fifth years of life, becomes clearly recognizable. At this age the Œdipus complex and the formation of the super-ego reach their climax. But the fact that the Œdipus tendencies begin so much earlier than we supposed, the pressure of the sense of guilt which

- 179 -

therefore falls upon the pregenital levels, the determining influence thus exercised so early upon the Oedipus development on the one hand and that of the super-ego on the other, and accordingly upon character-formation, sexuality and all the rest of the subject's development—all these things seem to me of great and hitherto unrecognized importance. I found out the therapeutic value of this knowledge in the analyses of children, but it is not confined to these. I have been able to test the resulting conclusions in the analysis of adults and have found not only that their theoretical correctness was confirmed, but that their therapeutic importance was established.

- 180 -

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.

- 1 -

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.

- 2 -

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.

- 3 -

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 deuterio-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.

- 4 -

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*.

- 5 -

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

- 6 -

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.

15 Karen Horney: 'The Dread, etc.', this JOURNAL, 1932, Vol. XIII, p. 357.

- 7 -

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

- 8 -

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.

- 9 -

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

- 10 -

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

- 11 -

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, faeces, 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

- 12 -

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

- 13 -

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'.

- 14 -

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 deuterio-phallic phase to the original and normal proto-phallic phase. Thus the typical phallic phase, i.e. the deuterio-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 deuterio-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 deuterio-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 (deuterio-) 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.

- 15 -

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.

- 16 -

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.

- 17 -

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

- 18 -

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 deuterio-phallic 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.

- 19 -

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.

- 20 -

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.

- 21 -

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.

- 22 -

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.

- 23 -

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.

- 24 -

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.

- 25 -

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.

- 26 -

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.

49 Melanie Klein: *The Psycho-Analysis of Children*, (International Psycho-Analytical Library, 1932), p. 324.

- 27 -

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.

- 28 -

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.

- 29 -

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 deutero-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 deuterophallic 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 deuterophallic 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.

- 30 -

Not only is the main characteristic of the deuterophallic 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.

- 31 -

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'.

- 32 -

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 psychical 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.

- 33 -

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**TRANSITIONAL OBJECTS AND TRANSITIONAL PHENOMENA¹—A STUDY OF THE FIRST NOT-ME POSSESSION²
D. W. WINNICOTT**

Introduction

It is well known that infants as soon as they are born tend to use fist, fingers, thumbs in stimulation of the oral erotogenic zone, in satisfaction of the instincts at that zone, and also in quiet union. It is also well known that after a few months infants of either sex become fond of playing with dolls, and that most mothers allow their infants some special object and expect them to become, as it were, addicted to such objects.

There is a relationship between these two sets of phenomena that are separated by a time interval, and a study of the development from the earlier into the later can be profitable, and can make use of important clinical material that has been somewhat neglected.

The First Possession

Those who happen to be in close touch with mothers' interests and problems will be already aware of the very rich patterns ordinarily displayed by babies in their use of the first not-me possession. These patterns, being displayed, can be subjected to direct observation.

There is a wide variation to be found in a sequence of events which starts with the newborn infant's fist-in-mouth activities, and that leads eventually on to an attachment to a teddy, a doll or soft toy, or to a hard toy.

It is clear that something is important here other than oral excitement and satisfaction, although this may be the basis of everything else. Many other important things can be studied, and they include:

1. The nature of the object.
2. The infant's capacity to recognize the object as 'not-me'.
3. The place of the object—outside, inside, at the border.
4. The infant's capacity to create, think up, devise, originate, produce an object.
5. The initiation of an affectionate type of object relationship.

I have introduced the terms 'transitional object' and 'transitional phenomena' for designation of the intermediate area of experience, between the thumb and the teddy bear, between the oral erotism and true object-relationship, between primary creative activity and projection of what has already been introjected, between primary unawareness of indebtedness and the acknowledgement of indebtedness ('Say: ta!').

By this definition an infant's babbling or the way an older child goes over a repertory of songs and tunes while preparing for sleep come within the intermediate area as transitional phenomena, along with the use made of objects that are not part of the infant's body yet are not fully recognized as belonging to external reality.

(Received 15 June, 1951)

1Based on a paper given at a Scientific Meeting of the British Psycho-Analytical Society on 30 May, 1951. A shortened version was distributed to members beforehand, and Dr. Winnicott confined his remarks to the section 'Illusion-Disillusionment'.

2It is necessary to stress that the word used here is 'possession' and not 'object'. In the typed version distributed to members I did in fact use the word 'object' (instead of 'possession') in one place by mistake, and this led to confusion in the discussion. It was pointed out that the first not-me object is usually taken to be the breast.

The reader's attention is drawn to the use of the word 'transitional' in many places by Fairbairn in *Psychoanalytic Studies of the Personality* (Tavistock Publications, 1952), notably p. 35. (Also in this Journal, 22.)

- 89 -

Inadequacy of Usual Statement

It is generally acknowledged that a statement of human nature in terms of interpersonal relationships is not good enough even when the imaginative elaboration of function and the whole of fantasy both conscious and unconscious, including the repressed unconscious, are allowed for. There is another way of describing persons that comes out of the researches of the past two decades. Of every individual who has reached to the stage of being a unit with a limiting membrane and an outside and an inside, it can be said that there is an inner reality to that individual, an inner world which can be rich or poor and can be at peace or in a state of war. This helps, but is it enough?

My claim is that if there is a need for this double statement, there is also need for a triple one; the third part of the life of a human being, a part that we cannot ignore, is an intermediate area of experiencing, to which inner reality and external life both contribute. It is an area which is not challenged, because no claim is made on its behalf except that it shall exist as a resting-place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet inter-related.

It is usual to refer to 'reality-testing', and to make a clear distinction between apperception and perception. I am here staking a claim for an intermediate state between a baby's inability and growing ability to recognize and accept reality. I am therefore studying the substance of illusion, that which is allowed to the infant, and which in adult life is inherent in art and religion, and yet becomes the hallmark of madness when an adult puts too powerful a claim on the credulity of others, forcing them to acknowledge a sharing of illusion that is not their own. We can share a respect for illusory experience, and if we wish we may collect together and form a group on the basis of the similarity of our illusory experiences. This is a natural root of grouping among human beings.

I hope it will be understood that I am not referring exactly to the little child's Teddy Bear nor to the infant's first use of the first (thumb, fingers). I am not specifically studying the first object of object-relationships. I am concerned with the first possession, and with the intermediate area between the subjective and that which is objectively perceived.

Development of a Personal Pattern

There is plenty of reference in psychoanalytic literature to the progress from 'hand to mouth' to 'hand to genital', but perhaps less to further progress to the handling of truly 'not-me' objects. Sooner or later in an infant's development there comes a tendency on the part of the infant to weave other-than-me objects into the personal pattern. To some extent these objects stand for the breast, but it is not especially this point that is under discussion.

In the case of some infants the thumb is placed in the mouth while fingers are made to caress the face by pronation and supination movements of the forearm. The mouth is then active in relation to the thumb, but not in relation to the fingers. The fingers caressing the upper lip, or some other part, may be or may become more important than the thumb engaging the mouth. Moreover this caressing activity may be found alone, without the more direct thumb-mouth union.³

In common experience one of the following occurs, complicating an auto-erotic experience such as thumb-sucking:

(1) with the other hand the baby takes an external object, say a part of a sheet or blanket, into the mouth along with the fingers;

or (2) somehow or other the bit of cloth⁴ is held and sucked, or not actually sucked. The objects used naturally include napkins and (later) handkerchiefs, and this depends on what is readily and reliably available;

or (3) the baby starts from early months to pluck wool and to collect it and to use it for the caressing part of the activity.⁵ Less commonly, the wool is swallowed, even causing trouble;

or (4) mouthing, accompanied by sounds of 'mummm', babbling, ⁶ anal noises, the first musical notes and so on.

One may suppose that thinking, or fantasizing, gets linked up with these functional experiences.

All these things I am calling transitional

³Cf. Freud: 'Case of Dora', Collected Papers, Vol. 3, pp. 63–64; also Hoffer, Willi: The Psychoanalytic Study of the Child, Vol. III–IV, p. 51.

⁴A recent example is the blanket-doll of the child in the film *A Child Goes to Hospital* by Robertson (Tavistock Clinic).

⁵Here there could possibly be an explanation for the use of the term 'wool-gathering', which means: inhabiting the transitional or intermediate area.

⁶See W. C. M. Scott's recent paper on 'Blathering'.

⁷See Illingworth, R. S., B.M.J., 7 April, 1951, 'Sleep Disturbances in Young Children'.

- 90 -

phenomena. Also, out of all this (if we study any one infant) there may emerge some thing or some phenomenon—perhaps a bundle of wool or the corner of a blanket or eiderdown, or a word or tune, or a mannerism, which becomes vitally important to the infant for use at the time of going to sleep, ⁷ and is a defence against anxiety, especially anxiety of depressive type. Perhaps some soft object or type of object has been found and used by the infant, and this then becomes what I am calling a transitional object. This object goes on being important. The parents get to know its value and carry it round when travelling. The mother lets it get dirty and even smelly, knowing that by washing it she introduces a break in continuity in the infant's experience, a break that may destroy the meaning and value of the object to the infant.

I suggest that the pattern of transitional phenomena begins to show at about 4–6–8–12 months. Purposely I leave room for wide variations.

Patterns set in infancy may persist into childhood, so that the original soft object continues to be absolutely necessary at bed-time or at time of loneliness or when a depressed mood threatens. In health, however, there is a gradual extension of range of interest, and eventually the extended range is maintained, even when depressive anxiety is near. A need for a specific object or a behaviour pattern that started at a very early date may reappear at a later age when deprivation threatens.

This first possession is used in conjunction with special techniques derived from very early infancy, which can include or exist apart from the more direct autoerotic activities. Gradually in the life of an infant Teddies and dolls and hard toys are acquired. Boys to some extent tend to go over to use hard objects, whereas girls tend to proceed right ahead to the acquisition of a family. It is important to note, however, that there is no noticeable difference between boy and girl in their use of the original not-me possession, which I am calling the transitional object.

As the infant starts to use organized sounds (mum, ta, da) there may appear a 'word' for the transitional object. The name given by the infant to these earliest objects is often significant, and it usually has a word used by the adults partly incorporated in it. For instance, 'baa' may be the name, and the 'b' may have come from the adult's use of the word 'baby' or 'bear'.

I should mention that sometimes there is no transitional object except the mother herself. Or an infant may be so disturbed in emotional development that the transition state cannot be enjoyed, or the sequence of objects used is broken. The sequence may nevertheless be maintained in a hidden way.

Summary of Special Qualities in the Relationship

1. The infant assumes rights over the object, and we agree to this assumption. Nevertheless some abrogation of omnipotence is a feature from the start.
2. The object is affectionately cuddled as well as excitedly loved and mutilated.
3. It must never change, unless changed by the infant.
4. It must survive instinctual loving, and also hating, and, if it be a feature, pure aggression.
5. Yet it must seem to the infant to give warmth, or to move, or to have texture, or to do something that seems to show it has vitality or reality of its own.
6. It comes from without from our point of view, but not so from the point of view of the baby. Neither does it come from within; it is not an hallucination.
7. Its fate is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional object does not 'go inside' nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning, and this is because the transitional phenomena have become diffused, have become spread out over the whole intermediate territory between 'inner psychic reality' and 'the external world as perceived by two persons in common', that is to say, over the whole cultural field.

At this point my subject widens out into that of play, and of artistic creativity and appreciation, and of religious feeling, and of dreaming, and also of fetishism, lying and stealing, the origin and loss of affectionate feeling, drug addiction, the talisman of obsessional rituals, etc.

Relationship of the Transitional Object to Symbolism

It is true that the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast. Nevertheless the point of it is not

- 91 -

its symbolic value so much as its actuality. Its not being the breast (or the mother) although real is as important as the fact that it stands for the breast (or mother).

When symbolism is employed the infant is already clearly distinguishing between fantasy and fact, between inner objects and external objects, between primary creativity and perception. But the term transitional object, according to my suggestion, gives room for the process of becoming able to accept difference and similarity. I think there is use for a term for the root of symbolism in time, a term that describes the infant's

journey from the purely subjective to objectivity; and it seems to me that the transitional object (piece of blanket, etc.) is what we see of this journey of progress towards experiencing.

It would be possible to understand the transitional object while not fully understanding the nature of symbolism. It seems that symbolism can only be properly studied in the process of the growth of an individual, and that it has at the very best a variable meaning. For instance, if we consider the wafer of the Blessed Sacrament, which is symbolic of the body of Christ. I think I am right in saying that for the Roman Catholic community it is the body, and for the Protestant community it is a substitute, a reminder, and is essentially not, in fact, actually the body itself. Yet in both cases it is a symbol.

A schizoid patient asked me, after Christmas, had I enjoyed eating her at the feast? And then, had I really eaten her or only in fantasy? I knew that she could not be satisfied with either alternative. Her split needed the double answer.

Clinical Description of a Transitional Object

For anyone in touch with parents and children, there is an infinite quantity and variety of illustrative clinical material.⁸ The following illustrations are given merely to remind readers of similar material in their own experiences.

Two brothers; contrast in early use of possessions.

(Distortion in use of transitional object.) X, now a healthy man, has had to fight his way towards maturity. The mother 'learned how to be a mother' in her management of X when he was an infant and she was able to avoid certain mistakes with the other children because of what she learned with him. There were also external reasons why she was anxious at the time of her rather lonely management of X when he was born. She took her job as a mother very seriously and she breast-fed X for seven months. She feels that in his case this was too long and he was very difficult to wean. He never sucked his thumb or his fingers and when she weaned him 'he had nothing to fall back on'. He had never had the bottle or a dummy or any other form of feeding. He had a very strong and early attachment to her herself, as a person, and it was her actual person that he needed.

From twelve months he adopted a rabbit which he would cuddle and his affectionate regard for the rabbit eventually transferred to real rabbits. This particular rabbit lasted till he was five or six years old. It could be described as a comforter, but it never had the true quality of a transitional object. It was never, as a true transitional object would have been, more important than the mother, an almost inseparable part of the infant. In the case of this particular boy the kind of anxieties which were brought to a head by the weaning at seven months later produced asthma, and only gradually did he conquer this. It was important for him that he found employment far away from the home town. His attachment to his mother is still very powerful, although he comes within the wide definition of the term normal, or healthy. This man has not married.

(Typical use of transitional object.) X's younger brother, Y, has developed in quite a straightforward way throughout. He now has three healthy children of his own. He was fed at the breast for four months and then weaned without difficulty.⁹ Y sucked his thumb in the early weeks and this again 'made weaning easier for him than for his older brother'. Soon after weaning at five to six months he adopted the end of the blanket where the stitching finished. He was pleased if a little bit of the wool stuck out at the corner and with this he would tickle his nose. This very early became his 'Baa'; he invented this word for it himself as soon as he could use organized sounds. From the time when he was about a year old he was able to substitute for the end of the blanket a soft green jersey with a red

8There are excellent examples in the one article I have found on this same subject. Wulff ('Fetishism and Object Choice in Early Childhood', *Psychoanal. Quart.*, 1946, 15, p. 450) is clearly studying this same phenomenon, but he calls the objects 'fetish objects'. It is not clear to me that this term is correct, and I discuss this below. I did not actually know of Wulff's paper until I had written my own, but it gave me great pleasure and support to find the subject had already been considered worthy of discussion by a colleague. See also Abraham: case description in 'The First Pre-genital Stage of the Libido', *Selected Papers* (Hogarth Press), p. 267, and Lindner: *Jahrbuch für Kinderheilkunde*, N.F., xiv, 1879.

9The mother had 'learned from her first child that it was a good idea to give one bottle feed while breast feeding', that is, to allow for the positive value of substitutes for herself, and by this means she achieved easier weaning than with X.

- 92 -

tie. This was not a 'comforter' as in the case of the depressive older brother, but a 'soother'. It was a sedative which always worked. This is a typical example of what I am calling a Transitional Object. When Y was a little boy it was always certain that if anyone gave him his 'Baa' he would immediately suck it and lose anxiety, and in fact he would go to sleep within a few minutes if the time for sleep were at all near. The thumb-sucking continued at the same time, lasting until he was three or four years old, and he remembers thumb-sucking and a hard place on one thumb which resulted from it. He is now interested (as a father) in the thumb-sucking of his children and their use of 'Baas'.

The story of seven ordinary children in this family brings out the following points, arranged for comparison:

Figure 3

Value in History-taking

In consultation with a parent it is often valuable to get information about the early techniques and possessions of all the children of the family. This starts the mother off on a comparison of her children one with another, and enables her to remember and compare their characteristics at an early age.

The Child's Contribution

Information can often be obtained from a child in regard to transitional objects; for instance, Angus (11 years 9 months) told me that his brother 'has tons of teddies and things' and 'before that he had little bears', and he followed this up with a talk about his own history. He said he never had teddies. There was a bell rope which hung down, a tag end of which he would go on hitting, and so go off to sleep. Probably in the end it fell, and that was the end of it. There was, however, something else. He was very shy about this. It was a purple rabbit with red eyes. 'I wasn't fond of it. I used to throw it around.' 'Jeremy has it now. I gave it to him. I gave it to Jeremy because it was naughty. It would fall off the chest of drawers. It still visits me. I like it to visit me.' He surprised himself when he drew the purple rabbit. It will be noted that this eleven-year-old boy with the ordinary good reality-sense of his age spoke as if lacking in reality sense when describing the transitional object's qualities and activities. When I saw the mother later she expressed surprise that Angus remembered the purple rabbit. She easily recognized it from the coloured drawing.

Ready Availability of Examples

I deliberately refrain from giving more case material here, particularly as I wish to avoid giving the impression that what I am reporting is rare. In practically every case history

there is something to be found that is interesting in the transitional phenomena, or in their absence. (It is my intention to give other examples and to develop subsidiary themes in future work.)

THEORETICAL STUDY

There are certain comments that can be made on the basis of accepted psycho-analytic theory.

1. The transitional object stands for the breast, or the object of the first relationship.
2. The transitional object antedates established reality-testing.
3. In relation to the transitional object the infant passes from (magical) omnipotent control to control by manipulation (involving muscle erotism and co-ordination pleasure).
4. The transitional object may eventually develop into a fetish object and so persist as a characteristic of the adult sexual life. (See Wulff's development of the theme.)
5. The transitional object may, because of anal erotic organization, stand for fæces (but it is not for this reason that it may become smelly and remain unwashed).

- 93 -

Relationship to Internal Object (Klein)

It is interesting to compare the transitional object concept with Melanie Klein's concept of the internal object. The transitional object is not an internal object (which is a mental concept)—it is a possession. Yet it is not (for the infant) an external object either.

The following complex statement has to be made. The infant can employ a transitional object when the internal object is alive and real and good enough (not too persecutory). But this internal object depends for its qualities on the existence and aliveness and behaviour of the external object (breast, mother figure, general environmental care). Badness or failure of the latter indirectly leads to deadness or to a persecutory quality of internal object. After a persistence of failure of the external object the internal object fails to have meaning to the infant, and then, and then only, does the transitional object become meaningless too. The transitional object may therefore stand for the 'external' breast, but indirectly, through standing for an 'internal' breast.

The transitional object is never under magical control like the internal object, nor is it outside control as the real mother is.

Illusion—Disillusionment

In order to prepare the ground for my own positive contribution to this subject I must put into words some of the things that I think are taken too easily for granted in many psychoanalytic writings on infantile emotional development, although they may be understood in practice.

There is no possibility whatever for an infant to proceed from the pleasure-principle to the reality principle or towards and beyond primary identification (see Freud, *The Ego and the Id*, p. 14),¹⁰ unless there is a good enough mother.¹¹ The good enough 'mother' (not necessarily the infant's own mother) is one who makes active adaptation to the infant's needs, an active adaptation that gradually lessens, according to the infant's growing ability to account for failure of adaptation and to tolerate the results of frustration. Naturally the infant's own mother is more likely to be good enough than some other person, since this active adaptation demands an easy and unresented preoccupation with the one infant; in fact, success in infant-care depends on the fact of devotion, not on cleverness or intellectual enlightenment.

The good enough mother, as I have stated, starts off with an almost complete adaptation to her infant's needs, and as time proceeds she adapts less and less completely, gradually, according to the infant's growing ability to deal with her failure.

The infant's means of dealing with this maternal failure include the following:

1. The infant's experience, often repeated, that there is a time limit to frustration. At first, naturally, this time limit must be short.
2. Growing sense of process.
3. The beginnings of mental activity.
4. Employment of auto-erotic satisfactions.
5. Remembering, reliving, fantasizing, dreaming; the integrating of past, present, and future.

If all goes well the infant can actually come to gain from the experience of frustration, since incomplete adaptation to need makes objects real, that is to say hated as well as loved. The consequence of this is that if all goes well the infant can be disturbed by a close adaptation to need that is continued too long, not allowed its natural decrease, since exact adaptation resembles magic and the object that behaves perfectly becomes no better than an hallucination. Nevertheless at the start adaptation needs to be almost exact, and unless this is so it is not possible for the infant to begin to develop a capacity to experience a relationship to external reality, or even to form a conception of external reality.

Illusion and the Value of Illusion

The mother, at the beginning, by almost 100 per cent. adaptation affords the infant the opportunity for the illusion that her breast is part of the infant. It is, as it were, under magical control. The same can be said in

10See also Freud: *Group Psychology and the Analysis of the Ego*, p. 65.

11One effect, and the main effect, of failure of the mother in this respect at the start of an infant's life, is discussed clearly (in my view) by Marion Milner, in her paper appearing in the *Melanie Klein Birthday Volume*, Hogarth Press, 1952, also this *Journal*, 32 (1952), p. 181. She shows that because of the mother's failure there is brought about a premature ego-development, with precocious sorting out of a bad from a good object. The period of illusion (or my Transitional Phase) is disturbed. In analysis or in various activities in ordinary life an individual can be seen to be going on seeking the valuable resting-place of illusion. Illusion in this way has its positive value. See also Freud: *Aus den Anfängen der Psychoanalyse: Briefe an Wilhelm Fliess*. In 1895 Freud wrote (pp. 402 and 413) that only by outside help certain early functioning can proceed satisfactorily.

- 94 -

terms of infant care in general, in the quiet times between excitements. Omnipotence is nearly a fact of experience. The mother's eventual task is gradually to disillusion the infant, but she has no hope of success unless at first she has been able to give sufficient opportunity for illusion.

In another language, the breast is created by the infant over and over again out of the infant's capacity to love or (one can say) out of need. A subjective phenomenon develops in the baby which we call the mother's breast.¹² The mother places the actual breast just there where the infant is ready to create, and at the right moment.

From birth therefore the human being is concerned with the problem of the relationship between what is objectively perceived and what is subjectively conceived of, and in the solution of this problem there is no health for the human being who has not been started off well enough by the mother. The intermediate area to which I am referring is the area that is allowed to the infant between primary creativity and objective perception based on reality testing. The transitional phenomena represent the early stages of the use of illusion, without which there is no meaning for the human being in the idea of a relationship with an object that is perceived by others as external to that being.

Figure 1

Figure 2

The idea illustrated in Fig. 1 is this: that at some theoretical point early in the development of every human individual an infant in a certain setting provided by the mother is capable of conceiving of the idea of something which would meet the growing need which arises out of instinctual tension. The infant cannot be said to know at first what is to be created. At this point in time the mother presents herself. In the ordinary way she gives her breast and her potential feeding urge. The mother's adaptation to the infant's needs, when good enough, gives the infant the illusion that there is an external reality that corresponds to the infant's own capacity to create. In other words, there is an overlap between what the mother supplies and what the child might conceive of. To the observer the child perceives what the mother actually presents, but this is not the whole truth. The infant perceives the breast only in so far as a breast could be created just there and then. There is no interchange between the mother and the infant. Psychologically the infant takes from a breast that is part of the infant, and the mother gives milk to an infant that is part of herself. In psychology, the idea of interchange is based on an illusion.

In Fig. 2 a shape is given to the area of illusion, to illustrate what I consider to be the main function of the transitional object and of transitional phenomena. The transitional object and the transitional phenomena start each human being off with what will always be important for them, i.e. a neutral area of experience which will not be challenged. Of the transitional object it can be said that it is a matter of agreement between us and the baby that we will never ask the question 'Did you conceive of this or was it presented to you from without?' The important point is that no decision on this point is expected. The question is not to be formulated.

This problem, which undoubtedly concerns the human infant in a hidden way at the beginning, gradually becomes an obvious problem on account of the fact that the mother's main task (next to providing opportunity for illusion) is disillusionment. This is preliminary to the task of weaning, and it also continues as one of the tasks of parents and educators. In other words, this matter of illusion is one which belongs inherently to human beings and which no individual finally solves for himself or herself, although a theoretical understanding of it may provide a theoretical solution. If things go well, in this gradual disillusionment process, the stage is set for the frustrations that we gather together under the word weaning;

12I include the whole technique of mothering. When it is said that the first object is the breast, the word 'breast' is used, I believe, to stand for the technique of mothering as well as for the actual flesh. It is not impossible for a mother to be a good enough mother (in my way of putting it) with a bottle for the actual feeding.

If this wide meaning of the word 'breast' is kept in mind, and maternal technique is seen to be included in the total meaning of the term, then there is a bridge forming between the wording of Melanie Klein's statement of early history and that of Anna Freud. The only difference left is one of dates, which is in fact an unimportant difference which will automatically disappear in the course of time.

- 95 -

but it should be remembered that when we talk about the phenomena (which Mrs. Klein has specifically illuminated) that cluster round weaning we are assuming the underlying process, the process by which opportunity for illusion and gradual disillusionment is

provided. If illusion-disillusionment has gone astray the infant cannot get to so normal a thing as weaning, nor to a reaction to weaning, and it is then absurd to refer to weaning at all. The mere termination of breast feeding is not a weaning.

We can see the tremendous significance of weaning in the case of the normal child. When we witness the complex reaction that is set going in a certain child by the weaning process we know that this is able to take place in that child because the illusion-disillusionment process is being carried through so well that we can ignore it while discussing actual weaning.

Development of the Theory of Illusion-Disillusionment

It is assumed here that the task of reality-acceptance is never completed, that no human being is free from the strain of relating inner and outer reality, and that relief from this strain is provided by an intermediate area of experience¹³ which is not challenged (arts, religion, etc.). This intermediate area is in direct continuity with the play area of the small child who is 'lost' in play.

In infancy this intermediate area is necessary for the initiation of a relationship between the child and the world, and is made possible by good enough mothering at the early critical phase. Essential to all this is continuity (in time) of the external emotional environment and of particular elements in the physical environment such as the transitional object or objects.

The transitional phenomena are allowable to the infant because of the parents' intuitive recognition of the strain inherent in objective perception, and we do not challenge the infant in regard to subjectivity or objectivity just here where there is the transitional object.

Should an adult make claims on us for our acceptance of the objectivity of his subjective phenomena we discern or diagnose madness. If, however, the adult can manage to enjoy the personal intermediate area without making claims, then we can acknowledge our own corresponding intermediate areas, and are pleased to find overlapping, that is to say common experience between members of a group in art or religion or philosophy.

Reference to Wulff's Paper

I wish to draw particular attention to the paper by Wulff, referred to above, in which excellent clinical material is given illustrating exactly that which I am referring to under the heading of transitional objects and transitional phenomena. There is a difference between my point of view and that of Wulff which is reflected in my use of this special term and his use of the term 'fetish object'. A study of Wulff's paper seems to show that in using the word fetish he has taken back to infancy something that belongs in ordinary theory to the sexual perversions. I am not able to find in his article sufficient room for the consideration of the child's transitional object as a healthy early experience. Yet I do consider that transitional phenomena are healthy and universal. Moreover if we extend the use of the word fetish to cover normal phenomena we shall perhaps be losing some of the value of the term.

I would prefer to retain the word fetish to describe the object that is employed on account of a delusion of a maternal phallus. I would then go further and say that we must keep a place for the illusion of a maternal phallus, that is to say, an idea that is universal and not pathological. If we shift the accent now from the object on to the word illusion we get near to the infant's transitional object; the importance lies in the concept of illusion, a universal in the field of experience.

Following this, we can allow the transitional object to be potentially a maternal phallus but originally the breast, that is to say, the thing created by the infant and at the same time provided from the environment. In this way I think that a study of the infant's use

of the transitional object and of transitional phenomena in general may throw light on the origin of the fetish object and of fetishism. There is something to be lost, however, in working backwards from the psycho-pathology of fetishism to the transitional phenomena which belong to the beginnings of experience and which are universal and inherent in healthy emotional development.

SUMMARY

Attention is drawn to the rich field for observation provided by the earliest experiences of the healthy infant as expressed principally in the relationship to the first possession.

This first possession is related backwards in time to autoerotic phenomena and fist and thumb sucking, and also forwards to the first soft animal or doll and to hard toys. It is related both to the external object (mother's breast) and to internal objects (magically introjected breast), but is distinct from each.

The transitional objects and transitional phenomena belong to the realm of illusion which is at the basis of initiation of experience. This early stage in development is made possible by the mother's special capacity for making adaptation to the needs of her infant, thus allowing the infant the illusion that what the infant creates really exists.

This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts and to religion and to imaginative living, and to creative scientific work.

A positive value of illusion can therefore be stated.

An infant's transitional object ordinarily becomes gradually deattached, especially as cultural interests develop.

In psychopathology:

Addiction can be stated in terms of regression to the early stage at which the transitional phenomena are unchallenged;

Fetish can be described in terms of a persistence of a specific object or type of object dating from infantile experience in the transitional field, linked with the delusion of a maternal phallus;

Pseudologia and thieving can be described in terms of an individual's unconscious urge to bridge a gap in continuity of experience in respect of a transitional object.

13Cf. Riviere: *Int. J. Psycho-Anal.*, 17 (1936), p. 399.

- 96 -



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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.

- 459 -

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.

- 460 -

pointed out by Stärcke 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

- 461 -

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.

- 462 -

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.

- 463 -

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.

- 464 -

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.

- 465 -

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

- 466 -

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.

- 467 -

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

- 468 -

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,

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- 469 -

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.

- 470 -

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

- 471 -

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).

- 472 -

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LOVE FOR THE MOTHER AND MOTHER-LOVE¹

ALICE BÁLINT

The relation of mother-child has been at the centre of psycho-analytic interest right from the beginning. Its importance became even greater when, in the exploration of our cases, it was found necessary to go regularly back into the pre-œdipal times. As this is the earliest object relation the beginnings of which reach into the nebulous times where the frontiers of ego and external world merge into each other, it is of paramount importance both theoretically and practically. Thus it is quite understandable that each of us has tried his mettle on the mother-child relation. My contribution to this problem is mainly an attempt at a résumé, and I can only claim originality for the point of view from which the summing up was carried out.

I

Clinical examples may serve as a starting point. I begin with a case in which love for the mother was expressed in a particularly peculiar way. This was the case of a woman patient whose main symptom was that she had to be the slave of her mother. Her unsuccessful attempts at liberation soon became revealed as reactions to disappointments, for in reality she loved her mother and made enormous sacrifices in order to try to satisfy her, which, however, she never succeeded in doing. It was astonishing that the daughter was absolutely helpless in face of the unreasonable reproaches of her mother and reacted to them with guilt feelings which were quite incomprehensible to her. An extraordinarily strong masculinity complex gave the first explanation of these guilt feelings. Right from the beginning of the analysis it stood out clearly that she wanted to replace her father (and a generous lover) vis-à-vis her widowed mother. The first years of the analysis were almost completely taken up with a working through of her masculinity complex. By the end of this phase, her relation to her mother had improved considerably. She had attained an almost normal freedom of movement, could come and go as she liked and had a private life as befits an adult. In her sexual life, too, there was a change for the better. A capacity for orgasm developed, although somewhat labile, in place of an absolute frigidity and repeated, though interrupted, pregnancies pointed also in the direction of accepting the feminine rôle. But despite all these improvements, her feelings of anxiety and guilt towards her mother remained in unmitigated strength. It was the analysis of her death wishes against the mother that led to the discovery of the deep roots of the guilt feelings. It came to light that the death wishes did not originate in any hatred against her mother. This hatred served only as a secondary rationalization of a much more primitive attitude, according to which the patient simply demanded that her mother 'should be there' or 'should not be there', according to the patient's needs. The thought of the death of her mother filled the patient with the warmest feelings, the meaning of which was not repentance but something like 'How kind of you that you did die, how much I love you for that'. The patient's guilt feeling proved to be well founded in reality, i.e. in the type of love she felt towards her mother. This was a kind of love of which one would indeed be afraid and

which explained fully why the patient never wanted to have children. We discovered in it the deep conviction that it belongs to the duties of a loving mother to let herself be killed for the well-being of her children, should occasion demanding it arise. In other words we discovered in this 'daughter of a bad mother' that deep down she demanded *absolute unselfishness* from her mother. She loved her mother as the only human being who—at least for her unconscious—allowed for the possibility of such a demand. Both the attempts at liberating herself and the exertions made in the attempt to satisfy her mother now

(Translated by Michael Balint.)

1Parts of this paper were first published under the title 'The evolution of love and the sense of reality' in the S. Ferenczi memorial volume: *Lélekelemzési tanulmányok*, Budapest, 1933. The final version appeared under the title 'Liebe zur Mutter und Mutterliebe' in *Int. Z. f. Psa. u. Imago*, 24, 33–48, 1939.

- 251 -

gained a new significance. They were obviously also counter-cathexes with the help of which she maintained the repression of her primitive form of love. Also the significance of the identification with the husband (lover) of the mother could be clearly recognized. In the first layer this identification, as previously stated, served as a gratification of her masculine desires. In the deeper layer, however, it was the expression of the patient's demand for love in the reversed form. Just as the mother was loved by her lovers, so did the daughter want to be loved by her mother. And just as the mother unscrupulously exploited the men and then dropped them when they became useless (old or sick), so did the daughter want to use her mother and then get rid of her according to her whims. While the patient let herself be exploited by her mother, she tried secondarily to *gain from hatred the strength necessary to that unscrupulous ruthlessness which in her mother she envied so much.*

This, the deepest, layer of the attitude towards the mother, cannot be conceived as ambivalence proper (just as in the same way we cannot say that a huntsman hates the game he intends to kill). When children, with the most innocent face in the world, speak of the desirable death of a loved person, it would be quite erroneous to explain this by hatred, especially if the wish concerns the mother or one of her substitutes. The little daughter who is of the opinion that mummy should peacefully die in order that she (the daughter) might marry daddy, does not necessarily hate her mother; she only finds it quite natural that the nice mummy should disappear at the right moment. The ideal mother has no interests of her own. True hate² and with it true ambivalence can develop much more easily in relation to the father whom the child gets to know right from the beginning as a being who has interests of his own.

The next case concerns a homosexual patient of twenty-one who complained above all of his incapacity to find and to win someone who would love him. Gradually it came to light that it was he who could not love (in the social sense). We learn how little he knows of the men with whom he has homosexual relations and from whom he demands excessive tenderness. His lack of interest in other people becomes clear and with it the tendency to claim from anyone and everyone the same gratuitous love that the infant claims from his mother. At this level it becomes clear that he does not want at all to love and to be loved in the sense common to adults. Through his claims the partner who loves him (the patient) causes him anxiety, makes him frightened. Eventually the patient becomes aware that he really wishes to find someone who, not out of love—for

lovers are egotistic—but out of chivalry, would heap presents on him. We soon learn that the 'chivalrous duty' really stands for 'parental duty'. The essence of the parental duty is that parents make no demands upon their children because they do only their duty—yielding to the pressure of public opinion—in providing for their children irrespective of whether the children are brave or naughty. These are the comfortable 'lovers'. It is not difficult to discover that underlying this disguise is the primitive way of loving of the infant who does not yet know of his mother as a separate entity having her own interests and who has not yet been compelled to make this discovery. Later, when the mother demands a return for her love she will be felt to be a nuisance and her demands will be refused. 'I do not want to be loved at all', the child appears to say defiantly. In reality it ought to be 'Why am I not loved in the same way (i.e. unselfishly) as I was before?'

The same fear of being loved, or to express it more correctly, fear of the demands of the (love) partner, is shown in the third case. The patient, while in analysis, told the following dream: 'As he enters his flat he sees a large tube in the middle of the room; he lies down on it as if on a bed. It changes in fact into a bed (or couch), but soon it becomes an old woman who makes lewd, grunting sounds. He feels disgust and descends from her although she tries to hold him back.' The immediate cause of the dream was his having seen how his mother was spoiling her grandchild whom she wanted to have completely to herself. With great misgiving he recognizes the repressed eroticism in her action and at the same time feels ashamed of his own jealousy. Beneath the jealousy there is also a sympathy with his little nephew who, apparently, has to face the same fate as he (the patient) himself. The time will come when the nephew, too, will try to get out of the grandmother's clutches, and she will hold him back in just the same way as she held

2 True hate is pure aggressiveness ; pseudo-hate is originally always a demand for unselfishness from the mother.

- 252 -

him, her son. The dream contains many layers, among others several indications of the patient's castration anxiety. From our point of view, the most important feature is the indignation which the patient experienced on discovering the eroticism in the (grand)mother-love. Until then, when criticising his mother's attitude, he had thought of lack of understanding and not of selfishness. Now she had changed into that grunting old thing who uses her own son for her own lust. In fact, he has the same attitude towards all women. The sexual desires of the woman he feels to be painful and frightening. The women must be willing but not demanding. He likes best to approach them as a cry-baby who wants to be pitied and comforted. Marriage is prohibited, for then the woman gains something and because of that he cannot believe in the purity of her love. Reciprocity of demands is as incomprehensible to him as to an infant who lives as an ectoparasite on its mother. One of his main symptoms is his predilection for quite little girls who, however, can be represented by obscene pictures of children. The children, whom he treats as dolls and for whose feelings he need not care, signify in fact the mother. They are the true, unselfish objects of love.

In these three cases the attitude towards the love object was interpreted in the course of analysis in various ways: as an oral tendency to incorporation, as a narcissistic attitude, as a need to be loved, as egoism, etc., as suggested by the material at the particular time of the interpretation. Yet ultimately, the version that seemed most adequate was that

which I used when describing the case material. The oral tendency to incorporate appeared as only one special form of expression of this kind of love which could be present in more or less clearly marked form. The conception of narcissism did not do justice to the fact that this kind of love was always firmly directed towards an object, the concept of passive object-love (the wish to be loved) was least satisfactory especially because of the essentially active quality of this kind of love. We come nearest to it with the conception of egoism. It is in fact an archaic, egotistic way of loving, originally directed exclusively to the mother; its main characteristic is the complete lack of reality sense in regard to the interests³ of the love object. I shall call this egoism, which in fact is only the consequence of the lack of reality sense, the naïve egoism to differentiate it from the conscious neglect of the interests of the object.

A particularly clear picture of this love, directed especially towards the mother, emerges, in my opinion, from certain quite general phenomena of the transference which appear in each case independent of age, sex and form of illness, and are also to be found in training analyses, i.e. in practically healthy people. I have described these transference phenomena in a paper⁴ on the handling of the transference as a paranoically over-sensitive and yet inconsiderate, egocentric attitude, the maintenance of which is made possible by a characteristic blindness concerning the person of the analyst; for during treatment, the analyst is not a man who has his own interests as other men have. The necessary insight to change this attitude is attained, as a rule, only during the period of growing detachment from the analysis, and even then only very gradually. I would add yet another example to this general description.

A patient asks for one more session per week. His wish is justified in so far as he comes only four times a week because of the lack of time. In spite of this I preserve my passivity and restrict myself to the analysis of this wish which helps us to gain insight into the emotional life of the patient. The wish for one more session each week revealed itself as a declaration of love of the affectively very inhibited patient. At the same time, however, it was the defence against his becoming conscious of the emotional urge. He wanted to have one more session in order to avoid feeling the longing in which his love betrayed itself. Really he wanted the extra session in order not to be compelled to love me—as he explained it to me in detail on this occasion. The most painful thought for him was that possibly I might not have time for him, i.e. that our interests might clash. *He wished to be with me but, if possible, in such a way as not to be compelled to take notice of me.* It would have been easy to attribute this attitude to narcissistic withdrawal of libido at a moment when the tension created by the longing had surpassed a certain point. On the other hand, his wish was undeniably a declaration of love. The correct way is to assume that here we have

3 I mean here both the libidinal and the ego-interests of the object.

4 Alice Balint: Handhabung der Übertragung auf Grund der Ferenczischen Versuche. *Int. Z. f. Psa.*, 1936, 22.

5 Another patient equally inhibited in his emotions said once, towards the end of the session, *'Es geht zu Ende mit uns'* (We are nearing our end).

- 253 -

to deal with love, that archaic love, the fundamental condition of which is the complete harmony of interests.⁵ With this love the recognition of the *actual* love object is superfluous, i.e. 'anyway, it wants the same as I do'. This apparently insignificant observation is in my opinion important for it may possibly explain something of the

essence of that subjective self-sufficiency which we assume the satisfied infant possesses.

Another characteristic of archaic love is the pseudo-ambivalence. With this primitive object-relation an alteration in the behaviour towards the object is not necessarily a consequence of an altered emotional attitude (love, hate) but originates in the child's naïve egoism. In this naïve egoism the antagonism that exists between self-interest and the interest of the object is not perceived at all, e.g. when a little child, or the patient in this particular state of transference, means that the mother (or the analyst) must not be ill, then it does not mean concern for the well-being of the other, but for one's own well-being which might possibly be endangered by the other's illness. That this is really so is shown by the very unfriendly way in which the child—or the patient—reacts to the actual occurrence of the dreaded illness. Must we then doubt the love character of this behaviour? After an illness of several months I had good opportunity in which to study the question. My patients, without exception, were angry with me because they felt wronged by the fact that I had been ill, a feeling that was, in a way, justified by the real situation. Their anger was the most forceful expression of their infantile love and attachment. I want to draw attention to the fact that the expressions 'attachment', 'clinging' as well as the German 'Anhang-lichkeit' and the Hungarian 'ragaszkodás' (adhesiveness, stickiness), describing this kind of infantile love are beautiful examples of a piece of unconscious knowledge.

Although I do not doubt that everyone will recognize in this description the kind of love that is directed especially towards the mother (I have only repeated what is generally known), I wish to emphasise the observation that most men (and women)—even when otherwise quite normal and capable of an 'adult', altruistic form of love which acknowledges the interests of the partner—retain towards their own mothers this naïve egotistic attitude throughout their lives. For all of us it remains self-evident that the interests of mother and child are identical, and it is the generally acknowledged measure of the goodness or badness of the mother how far she really feels this identity of interests.

Before leaving this subject and turning to discussion of maternal love, I wish to return for a moment to a remark of mine on the love towards the father.⁶ Although the 'pater familias' has assumed many maternal traits and is, therefore, treated by the child in many ways like the mother, yet that archaic tie linking mother and child is missing. The child's learning to know the father is guided by the reality principle. Such general observations as, for instance, that children are usually more obedient with their fathers than with their mothers cannot be wholly explained by the fact that the father may be more strict than the mother. The child behaves towards the father more in accordance with reality because the archaic foundations of an original, natural identity of interests has never existed in its relation to the father. The mother, however, must not want anything that might run contrary to the wishes of the child. The same explanation holds true for the greater pedagogical effectiveness of strangers. Folk tales seem to confirm this, the wicked mother is always the step-mother, while the wicked father is not necessarily the step-father; and this is true for both son and daughter. (It is, in fact, a further argument for the archaic nature of the kind of love described above; it is revealed in similar form in both sexes, therefore is likely to be of preœdipal origin.) Therefore: *love for the mother is originally a love without a sense of reality, while love and hate for the father—including the œdipus situation—is under the sway of reality.*

II

Turning now to mother-love, I will again start with an example. A young mother told me her opinion of a lecture on criminal psychology which she had heard on the previous day. The lecturer spoke about the case of a woman who was unhappily married and in her despair murdered her two daughters, and then tried to commit suicide. She did not die, however, and was condemned to fifteen years'

6 Alice Balint, 1926: 'Der Familienvater', *Imago*, 12, 292–304.

- 254 -

imprisonment. The lecturer considered this sentence to be unjust, and my patient agreed with him. The explanation added by her was, however, very remarkable. She thought the sentence was unjust because the woman could not be considered a 'public danger'—she had killed only her own children. In the ensuing discussion it became increasingly clear that the idea of the children having any right to express their opinion did not even enter her mind. She considered the whole occurrence as the internal affair of the mother *because one's own child is indeed not the external world.*

I do not need to emphasize how strange the woman felt after the voicing of these, to her, quite natural thoughts. What she said was a piece of archaic reality which—in our civilization—is expressed only under various disguises. Primitive people, however, regard infanticide as something that is in no way connected with murder. It is a domestic, internal affair of the family, and society has nothing to do with it.

Roheim wrote that the Central Australian mothers, when under the dominance of 'meat hunger', bring about an abortion with their fingers and eat the foetus. He does not mention any feelings of guilt or remorse. The foetus appears to these women to be, in the strictest sense of the word, their own property with which they may do as they like. One can even think of the rule whereby every second child is eaten by the family as a restriction of sovereignty because by this means life is safeguarded for a certain number of children. But we must not think that the Australian women are in general 'bad' mothers. On the contrary, they give a full measure of maternal care to the living children. They are even capable of great sacrifice, spending nights on their knees and elbows crouching over their babies in order to protect them from the cold with their own bodies.

Some reports of the Esquimaux show a transitional stage between those Australian mothers who unconcernedly eat their children and our conscious attitude. (I say 'conscious attitude' because cannibalistic desires towards children are by no means rare in dreams, etc.) For example, it has been reported that an Esquimaux woman who ate her child during a period of famine is now paralysed and cannot hold her urine. The inhabitants of the village consider that this state was brought about because she 'ate a part of herself'.⁷ It happens even more frequently that during a famine children would be left behind to die of cold. On such occasions the Esquimaux show a harshness as well as a resoluteness which amazed the author who reported on this matter, for he was well aware of the love and tenderness usually felt by the Esquimaux for their children. It is under the pressure of a terrible emergency that the children are thus abandoned, just as we ourselves would sacrifice our most precious possessions when shipwrecked in order to save our own lives. An additional important detail which is quite familiar to the people of more primitive ways of thought than our own, and appears strange to us

only because of our high regard for any individual, is the fact that children can be produced at will, just like any other chattels.

The eating of children which for the Australian woman is a simple satisfaction of an instinctual need free from any burden of guilt and is for the Esquimaux woman a desperate action undertaken only in a desperate emergency which may have dire consequences but is something to be pitied rather than condemned, appears in Hungarian folklore as the punishment in hell for those women who bring about a miscarriage.⁸

The institution of abortion is a paramount factor in the relation between mother and child. Women all over the world know of artificial abortion so that it is women who have the final say about the existence or non-existence of a child. (This fact is undoubtedly one of the reasons why the mother appears sometimes so weird and gruesome to the child whose life depends in the truest sense of the word on whether it pleases her or not.) The undeniable fact of psychogenic sterility points to another fact, namely that the child who is born is always the child who was wanted by the mother. Moralizing condemnation or penal prosecution of artificial abortion are probably only defensive measures against the dangerous, absolute power of the woman. It is another defensive measure that the right over the child's life which originally was maternal was transferred to the pater familias. It argues for the originality of the maternal right that it is an informal and private affair of the woman. The paternal right, however, is a social institution.

7 Rasmussen: *Thulefahrt*, 1926, 358.

8 *A magyarság néprajza* (Folklore of the Magyars), Vol. IV, p. 156.

- 255 -

In spite of these limitations on the archaic maternal rights which have been imposed by civilization, it probably remains true of most children born that they are born as the realization of the instinctual wishes of their mothers. Pregnancy, giving birth, suckling and fondling are instinctual urges to a woman, and these she satisfies with the help of her baby.⁹ Physical proximity lasting as long as possible is pleasurable to both mother and child. In fact, I believe—turning again to anthropology—that those rules which separate man and wife after the birth of a child, often for many months, have their origin in the desire of the woman to enjoy without disturbance the new relationship with her infant. The unlimited confidence of the child in the love of his mother grows from this mutuality, and later it will be badly shaken by the foreboding or by the actual experience of the mother's being able to dissolve this link at her will, and that she can substitute one child by another.

Maternal love is intended—according to its instinctual sources—only for the very young child, the infant depending upon the mother's body. That is why we so often see mothers who—influenced by their cultural patterns continue to nurse and fondle their children far beyond infancy even until they are quite grown up—still think of them as their 'little ones', however big and tall they may be, a sentiment often openly expressed both by word and behaviour. For the mother the child is never grown up, for when grown up, he is no longer her child. Is not this yet another proof of the remoteness of maternal love from reality? just as the child's love is remote because he never imagines his mother as a being with divergent, that is to say, self-interests? *Maternal love is the almost perfect counterpart to the love for the mother.*

Thus, just as the mother is to the child, so is the child to the mother—an object of gratification. And just as the child does not recognize the separate identity of the mother, so does the mother look upon her child as a part of herself whose interests are identical with her own. *The relation between mother and child is built upon the interdependence of the reciprocal instinctual aims.* What Ferenczi said about the relation of man and woman in coitus holds true in this mother-infant relation. He meant that in coitus there can be no question of egoism or altruism, there is only mutuality, i.e. what is good for one is right for the other also. *In consequence of the natural interdependence of the reciprocal instinctual aims there is no need to be concerned about the partner's well-being.*

This behaviour I call *instinctive maternity* in contradistinction to *civilized maternity*.¹⁰ This can be studied best in animals, or with quite primitive people. In it the naïve egoism plays the same rôle as in the child's love for the mother. But, if we consider both partners (mother and child) simultaneously, we can speak with Ferenczi of mutuality. The mutuality is the biological, the naïve egoism the psychological aspect. *The biological interdependence makes the naïve egoism psychologically possible.* Every disturbance of this interdependence calls forth a development beyond the naïve egoism.

If in man, as is the case with animals, the mother-child-unity were replaced without any gap by mature sexuality, i.e. by the man-woman-unity, naïve egoism could perhaps suffice for the whole of life as the method of loving. The interval, characteristic for man, between the infantile and the adult period, i.e. the two phases of life in which a mutual interdependence of two beings is naturally given—leads to a discord which must be resolved. This discord, increasing parallel with the development of civilization, is resolved to a great extent by the *progressive strengthening of the power of the reality sense over the emotional life.*

Tact, insight, consideration, sympathy, gratitude, tenderness (in the sense of inhibited sensuality) are signs and consequences of the extending strength of the reality sense in the sphere of emotions. The real capacity for loving in the social sense is a secondary formation created by an external disturbance. It has nothing to do directly with genitality. The genital act is really the situation in which the reciprocal interdependence as experienced in early childhood is re-created. Everything learnt in the meantime may play an important rôle in wooing, but must be forgotten during the act. Too much reality sense (tact), a too precise delimitation of one partner from the other is disturbing, causes coldness, may even lead to impotence, for example, the anxiety of some neurotics—that originates from training in cleanliness—that they might disturb or even

9 See Ferenczi's notion of 'parental eroticism' in *Thalassa*, 1938, New York. (German original Versuch einer Genitaltheorie, 1924, *Int. Psa. Verlag*, Vienna.)

10 For 'civilized maternity' see Alice Balint, 1937: 'Die Grundlagen unseres Erziehungssysteme', *Z. f. psa. Paedagogik*, 11, 98–101.

- 256 -

disgust their partner by their body odour or by some involuntary sound or movement.

The first disturbance of the naïve egoism is caused by the mother's turning away from her growing child. This turning away may be expressed either directly as true estrangement or indirectly in the mother trying to delay in some way the development of the child. I think there is no need to give examples here. For the child it would be

quite natural if the mother were to remain his (or her) sexual partner even after the period of infancy. Her reluctance can only be attributed by the child to the disturbing influence of some external power. In fact this is true with animals where the infantile period is followed immediately by sexual maturity. It is the strength of the father animal which is the only obstacle to the sexual union of mother and child. With man it is different: the sexual significance of the child for the mother ceases to exist much earlier than the time of the child's attaining sexual maturity, i.e. the time when he could be a sexual partner in adult form to the mother. The instinctual attachment to the mother is replaced by instinctual rejection by the mother. From this it becomes clear what is the essential difference—in spite of many corresponding traits—between maternal love and love for the mother. The mother is unique and irreplaceable, the child can be replaced by another. We experience the repetition of this conflict in every transference neurosis. Each patient is more or less concerned at some time or another with the relative irreplaceability of the analyst as compared to the real or assumed ease with which the analyst can fill the time vacated by any of his patients. The detachment from the mother, in the sense of the dissolution of the primitive attachment based on mutuality, means the reconciliation with the fact that the mother is a separate being with her own interests. Hatred of the mother is no solution because it means the preservation of the attachment but with the negative sign. One hates the mother because she is no longer what she used to be. (In analytical practice we have long known that hatred of the analyst after the end of an analysis is the sign of unsolved transference.)

To sum up: the child who has outgrown his infancy is no longer so agreeable to the mother (thinking still in terms of instinctual maternity), nevertheless he clings to her and does not know any other form of love but that of his naïve egoism. This naïve egoism, however, becomes untenable, because now there is no mutuality which was its basis. Thus the child is faced with the task of adapting himself to the wishes of those whose love he needs.¹¹ It is at this point that the rule of the reality sense starts in the emotional life of man.¹²

III

In this connection I would like to discuss briefly the problem of auto-erotism. We know auto-erotism is archaic. Its most important quality from the point of view of adaptation to reality is its far-reaching independence of the external world. The auto-erotic activity need not be learned by the child and for its practice there is no need for help from the environment; it may, however, be disturbed or even inhibited by the external world. Moreover, it is not independent of internal processes. As is well known, several auto-erotisms may supplant each other when one or the other method of discharge has become impossible. But the dissolution of the instinctual interdependence of mother and child also influences the auto-erotic function. One could even say that it is here that the psychological rôle of auto-erotism really begins. In the next period, rich in relative love-frustrations, auto-erotism assumes the significance of a substitute gratification. In this way it becomes the biological foundation of secondary narcissism, the psychological pre-condition of which is the identification with the faithless object. The earlier the infantile harmony disappears, the earlier auto-erotism assumes this rôle in the mental life of man. Contrary to the opinion of the majority of analysts, I do not think that this is a regression to the auto-erotic phase; moreover I think that auto-erotism and archaic attachment to the mother exist simultaneously, maintaining a balance, but that from the beginning they are two different factors, their difference becoming apparent only after the original harmony has been disturbed. In my opinion there is no phase of life that is dominated solely by auto-erotism. When

11 Protracted infantilism may itself be adaptation of a sort.

12 I wish to point out that this rule of the reality sense over the emotional life is not identical with Ferenczi's notion of the erotic reality sense. The concept of the erotic sense of reality relates exclusively to the erotic functions whose development is thought of as a quest for the most perfect way of discharging erotic tensions.

13 Cf. the observations by the analyst and pediatrician, E. Petö, 1937: 'Säugling und Mutter', *Z. f. psch. Paedagogik*, 11, 244 (translated and reprinted in this number of this Journal).

- 257 -

man fails to obtain sufficient gratification from the world of objects, auto-erotism comes to help him as a means of obtaining comfort. If the frustration is not too great, all this happens without much ado. The over-burdening of the auto-erotic function, however, soon leads to pathological phenomena; the auto-erotic activity degenerates into addiction. But inversely, we may observe that an all too successful pedagogical suppression of auto-erotism is followed by an over-burdening of object-relations which usually appears as an abnormal dependence and pathological clinging to the mother (or her representatives). On the other hand, not too exaggerated inhibition of auto-erotism reinforces the object-attachments to that extent which is desirable for the educability of the child. Apparently there is for each age an optimal proportion between auto-erotism and object attachment. Though this equilibrium is elastic, i.e. frustration on the one hand may be equalized by gratification on the other, this cannot go beyond certain limits. This circumstance secures the development of the reality sense in the emotional life. Man cannot renounce object love without suffering severe impairment.¹³

IV

The different kinds of loving have been classified by psycho-analysis according to several principles: first as to their relation to aim-inhibition, secondly, as to whether they belong to a component instinct or to genitality. Using the one principle the concepts of oral, anal and genital love were developed, using the other those of tender and of sensual love. A third principle of classification results from contrasting narcissistic with object libido, leading to a narcissistic and object-libidinal form of love, which in some way are also connected with egoism and altruism. And finally Ferenczi's differentiation must be mentioned, that of active and passive love, which he uses as often as not in place of the customary terms—narcissistic and object-libidinal love—but without exactly stating whether passive object-love is identical with narcissistic love or not. The principle I use in differentiating the several forms of love is their relation to the sense of reality. Object love proper has two mainstays, (a) gratification of needs by their objects, (b) reality sense.

a. exists from the beginning, especially if we accept the teachings of Ferenczi's Theory of Genitality according to which the whole of sexuality including the auto-erotic function, is founded on an object-orientated tendency.

b. this is developed only gradually. On the basis of observations of a form of love, the most characteristic trait of which is the scanty development of the reality sense (the object is recognized but not its self-interests) I assume that along with a gradual development of the reality sense there is a gradual development of object love. The parallel between these two developments is not quite complete. The extension of the rule of the reality sense over the object relations is limited by two powerful factors: as is well known, one of these factors is the far-reaching independence from the external

world which is made possible in the libidinal sphere by the auto-erotic (according to Ferenczi autoplastic) method of gratification. The second factor is the interdependence between mother and child (and later between man and woman in coitus). The instinctual interdependence of two beings creates a situation in which the recognition of the object's own interests is unnecessary. This is the basis of the naïve egoism in the sphere of object libido.

I arrive at the concept of primary *archaic object relation without reality sense* through extrapolation. It is the last link in a series which is constructed from the various grades of adaptations to reality in the field of object relationship. Accordingly there exists an archaic form of love of which the essential determinant is the lack of reality sense towards the love-object and not the prevalence of any component instinct. (To avoid a possible misunderstanding I wish to emphasize that one must differentiate strictly between forms of gratification, e.g. oral, anal, etc. and forms of love, e.g. naïvely egoistic, altruistic,¹⁴ etc.). The development of the socially higher forms of love derives as a consequence of adaptation to reality. This classification is closely related to Freud's distinction between sensual and aim-inhibited love, for aim-inhibition is indeed the most important of the factors, originating in the influence of the external world, which bring

14 Cf. M. Balint (1935): 'Zur Kritik der Lehre von den prägenitalen Libidoorganisationen', *Int. Z. f. Psa.*, 21, 525–543.

- 258 -

about the development of emotional life; pure sensuality, on the other hand, knows solely 'the erotic reality sense' and can exist in relation to the partner fairly comfortably coupled with naïve egoism.

The point at which my train of thought deviates somewhat from that of Freud is the significance I attribute to the rôle of the libidinal object relation in this connection. Freud, too, traces back the growth of object love to the irreplaceability of the external world, but the basis of this irreplaceability according to him lies not in the erotic but in the self-preserving instincts. In dependence on the gratifications of the self-preserving instincts the first object relations develop which, however, are soon replaced by the auto-erotic investment of the libido. It is only by this detour via auto-erotism that the libido finds its way back—in the course of further development—to the world of objects. Freud assumes that 'certain of the component impulses of the sexual instinct have an object from the very beginning and hold fast to it; such are the impulse to mastery (sadism), to gazing and curiosity'.^{15 16} After the completion of the theory of the libido by the theory of narcissism it then appeared 'that auto-erotism was the sexual activity of the narcissistic phase of directions of the libido',¹⁷ whereby this narcissistic phase is assumed, as is well known, to be the primary phase.

I have tried, from observable phenomena, to represent this early phase as an archaic object-relation lacking any sense of reality, but from which what we are wont to call love develops directly under the influence of reality.

My assumption can easily be described in terms of ego and *id*. The archaic love without reality sense is the form of the love of the *id*, which persists as such throughout life, while the social reality-based form of love represents the manner of loving of the ego.¹⁸

APPENDIX

Dual-unity and Primary (Archaic) Object-relation

In several contributions to the discussion of this paper, it was suggested that I abandon the term primary object relation in favour of the term dual-unity. I am of the opinion, however, that it is more helpful to use terms in such a way that emphasis is given to quite small deviations in theory and thus to increase the general understanding. I. Hermann, E. P. Hoffman and L. Rotter-Kertész emphatically stress the fact that they do not want to think of dual-unity as a form of object relationship at all, whereas I, on the contrary, actually think of a possible, very primitive object relation which already exists before one can assume an ability to distinguish between ego and object, i.e. already in the *id*, so to speak. The starting point of these ideas is Ferenczi's well-known concept of '*passive object love*'. In my paper on this subject—printed in the Ferenczi memorial volume—I used only this term. Later, under the influence of M. Balint's ideas on the 'new beginning' in which he emphasizes the active features in early infantile behaviour, as well as partly under that of I. Hermann's work on the instinct to cling—I thought that the term passive was not a suitable description of a relation in which such markedly active tendencies as the instinct to cling play a paramount rôle. Since then I have used—as in the present paper—in place of '*passive object love*' mainly the terms '*archaic*' or '*primary object relation*' (*object love*).

This latter term I could only change to 'dual-unity' if those using it changed their views and accepted dual-unity as a primitive kind of object relation, or else if I, for my part, could relinquish the idea that object-relations are as old as their biological basis.

15 Freud: (1936) *Introductory Lectures*, 5th edition, p. 276. London: Allen and Unwin.

16 Since the recent researches of I. Hermann the number of the components of the sexual instincts directed towards an external object from the beginning, must be increased by the instinct to cling.

17 Freud: (1936) *Introductory Lectures*, 5th edition, p. 276. London: Allen and Unwin, p. 347.

18 Papers of recent years which follow a similar theme:

Balint, Michael, 1935. 'Zur Kritik der Lehre von den prägenitalen Libidoorganisationen', *Int. Z. f. Psa.*, 21. (Critical remarks on the theory of the pre-genital organisations of the libido.)

Balint, Michael, 1937. 'Frühe Entwicklungsstadien des Ichs. Primäre Objektliebe', *Imago*, 23. (Early developmental phases of the Ego. Primary object love. Reprinted in this number of this Journal.)

Hermann, I., 1936. 'Sich-Anklammern—Auf-Suche-Gehen', *Int. Z. f. Psa.*, 22. (To cling—to go.)

Hoffmann, E. P., 1935. 'Projektion und Ich-Entwicklung', *Int. Z. f. Psa.*, 21. (Projection and Ego development.)

Rotter-Kertész, L., 1936. 'Der tiefenpsychologische Hintergrund der inzestuösen Fixierung', *Int. Z. f. Psa.*, 22. (The depth-psychological background of the incestuous fixation.)

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**EARLY DEVELOPMENTAL STATES OF THE EGO. PRIMARY OBJECT
LOVE¹**

MICHAEL BÁLINT

The genetic approach is the principal method we use in our science of psycho-analysis; a mental phenomenon observed in the present is explained by tracing it back to a previous one and by demonstrating how far and by what external and internal influences the previous process was changed into the present one. This crab-like thinking must, however, come to a halt somewhere, i.e. where the previous earlier phenomenon, the original one can no longer be observed but must be inferred from what can be observed. In the early years of psycho-analysis theoretical research reached as far as the Œdipus situation, i.e. to the third to fifth year of life. The theoretical gains thus achieved led to greater power of observation and in turn the better trained observers could verify all the theoretical assumptions.

Naturally research has not come to a standstill and time and again attempts have been made to infer still earlier mental states from observations. This new situation, however, is utterly different from the previous one. Then only one theory, or more correctly, two complementary theories—that of the classic Œdipus situation and that of the polymorph-perverse nature of infantile sexuality—stood to discussion, to-day we have to deal with several theories, often contradicting one another. Slight differences in theoretical constructions are understandable but we hear and read of theories which diverge considerably and are often diametrically opposite. These differences somehow seem to depend on geography in a way that one is justified in speaking of regional opinions. Probably each one of us will protest against this submerging of his ideas in a regional opinion and will quote sharp controversies within his own group; still the results of his work appear to a distant observer as one or more notes in a regional harmony. Such 'regional'—not quite identical but consonant—opinions have been formed during the last years² in London, in Vienna and in Budapest.

The word 'opinion' is used here intentionally. We must not forget that we are arguing here about theoretical constructions. For we all agree that the earliest state of the human mind is not essentially different in London from what it is in Vienna or in Budapest. Those unpleasantly diverging opinions originate very likely from the fact that the various research workers start from different points of observation and use somewhat different terms. In this paper I shall try to trace back the differences in the theoretical constructions to the different points of view, the different expectations and the different terms used. This, however, does not mean that each point of view and each terminology is equally advantageous. On the contrary, I wish to show that some points of view are linked with certain disadvantages.

I have said that the material from which we have come to such dissimilar conclusions is the same for all of us. To start with I have to choose a description of the infantile mind which will be acceptable to everyone. We need for this purpose a reliable observer who at the same time must be a precise reporter. I quote him³: 'Childish love knows no

bounds, it demands exclusive possession, is satisfied with nothing less than all. But it has a second characteristic: It has, besides, no real aim; it is incapable of complete satisfaction and this is the principal reason why it is doomed to end in disappointment and to give place to a hostile attitude' (p. 286). Hence the reproach: 'that the mother gave the child too little milk and did not suckle her long enough. Under the

1Shortened version of a contribution to the First Symposium of the Second 'Four Countries' Conference' in Budapest, May, 1937. Published in German in *Imago*, 23, 270–288, 1937.

2Written in 1937.

3Freud: 'Female Sexuality', *Int. J. Psycho.-Anal.* (1932), 13.

- 265 -

conditions of modern civilization this may very often be quite true, but certainly not so often as is maintained in analysis. It would seem rather that this complaint expresses the general dissatisfaction of children ... as if our children remained for ever unappeased, as if they had never been suckled long enough.' 'So great is the greed of the childish libido' (pp. 288–9). 'In the first phases of the love life ambivalence is evidently the rule' (p. 289). And further: 'Those first impulses of libido have an intensity of their own which is greater than anything that comes later and may indeed be said to be incommensurable with any other force' (p. 296). This description by Freud will be acceptable to all of us; it gives only the facts without any theoretical evaluation or attempted explanation.

The Londoners will certainly see in this description nothing but a confirmation of their opinion. The described features of the infant's mental life, such as extravagance, hostility, general discontent, insatiable greed, obvious ambivalence, etc., are the phenomena always emphasized by them. Thus Joan Riviere started her representative lecture in Vienna with the sentence⁴: 'My object in this paper is to attempt a short general formulation of the earliest psychical developmental processes in the child, i.e. of the problems of oral sadistic impulses and their attendant anxieties ...' (p. 395). According to the Londoners: 'The baby's mental life in its first weeks is narcissistic in character ...' (p. 397). Further they assume 'that oral and cannibalistic impulses ... are formed during the actual exercise of the oral function as an object relation'⁵ (p. 396). This development has two sources. Sadistic instinctual impulses may arise spontaneously, i.e. without the influence of the external world, as manifestations of the death instinct turned outside. These impulses use above all but not exclusively the oral zone; in addition the muscles, the eyes, breathing, the excretory function, etc., also come into their service. The second—also unavoidable—source of these sadistic impulses is the delaying of gratification. Such a delay causes the child to experience the increased tension as a 'traumatic situation' in Freud's sense; he is compelled to give up gradually the security of his narcissistic omnipotence, feels helpless and powerless, at the mercy of evil powers and reacts to all this with hate and aggressiveness. These affects are, either from the very beginning or very soon after, directed towards objects as well as towards the self; as they are intolerable to the weak and undeveloped ego, they are felt as originating from the objects, they are projected on to them. Thus a kind of paranoia (l.c. 405) develops, the infant becomes oversensitive and reacts vehemently to all—however little or unimportant—signs of a negative, careless, or only indifferent, attitude in his environment, everywhere and in everything he sees bad objects. These bad objects engender fear in the infant who then will be afraid of their vengeance. But: 'guilt and remorse will also be present to some extent along with these persecutory feelings and will greatly increase the conflict of ambivalence' (l.c. 405).⁶ Here the

struggle begins between the earlier aggressive and the somewhat later developing impulses of tender love which, however, are ultimately based on the original acquisitive impulses with all their tendencies to greed and sadism. Both forms of 'love' employ the mechanisms of introjection and projection (as also does hate); mental content in the earliest months consists mainly of phantasies of various physical methods of absorbing, or of expelling (or restoring) good and bad objects (i.e. good and bad aspects of the original object split into two); in addition all other defensive mechanisms, including repression, are already at work in the first months of life. (M. Schmeideberg, quoted by Riviere, l.c., p. 398). Two important tendencies are to be mentioned here: the one is an almost spastic effort to keep apart the good objects from the bad ones for fear the good helpful ones might be destroyed by the bad ones; the other is the tendency to repair the effects of one's own sadistic impulses, to change the bad and therefore maltreated objects into good ones.

The subsequent development need not concern

4J. Riviere 'On the Genesis of Psychological Conflict in Earliest Infancy' *Int. J. Psycho-Anal.*, (1936), 17.

5I noticed only while preparing this translation that the German text of Mrs. Riviere's paper omits the words 'as an object relation' which are in the original English. The German sentence runs: 'dass orale und kannibalistische Triebregungen ... primär in der Säuge-periode entwickelt werden' (*Int. Z. Psa.*, (1936), 22, p. 488.)

6At this point the German translation again deviates from the English original: 'Zugleich mit diesen Verfolgungsängsten treten auch schon ansatzweise Schuldgefühle und Sorge für das Objekt auf sobald sich die Liebe zur Brust und zur Mutter geltend macht' (l.c., p. 497). Reference to an early object relation is omitted here from the English version.

7Apparently the same is true of the beginning of object relations. Cf. the divergencies in the English and German versions of Mrs. Riviere's paper.

- 266 -

us here. I now wish to sum up the most important suppositions which are fundamental for the English point of view: (1) The infant is born in the state of primary narcissism. (2) Vehement sadistic and aggressive impulses appear very early; it remains undecided how much of them is attributable to the archaic death instinct turned towards the external world, and how much to the reactions of hatred caused by the influence of the environment. It seems, however, that the loving impulses appear later and are weaker. (3) The Londoners seem to be uncertain as to when and how reality testing begins⁷; the uncertainty is so great that authors occasionally contradict each other. One instance may be quoted here: J. Riviere reminds us to 'keep in mind that this narcissistic world of the psyche is ... entirely autistic, not only lacking in objectivity, but at first without objects.' In the following sentence, however, Glover is quoted who 'has emphasized that even babies have a sense of reality of a kind' (l.c., pp. 398-9). (4) Further it is assumed that the infant deals with his primary experiences above all with the help of introjection and projection.

Here the Viennese criticism begins. I am in the fortunate position—as I was with regard to London—to be able to quote a representative paper of this school, and so to be very brief⁸ Wälder doubts the ubiquity and intensity of the oral sadistic manifestations as described by the Londoners and consequently the validity of the conclusions which were arrived at by generalization from these alleged observations. Further, he criticizes the inexact, unorthodox use of the concepts of introjection and projection as causing confusion. Equally confusing according to him is the way in which the Londoners

describe phantasy and reality, or perhaps more correctly, external and psychic reality. Finally he doubts whether the experiences of the very first developmental stages of the human mind can ever be consciously recollected and even less expressed in words.

Although these objections are very weighty and Walder's argumentation appears to be convincing, the problem remains entire. If one abandons the Londoners' point of view and accepts the Viennese, one remains perplexed in face of the infantile phenomena as described by Freud. Why are infants so extravagant, greedy, insatiable, why does hostility appear unavoidably, whence the reproach that mother never fed them rightly, never treated them lovingly? We cannot side with Walder, i.e. the Viennese without having first found some explanation for the infantile phenomena described by Freud. For it must be admitted, if one accepts the Londoner's assumptions, all these phenomena, observed by all of us, can be explained easily.

The situation is very embarrassing: on the one hand we have a theory which can make understandable very many of the most important phenomena of the infantile mind, the fundamental assumptions of which, however, can hardly stand up to a perfectly justified criticism; on the other hand we have a criticism the conclusions of which can hardly be contradicted, but which can teach us almost nothing about the field we are interested in.

The obvious conclusion is that the present material is insufficient to allow of a decision in this issue of paramount importance. But where can we find new material? I have mentioned that according to Walder it is hardly to be expected that the experiences of the very early age can ever be recollected consciously. But it is at least equally certain that the experiences of this time are of paramount importance and essentially influence the whole later life of the individual. On this we all agree; but the question arises how one can get reliable data about these experiences. In principle there are—as emphasized by Walder—two possible ways: direct observation of the infant and reconstruction of infantile behaviour from the data of adult life. If I understood Walder rightly, the difficulties of a reliable verification of any assumptions are so great that the Viennese consider any assumption in this field with extreme scepticism.

This brings me to Budapest. We have, only recently, it is true, become⁹ somewhat less sceptical on this point. Three different trains of thought, independently begun from different angles of approach, have recently led A. Balint, I. Hermann and myself to such converging conclusions that we are practically convinced at least to be going in the right direction. The common principal stimulus to our trains of

8R. Walder: 'The Problem of the Genesis of Psychological Conflict in Earliest Infancy', *Int. J. Psycho.-Anal.* (1937), 18, 416–473).

9Written in 1937.

10'Stages in the Development of the Sense of Reality' (1913), 'Thalassa: A Theory of Genitality' (1924), 'Confusion of Tongues between the Adults and the Child' (1933).

- 267 -

thought can be traced back to Ferenczi¹⁰ and behind him to Freud. Our common starting point was to consider the formal elements of the analytical situation, more than hitherto customary, as phenomena of transference, hoping that in this way we might obtain valuable data about the individual history of our patients. This hope has been realized; we have even found more, namely that certain features of the analytical situation appear monotonously in every treatment, nay, that they can be observed more and more clearly and frequently as, in the process of analysis, the patient becomes liberated from the defensive mechanisms that he can remember having acquired. Thus we have come to the conclusion that these ever occurring features must be considered as general human quality. There remained, however, to be decided whether these features

are determined by the biological nature of man or are precipitates of the earliest psychic experiences.

Independently from each other and without having formulated it explicitly all three of us have chosen the latter of these possibilities as a working hypothesis. We have asked ourselves how much of these observable, monotonously recurring features of the analytical situation can be traced back to early infantile experiences, or more correctly how much of the early infantile mental processes can be inferred from these easily verifiable observations. We have, in addition, tried to support our conclusions by further material. Here each of us went a different way. Hermann's second source of material was comparative psychology, above all the study of the primates; Alice Balint's a just developing science, comparative pedagogics, while I collected data from the theory of sexuality.

I wish to review the results briefly and shall start with my own investigations.¹¹ I found that at times, when the analytic work had advanced fairly deeply, my patients expected and often even demanded certain primitive gratifications mainly from their analyst, but also from their environment. If I kept strictly to the rule of analytic passivity, i.e. if these desires for gratification were frustrated automatically by my passivity, phenomena appeared which corresponded in all their essential features to the conception of the infant as put forward by the London analysts. Loss of security, the feeling of being worthless, despair, deeply bitter disappointment, the feeling that one would never be able to trust anyone, etc. Mixed with these came most venomous aggression, wildest sadistic phantasies and orgies depicting the most cunning tortures and humiliations for the analyst. Then again fear of retaliation, the most complete contriteness, because one had spoilt for ever the hope of being loved by the analyst or even merely to be treated by him with interest and kindness; never more could one expect to deserve a good word from him.

If, however—warned by the experiences I have quoted—I later tolerated the satisfaction of those modest wishes we simply went from the frying pan into the fire. An almost manic state broke out. The patients became overblissful; they wanted nothing but to experience again and again the satisfaction of these wishes. All the symptoms disappeared; the patients felt super-healthy as long as they felt secure of obtaining immediately on demand the satisfaction of those extremely important wishes; at such times it was very difficult indeed to keep them at the analytical work. This state very closely resembles that of an addiction or of a severe perversion, even in its lability. At the first serious dissatisfaction or considerable delay of the gratification the whole structure of this enraptured blissfulness breaks down and abruptly the mood changes into the form described previously of despair, hatred and fear of retaliation.

Let us go one step further. What are these dangerous wishes in reality? Rather innocent, naïve one would say. A kind word from the analyst, the permission to call him by his first name or be called by him by one's first name; to be able to see him also outside the analytical session, to borrow something or to get a present from him, even if it be quite insignificant, etc. Very often these wishes do not go further than to be able to touch the analyst, to cling to him, or to be touched or stroked by him. (The latter

11"The Final Goal of Psychoanalytic Treatment', *Int. J. Psycho.-Anal.*, (1936), 17, 206–216. (The German original appeared in 1935). 'Zur Kritik der Lehre von den prägenitalen Libidoorganisationen', *Int. Z. Psa.*, (1935), 21, 525–543. 'Eros und Aphrodite', *Int. J. Psycho.-Anal.*, (1938), 19, 199–213. (The German original appeared in 1936.)

will lead us into the field of the phenomena of clinging about which more later.)

I must confess that it took me a long time to notice two essential qualities of these wishes. Firstly without exception they are directed towards an object, and secondly they never go beyond the level of fore-pleasure. That means: firstly, that it is only the external world, the environment that can satisfy them; autoerotic narcissistic satisfaction is never sufficient. Secondly: if the satisfaction arrives at the right moment, and with the right intensity, it causes reactions that are observable only with difficulty because the experience of gratification happens so quietly. Properly this feeling of pleasure could be described as a tranquil quiet sense of well-being. If, however, these wishes must remain unsatisfied, their gratification will be demanded very vehemently and an eventual frustration will call forth the most stormy reactions.

Now at last I could explain how the noisy and passionate experiences of satisfaction which perplexed me so much in the beginning have come about. They are not naïve primary reactions but have already a history; they are reactions to frustrations in a similar way as, e.g. compulsory masturbation often luxuriates for quite a long while after some events in the environment—interpreted by the child as a threat of castration. This knowledge enabled me to evaluate these phenomena of the new beginning more correctly and to treat them properly. I shall return to these experiences later.

Now it was but a step from here to surmise that our patients have brought these ever recurring forms of reactions from their early infantile stages. I am afraid I shall meet some opposition at this point. It may be admitted that these phenomena repeat certain infantile situations, but why should these be the most primitive ones? I shall deal with this question later when discussing the concept of primary narcissism; for the present, however, I must follow the thread of my argument. In my opinion a very early, most likely the earliest, phase of the extra-uterine mental life is not narcissistic but directed towards objects, but this early object relation is a passive one. Its aim is briefly this: I shall be loved and satisfied, without being under any obligation to give anything in return. This is and remains for ever the final goal of all erotic striving. It is the reality that forces us to circuitous ways. One detour is narcissism: if I am not loved sufficiently by the world, not given enough gratification, I must love and gratify myself. The clinically observable narcissism is, therefore, always a protection against the bad or only reluctant object. The other detour is the active object love. We love and gratify our partner, i.e. we conform to his wishes in order to be loved and gratified by him in return.

These observations are well supported by the results of I. Hermann.¹² As just mentioned, during the period called by me the 'new beginning' desires appeared that took the form of being permitted to touch the analyst or of being touched by him. This instinctual desire for physical contact has occupied Hermann—independently from me—for more than ten years. I can only give here that part of his results which refers to our topic. His theory starts from two observations: (a) The infant of the primates spends the first few months of extrauterine life clinging to its mother's body; (b) the human infant is forcibly separated from the maternal body much too early. The human child has the wish to continue living as a component part of the mother-child-unit (a dual-unit); as this is frustrated—at least in our civilization—by the reality, it develops a number of instinctual substitutive symptoms, such as its sleeping position, a number of reflexes (Moro, etc.), many phenomena of sucking and hand erotism and, last but not least, the general tendency to cling to something in the moment of a threatening danger. In all these instances we are faced with active behaviour on the part of the infant, even with an activity directed towards an object. The fact must be mentioned also that contrary to common parlance the child is not suckled, indeed it sucks actively.

Sequelæ of this tendency are naturally to be observed in the adult also, in his sexual life, in his neuroses, in his way of associating and in the phenomena of the period of new beginning quoted above. Further I wish to mention the innumerable magic, mystic, or symbolic acts, such as, hand-shake, laying on of hands, touching, clinging, etc., all of which have this tendency as their basis, and show the conscious

12I. Hermann, 'Zum Triebleben der Primaten', *Imago*, (1933), 19, 113, 325. 'Sich-Anklammern—Auf-Suche-Gehen', *Int. Z. f. Psa.*, (1936), 22, 349–370.

- 269 -

aim of identifying oneself with the object or asking help from it.

Moreover, Hermann has proved that clinging is the common precursor of a large number of object relations. By attenuating this tendency to touching, stroking, caressing, tenderness develops; in the same way it is possible that frustrations followed by regressive reinforcement may bring forth sadism. Further masochistic tendencies can be traced back to primitive clinging. The importance of clinging in normal sensual sexuality, e.g. embracing, pressing, etc., needs no further proofs.

This theory obtained a still firmer foundation through the research carried out by A. Balint.¹³ Hermann and I have examined these phenomena only from the point of view of the patient, i.e. of the child. A woman was needed to illuminate this dual-unit also from the other side, i.e. from the side of the mother. The most important, though not at all unexpected result is that the two parties of this relation are libidinally equal. Libidinally the mother is receiver and giver to the same extent as her child; she experiences her child as part of her own body and yet as something strange and hostile in the same way as the child regards the body of its mother. Often only in phantasy but not so seldom in reality also she does as she likes with her child as if it had no life, no interests on its own. And it is almost with the same words that our Londoner colleagues describe the behaviour of the child vis-à-vis its parents.

This primitive—egoistic—form of love works according to the principle: what is good for me, is right for you, i.e. it does not recognize any difference between one's own interests and the interests of the object, it assumes as a matter of fact that the partner's desires are identical with one's own. Claims of the object which go beyond this harmony are intolerable, they call forth anxiety or aggressiveness. The same attitude develops regularly in the course of analytic treatment. Here, in addition to unscrupulous egoism, another quality of this object relation can be observed: paranoid sensitivity. The patient is the pivot of everything, he draws far-reaching conclusions from the minutest details as to whether he is loved, and whether or not he is sufficiently taken into consideration.

It is a commonplace that the ultimate goal of all instincts is the union with the object, the recovery of the ego-object-identity. The adult arrives nearest to this ultimate goal in the orgasm. Coitus, it is true, begins as an altruistic act, but the higher one's excitement grows the less regard is paid to the partner until finally immediately before and during orgasm the partner's interests are completely forgotten, and thus in the safe belief of being united with him (her) in perfect harmony one is able to enjoy together the highest pleasure.

In all these cases we have to do with a faulty or even absent sense of reality with regard to the partner, or the analyst; he is treated as if his desires were truly identical with one's own. His existence, however, is never in doubt. It is legitimate to assume the same primitive form of love in the child. A. Balint was able to support this conclusion by data from comparative pedagogics especially from the different forms of education in primitive tribes.

The results of these three researches can be summed up as follows:

1. The phase of object relation described by all three of us, which could be called primary or primitive object love, must occur very early in life.
2. This phase is unavoidable, a necessary stage of mental development. All later object relations can be traced back to it, i.e. vestiges and remnants of this primitive phase can be demonstrated in all the later ones.
3. This form of object relation is not linked to any of the erotogenic zones; it is not oral, oral-sucking, anal, genital, etc., love but is something on its own as are the other forms of love, such as auto-erotism, narcissism, object love. In my opinion this fact is of paramount importance and I hope that through this strict discrimination it will be possible to disentangle the hopeless confusion brought about by equating both in our theory and in our terminology the development of instinctual aims with the development of instinctual object-relations.
4. The biological basis of this primary object relation is the instinctual interdependence of mother and child; the two are dependent on each other but at the same time they are tuned to each other, each of them satisfies himself by the other without the compulsion of paying regard to the other. Indeed, what is good for the one, is right for the other. This biological

13'Handhabung der Übertragung auf Grund der Ferenczi'schen Versuche', *Int. Z. f. Ps.*, (1937), 22, 47–58. 'Love for the Mother and Mother's Love', *Int. J. Psycho-Anal.* in this number. (Originally appeared in German in 1939.)

- 270 -

interdependence in the dual unit has been considered hitherto only very superficially; e.g. we thought we had explained it, from the mother's side by a narcissistic identification with her child.

5. This intimate relation is severed by our civilization much too early. Consequences of this early severance are, among others, the well-known tendency to cling, and the general discontent, the insatiable greed of our children.

6. If the instinctual desire is satisfied in time, the pleasure experience never goes beyond the level of forepleasure, i.e. the tranquil, quiet sense of well-being. On the other hand frustration calls forth extremely vehement reactions, and possibly only such misunderstood and consequently misinterpreted environmental influences can cause reactively in the child insatiable cravings, reminiscent of addiction and perhaps also of orgasm-like conditions.

These assumptions perhaps make it possible to understand the disagreement between Vienna and London. Both parties are right and wrong at the same time. The Londoners have studied only the vehement reactions after frustration, but the experience of the tranquil, quiet sense of well-being after proper satisfaction escaped their attention altogether or it has not been appreciated according to its economic importance. The form of appearance drowned the essence: what presented itself as loud, forceful or vehement, has been valued as important, what happened quietly, as unimportant. This incomplete description has given rise to a one-sided theory; everything in it is correct, except the proportions. The Viennese have recognized this fault clearly and duly emphasized the incompleteness of the London views; but they were either unable to explain satisfactorily the correctly observed phenomena of the infantile period, such as greed, insatiability, strong ambivalence, etc., or had to resort to ad hoc hypotheses, such as the primary fear of the strength of an instinct.

Thus developed a hopeless polemic. The English felt that they were right in emphasizing the insatiability of the children. However, their thinking got arrested here

and they could not go on to view the infantile situation as an instinctual interdependence of mother and child. And the reason for this inability is the fact that they—in the same way as the Viennese—clung desperately to the hypothesis of primary narcissism. This hypothesis bars the assumption of any relation to external objects. This argument from the theory was in fact quoted time and again by the Viennese. To counter it the Londoners could do nothing but stress time and again their rather one-sided clinical material about the aggressive phenomena showing the infantile dissatisfaction: a typical example of talking at cross purposes despite real good will from both sides.

In my opinion it is the hypothesis of primary narcissism that mainly causes the confusion of tongues between Vienna and London. Primary narcissism is a very curious notion, full of meaning and still very poor. If we accept it, the very earliest state of the extra-uterine mental life can be characterized as follows: the infant has no knowledge as yet of the external world, does not yet even perceive it; it has subjectively no relation to the objects and persons of its environment and thus no desires orientated towards the world; it experiences only increase and disappearance of its needs, does not yet connect them with the external world; the observable emotional phenomena, such as crying, whining, scratching, gripping, fidgeting on the one side, smiling, tranquility on the other, are merely abreactions; as the infant does not yet perceive any external objects, it can have no libidinous object-relations as yet, of its libido nothing has yet been turned outwards.

Two objections are to be raised here. One is methodological: all the characteristics of the notion 'primary narcissism' are negative and in addition all of them contain the restrictive adverb 'as yet'. Primary narcissism is, thus, a negative notion; moreover, it gives a description of the real situation only during a very short period. It is extremely difficult to discuss such negative notions as they do not contain anything one can get hold of; they are as slippery as eels. In addition there is that adverb 'as yet'. Everything and anything that can be stated as counter-argument, can be dealt with schematically without thinking: whatever contradicts the assumption is already a product of development, originally it was not yet there.

This is a clear case of extrapolation. It means that primary narcissism is not an observable fact but a hypothesis based on theoretical extrapolation, a point which was time and again duly stressed by Freud himself, e.g.: 'The primary narcissism of the child assumed by us, which forms one of the hypotheses in our theory of the libido, is less easy to grasp

14Freud: Coll. Papers, fourth impr. 1948, Vol. IV, p. 48. (Italics by me.)

- 271 -

by direct observation than to confirm by deduction from another consideration.'¹⁴

The other objection is this: The two states which come nearest to this assumption and which ever since Freud's basic papers have been quoted as arguments, are the catatonic and the new-born infant. I have not had much experience with psychotics, but experienced and analytically trained psychiatrists have often stated that no catatonic is absolutely unresponsive. With sufficient perseverance proper reactions can be elicited from them, i.e. a proper object-relation can be demonstrated.¹⁵ According to Petö's observations reactions of infants to libidinous environmental influences can be demonstrated indisputably as early as in the first week of their life and certainly in the first month. I am certain that to weaken the force of these observations the two adverbs 'already' and 'as yet' will be invoked. These observable phenomena are already results of development, primary narcissism describes still earlier phases, still deeper regressions.

To strengthen my thesis I shall quote a few facts about narcissistic states. These facts have been well known for quite a long time but as they were uncomfortable for our theory one pushed them on one side and tried hard not to notice them in their true significance.

1. Already Freud has emphasized that absolute narcissism in itself is impossible because a living being in this state is not viable. Ever since, following his example, we quote in this connection the nursing environment. It is quite correct to do so. This primary state is only possible in the form of the mother-child unit.

2. Narcissistic attitude should make one independent of the world. Experience teaches us, however, that this state can be reached only very seldom. (As is well known Buddha himself did not succeed completely.) In general, narcissistic peoples are almost paranoid-hypersensitive, irritable, the slightest unpleasant stimulus may provoke vehement outbursts—they give the impression of an anxiously and painfully counterbalanced enormous lability. The same is true of children's behaviour from the very beginning. This everyday experience can hardly be made to agree with the theory of primary narcissism, on the other hand it follows naturally from our theory of primary object-relations.

3. The fact that narcissistic people are so difficult to satisfy also belongs here. Whatever one tries to do for them, however considerate one tries to be, it is always wrong, they never have enough. According to the theory of primary narcissism one would expect a sort of indifference towards the world. These people, however, behave as infants. Freud's description quoted in the beginning of this paper is valid for them too.

4. It is generally known that newly born babies cry much more in their first weeks than later. Wälde, too, quotes this observation (l.c. p. 412) although it goes against his thesis. If one picks up such a child—which, however, according to most pædiatricians one should not do—it happens fairly regularly, although not always, that it stops crying. To explain this everyday happening the oddest ad hoc hypotheses were invented, such as that the mother serves as defence against a possible increase of instinctual excitement, etc., but one would not accept the naïve fact that the crying is the expression of the desire for simple physical contact. The acceptance of such a desire would mean the acceptance of a demonstrable object-relation and with it a serious challenge to primary narcissism.

5. Again it is generally known that the state of primary narcissism cannot ever be observed in a pure form, i.e. without easily demonstrable phenomena of 'oral' or 'oral-sadistic love'. This too follows as self-evident from our theory: oral erotism is in fact one of the most important forms of expression of the primary object love. For the old theory primary narcissism is by definition without any object, therefore all the observed forms of object-relation had to be ascribed to oral erotism, most pregnantly by Abraham in his paper on 'The influence of oral-erotism on character formation'¹⁶ which has fundamentally influenced the development of theory (not only in England). Freud was much more cautious, in his description of 1931, quoted above, 'oral love' is not even mentioned, he speaks of the insatiability, greed, dissatisfaction, etc., as of qualities of the infant. I wish to add that these are just the features of the primary object love assumed by us. Oral erotism develops under its domination but so do also other erotic tendencies, e.g. clinging, the need for physical contact, etc., all of which

¹⁵Written in 1937. Cf. the new attempts at a psycho-therapy of catatonics, by J. Rosen.

¹⁶K. Abraham: Selected Papers. London, 1942 pp. 393–406.

can be insatiable, greedy, in the same way as oral erotism can be.

Two objections can be expected here. Firstly it will very likely be argued against the assumption of primary object love that the infant does not know of any external world and still less can discriminate objects in the external world; accordingly it is nonsensical to think that it can build up any relation to such objects not yet existing in his mind. As far as I know it is the first time in the history of psycho-analysis that the possibility of an experience (perhaps) not being conscious is used as an argument against its psychological existence. Moreover, how do we know for certain that the infant does not know anything at all of the external world? Certainly not from unchallengeable observations but from theoretical assumptions about the mental life of the infant, i.e. from the assumption of primary narcissism, while it is just this theory that first ought to be proved. And it is remarkable that the very authors who doubt even the possibility of any verifiable assumption about the earliest phases of the mind, claim to know absolutely firmly and safely what cannot exist in the infantile mind.

It will be said then, and that is the second objection, that the phenomena quoted above have been known long ago and have nothing to do with the mind, they are simply phenomena of physiological adaptation. Here again one uses as argument the thesis which stands to discussion. Doubtlessly all these are phenomena of adaptation but this statement proves nothing for or against their psychic nature. The infant's sucking is certainly adaptation, but I do not think anyone will deny that sucking plays a very important rôle in the mind also.

It only shows the overwhelming power of the hypothesis that the whole mind, and with it the Id, could only be thought of as originally narcissistic. It is true, a mind that maintains no relation to the external world, is logically the simplest proposition, but does it follow that the logically simplest form must be in reality the most primitive one? This is a fallacy of which we psycho-analysts are not the only victims. In the same way for quite a long time, the economists put the so-called Robinson Crusoe situation at the beginning of the economic development; in the same way it was assumed that the history of civilization started with logically simple conditions à la Rousseau, and in biology the apparently simplest living being, the amœba, was presented as *primum vivens*. The psychological content of all these assumptions is the narcissistic state totally cut off on all sides, obviously a wish-fulfilment in a sublimated form. More exact research has cleaned up all these assumptions. Thus biology, for instance, had to learn that the logically so simple amœba is in fact a secondary form: in its individual (not phylogenetic) youth it shows forms which swim freely about like flagellata, have a rather complicated structure, and above all are sexually dimorphous which means that they develop proper object-relations to each other.

I think we find ourselves before a similar change in psycho-analysis. Certainly the logically simplest form of the mind is primary narcissism. This never-observed form was inferred from the clinically easily observable condition of the so-called secondary narcissism by extrapolation. This assumption was eminently useful as long as analysis could not go considerably deeper than the Œdipus situation. Early analyses of children, the recent studies of psychotics and above all the essential improvements of our technical ability, and, with it, the deeper understanding of the transference, have brought more and more material of the pre-œdipal time to light. For the explanation of these new data the theory of primary narcissism proved to be less and less useful.

It must be admitted that the theory of primary object-relations, as proposed here, is based also on extrapolation. But firstly we extrapolate to states much nearer and secondly our theory is anything but a negative notion. Some features of the assumed primary object love were enumerated in this paper, others are to be found in the

originals quoted. All of them are verifiable. A further methodological advantage of our theory is that it has no such way of escape as—for the theory of primary narcissism—the play with the adverbs 'not yet' and 'already'. What we ask for is that our theory be examined, above all in the study of the infant and the psychotic. Whether beyond the primary object-relations the way will lead to primary narcissism or not, must remain undecided for the time being. I, for one, do not think so. In my opinion the time has come for us psycho-analysts to follow the biologists in facing the end of the amœba myth.

- 273 -

**FENICHEL, O. (1949) THE SYMBOLIC EQUATION: GIRL = PHALLUS.
PSYCHOANAL. Q., 18:303 (PAQ)**

**THE SYMBOLIC EQUATION: GIRL = PHALLUS
OTTO FENICHEL**

I

In the article, *The Analysis of a Transvestite*,¹ I established the fact that at the root of this perversion there lay the patient's unconscious fantasy of being a girl with a phallus. If—schematically speaking—the homosexual has identified himself with his mother, and the fetishist has not relinquished the belief in the woman's possession of a penis, both of these formulations are valid for the male transvestite: he identifies himself with a woman in whose possession of a penis, furthermore, he wishes to believe.

My patient acted out this rôle of a phallic girl in order to be able to yield to feminine wishes which were opposed by intense castration anxiety. The perversion purportedly counteracted this anxiety, for its purpose, as I stated, was to say to the object: 'Love me like the mother (or like the sister); it is not true that I thereby endanger my penis'. I was able to demonstrate the probability that this is, in a general sense, the meaning of the transvestite act. It is a compromise between feminine wishes and an opposing fear of castration, or, since the fear of castration is the result of a heightened narcissistic evaluation of one's own penis, between the feminine wish and the narcissistic pride in one's penis. The exhibitionistic behavior of such patients has therefore the double meaning: 'I want to be seen and admired for my penis', and 'I want to be seen and admired as a beautiful girl'. In the earlier paper referred to, I described as the most important incidental factor in transvestitism the fact that usually the identification with the mother is at the

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Translated by HENRY ALDEN BUNKER, M.D.

¹Fenichel, Otto: *Zur Psychologie des Transvestitismus*. *Int. Ztschr. f. Psa.*, XVI, 1930.

²Freud: *From the History of an Infantile Neurosis*. *Coll. Papers*, III, p. 473.

- 303 -

same time, on a more superficial level, an identification with a little girl. These objectively contradictory tendencies are supposed to find expression simultaneously; of their relationship to each other, thus far nothing is conveyed. The situation might parallel that of the 'Wolf-man', in that a relatively primary feminine longing is opposed by the realization that 'the gratification of this desire would cost the penis',² as it might be that an originally strong penis pride and a phallic tendency to exhibitionism were inhibited by castration anxiety, and then became replaced by a feminine tendency to exhibitionism. In any case, phallic and feminine pleasure in exhibiting coalesce to form the leading fantasy of such patients: 'I show myself as a girl with a penis'. My patient, for example, was the recipient in his childhood of both phallic and feminine admiration, in that adults called his penis by pet names and also—because of his long hair—extolled him as a 'beautiful girl'.

In his perverse practices this patient represented not only a phallic girl but also a phallus pure and simple. I wrote: 'The patient combined his femininity with a naïve narcissistic love for his own penis, which as a child he had called pet names; indeed, the girl's name which he wanted to have as a girl bore a striking resemblance to the pet name for his

penis. Thus came about the symbolic equation: patient in woman's clothes = mother with penis = penis in general.' The strength of the castration anxiety corresponds to the original penis narcissism, on account of which he could only indulge his later narcissistic longing to be admired as a girl by both equipping this girl with a penis and fantasizing her as a penis directly. The equations, 'I am a girl' and 'my whole body is a penis' are here condensed into the idea: 'I = my whole body = a girl = the little one = the penis'.

Here we see for the first time that the frequently valid symbolic equation 'penis = child' (the little one) can also assume the special form 'penis = girl'.

- 304 -

II

That girls, in their unconscious fantasies, frequently identify themselves with a penis has often been set forth. We also understand how such an identification comes about. It is one way among others of overcoming the original narcissistic penis envy. We know that frequently the aim, 'I also want to have a penis'—when oral wishes are in the foreground, or oral fixations exist which in connection with the narcissistic injury occasioned by the discovery of the penis give rise to regressions—passes over into the aim, 'I want to incorporate a penis orally'; and again we know that such tendencies, by reactivating old oral-sadistic wishes which once were directed against the mother, result in identification. 'I have seized the penis and eaten it and have now myself become a penis' is the formula of identifications of this kind. The prerequisite for a reaction of this description is thus the persistence of 'tendencies to incorporation'. Lewin³ has collected material germane to this. According to him, one often finds in women simultaneously the fantasy of possessing a penis and the fantasy of being one. They identify themselves, i.e., their whole body, with a penis, via the pathway of oral introjection. The idea of having bitten off a penis or of having otherwise incorporated it is the continuation of the unconscious equation 'body = penis'. This equation, the aim of which is in fact that of a totum being taken into the body of the object, may therefore be regarded as a passive complement to the fantasy of swallowing a penis. We are dealing, hence, with a postphallic partial regression to oral conceptions.

I myself was able recently to publish the case of a patient in whose sexual life voyeurism played a particularly important rôle. The wish to see a penis covered the deeper one of eating it. This oral-sadistic possessing of the 'seen' was meant as a genuine introjection and hence resulted also in identifications.

I have written elsewhere:⁴

³Lewin, Bertram D.: The Body as Phallus. This QUARTERLY, II, 1933, p. 24.

⁴Fenichel, Otto: Weiteres zur präödüpalen Phase der Mädchen. Int. Ztschr. f. Ps., XX, 1934, p. 151.

- 305 -

As is usual with oral characters, all her object relations were shot through with identifications. This invariably became particularly evident in sexual relations. Once when a friend of the patient proved to be impotent, her reaction to this was masculine to such a degree that we found for it the following formulation: 'We are impotent'. *Affaires á trois* played an important rôle in her fantasies as well as in her actual love life. She liked her friend to be with another woman in her presence, enjoying this in empathy with him. She found it unthinkable and quite unbearable that her friend might visit another woman in her absence. She had the feeling: 'Without me he can't do it at all!' Her expressions of affection always resulted in her snuggling up to the man's body like a small part of the latter. When her friend left her she experienced a 'sore feeling' in

her back, as though her back had grown onto him and had now been torn loose. When, finally, she produced dreams of men who instead of a penis had a child pendent from the abdomen, there was no longer any doubt as to her identification with a penis. In the fantasy of hanging like a penis from the man's abdomen, we had a kind of father's body fantasy, the opposite of the fantasy of eating the father's penis: herself to be eaten as a penis by the father. For the man who had a child hanging from his abdomen instead of a penis appeared once again; now he had many such children; he had placed them inside his belt, or perhaps he held one of them on high in order to harm it, like the great St. Nicholas in 'Struwelpeter'; it was the 'Kindlifresser' of Bern.

Gradually the oral-sadistic impulses and tendencies toward identification with the penis increasingly manifested characteristics which it was not possible to explain via the penis but necessarily originated in an earlier period.

The father's body fantasy then turned out to be the continuation of a mother's body fantasy, the idea of the penis a continuation of the idea of the inside of the mother's body. To the identification with the penis, the pendent part of the father, there corresponded an identification with the embryo, the dependent of the mother (the Anhängsel of the father, the Inhängsel of the mother). The intention of disproving oral-sadistic

5Lewin, Bertram D.: Claustrophobia. This QUARTERLY, IV, 1935, p. 227.

- 306 -

tendencies against the penis by the fantasy of harmonious unity with it—'I am myself the penis'—seems in typical fashion a continuation of the intention of disproving oral-sadistic tendencies against the mother's body by means of the fantasy of harmonious unity with it—'I am myself within the mother's body'. We must agree here with Lewin,⁵ whose paper on the body as phallus was soon followed by one on claustrophobia—that is, on the body as embryo. But this origin of our fantasy from a longing for the mother's body is of less interest in the present connection than the fantasy of the father's body (Vaterleibphantasie): a little girl hangs from the father's abdomen like a penis. Thus she is inseparably united with him, only a part of him, but his most important part; the father is powerless when she does not function for him as his magic wand, in the manner of Samson's hair.

I have since had the opportunity of analyzing another woman patient who, between the striving to be a man and to be able to love as a woman, had found a compromise in loving a man whose penis she unconsciously fantasied herself to be—a form of love which is of necessity strongly marked by identifying features. Let us say a few words about this, since it takes us back to the fantasies of the male patient first discussed.

A gifted and very ambitious young girl was inhibited not only intellectually but in her whole development to such an extent that she sought analysis. She presented, in the first place, the familiar picture of a woman with 'sexualization of the intellect'. She wanted to shine by means of her intellectual gifts, but was prevented from this by her fear of disgrace. Analysis showed that the exhibitionistic achievement she really craved was basically that of urination, and the disgrace she feared was the discovery of her penisless state. The fear of this 'disgrace' was unconsciously intensified by a fear of bloody injury to her genital. This fear manifested itself as a fear of retaliation for corresponding oral-sadistic tendencies, primarily against the penis. For instance, in order to escape the sadomasochistic

6Freud: The Taboo of Virginity. Coll. Papers, IV, p. 217.

- 307 -

temptation⁶ involved in defloration by a man, she had deflorated herself, and was filled with a great longing for 'peaceful' sexuality. This longing for harmonious union of man and woman was intended to refute the unconscious impulse to steal the penis and to ward off the consequent fear of retaliation. She made the acquaintance of a man who impressed her as a 'ravisher' and of whom she was therefore greatly afraid before she entered into sexual relations with him. To her surprise the actual sexual union with him was quite different from what she had imagined. Tenderness dominated over sensuality; she felt united with him in perfect harmony, clung tenderly to him, free of any anxiety; that she did not achieve orgasm did not seem bad to her at the time; they talked little, and the patient thought this was so because the harmony between them was so perfect that they understood each other without words, since they had become so completely one. During their union she felt so fascinated by the man that she thought she could do nothing that he did not want her to do. To the interpretation that she had behaved as though she were a part of the man's body, the patient responded with a very thinly disguised œdipal dream in which the man was clearly recognizable as a father image. And it was only in relation to the analysis of this dream that the various examples of the many œdipal daydreams of the patient came to be discussed. Her father had traveled much and far, and upon his return from his journeyings used to tell of his adventures. The patient—in the latency period, and, even more clearly, in and after puberty—would then fantasize herself as his companion. Secretly and invisibly, she fantasied she was always with him and experienced all his adventures jointly with him. These fantasies once took concrete form in the patient's giving her father the figure of a little bear which he took with him on his travels. He fell in with these fantasies of his daughter by making it his habit upon his return to take the bear out of his pocket and to assure her that he had kept it sacred and that it was his talisman. The meaning of the fantasy thus was that the patient, as the great

- 308 -

father's little companion, protected him to such effect that he would be powerless without that protection. In analysis the patient fantasied herself as this bear which, carried in her father's pocket, took part in his travels. She peeped out of the pocket; she had a fantasy of kangaroos which peeped out of their mother's pouch, and realized that in that night of love's harmony she had snuggled her small body against the big body of her friend as though she were just such a young kangaroo. Thus we have a father's body fantasy, quite after the pattern of the earlier case discussed.

Further analysis revealed unequivocally that here too the Vaterleibphantasie covered a Mutterleibphantasie on a deeper level; that the penis corresponded to the idea of the inside of the mother's body, of the embryo, in whose place she had fantasied herself. The harmonious love scene repeated early experiences with the mother, and the whole power of the oral sadism which so disturbed her life appeared only after the patient, speaking of the summer of her fourth year at which time a sister had been born, said: 'My mother couldn't have lain in a hammock then'. 'But why not?' 'Because one would have seen her pregnancy too clearly.' And to the remark that her thought suggested that her mother had lain in such a way that she had noticed the pregnancy, the patient replied: 'But I clearly remember that she didn't lie in a hammock!' Wherewith the way was opened to the analysis of the patient's anger, stemming from that time. But this is of relatively little interest to us. For us the recognition is sufficient that here too, the fantasy 'I am a penis' represents a way out of the two conflicting tendencies, 'I want to have a penis' and 'I want to love a man as a woman'. The fantasy of being a man's penis (and therefore united with him in an inseparable harmony) subserves the overcompensating repression of the other idea: 'I am robbing a man and therefore must

fear him'. For in that case nothing is taken away, and there exists only an indivisible oneness. This, however, is brought about through identification with the penis, which on a deeper level means once again: through the seizing of the penis.

- 309 -

III

The œdipus fantasies of this patient have numerous points of contact with many often recurrent motives of legend and fairy tale, as for example, little girl rescuers who protect great men in all their adventures occur not infrequently. Miracle-performing little companions (who do not necessarily have to be female), such as dwarfs, mandrakes, talisman figures of all kinds, have often been analyzed, and the 'little double' has been recognized as a phallic figure.⁷ The associations of the patient, however, first drew attention to the connections existing between such phallic figures and the 'little girl rescuers', by pointing, for example, to Ottogebbe, who in her spirit of sacrifice rescued poor Henry, or to Mignon, or to King Lear's youngest daughter, Cordelia, or to King Nicolo—drawn after Lear's image—to whom in his adversity only his youngest daughter remained faithful. The usual interpretation of these girl figures is that they represent a reversal of the 'rescue fantasy'. As is well known, the fantasy of men rescuing women or girls has been interpreted by Freud in the sense that the rescued women represent the mother.⁸ But a female figure who rescues a man must likewise have mother significance. We do not doubt such an interpretation, and would merely note that it leaves many traits of this 'girl rescuer' unexplained: her smallness, her outward weakness which stands in such contrast to her magic strength, and all the characteristics which these figures share with the above-mentioned phallic 'little double'. Might not the interpretation be justified that all these female figures too have a penis significance? Freud's interpretation of Lear's Cordelia, that she represents the death-goddess,⁹ does not run counter to such a conception. The death-goddess is at all events a magically omnipotent being, holding the far greater, far stronger father completely in her power; she is connected with those phallic figures by the concept of 'magic

7Cf. Rank, B.: *Der Dopplegänger. Imago*, III, 1914, p. 97.

8Freud: *On a Special Type of Choice of Objects Made by Men*. *Coll. Papers*, IV, p. 192.

9Freud: *The Theme of the Three Caskets*. *Coll. Papers*, IV, p. 244.

10Reich, Annie: *Zur Genese einer prägenital fixierten Neurose*. *Int. Ztschr. f. Psa.*, XVIII, 1932.

- 310 -

omnipotence'. From the feminine point of view this fantasy can likewise be understood as a compensation for the narcissistic injury of their penislessness, of their being inferior and smaller. 'Even though I am little, my father must love me, since without me he can do nothing at all.' The infantile omnipotence of the girl, threatened anew through the discovery of the penis, is restored through identification with the penis. I recall the *däumelinchen* fantasies by means of which one of Annie Reich's patients was able to compensate the numerous severe traumata of her early childhood by dominating her male admirers through her enactment in unmistakable fashion of the rôle of a phallus.¹⁰

IV

In psychoanalytic literature Mignon figures have often been a subject of investigation, but always from the male point of view. Noteworthy in particular in this connection is Sarasin's great work on Mignon herself,¹¹ who loved Wilhelm in so unhappy and dependent a manner and also had Harfner beside her as a father figure to whom she

belonged and together with whom she first formed the 'strange family'. Sarasin recognized her as a figure in which the poet idealized his sister Cornelia; the poet developed an ambivalent father identification toward her, with mutual rescue (and destruction) fantasies. Sarasin noted that Mignon has various male characteristics, and he cites *inter alia* two quotations from Goethe which may be quoted here: 'These two remained to him—Harfner whom he needed, and Mignon whom he could not do without'; in the second passage referred to, Mignon is called a 'silly, bisexual creature'. Such passages as these have caused other, preanalytic interpreters of Mignon (e.g., Wolff) to emphasize Mignon's hermaphroditic nature; but Sarasin explains these male traces in Mignon simply by reference to the fact that in her there occurs a condensation of the memory of Goethe's sister Cornelia

11 Sarasin, P.: *Goethes Mignon. Imago*, XV, 1929.

- 311 -

and that of his dead brother Herman Jacob and of his other brothers and sisters. This is certainly correct but does not seem to us sufficient. The poet feels empathy not only for the Harfnerfather (grandfather) who kills and rescues children, in order thus to play the rôle of father toward his brothers and sisters (to love them and threaten them), but he also feels empathy for Mignon—the intensity of Mignon's longing for Italy leaves no doubt of this—in whom he would thus be loved or threatened in passive-homosexual fashion. Mignon's male characteristics stem from the fact that she represents the poet himself, that she gives expression to the fantasy: 'How would my father act toward me if I were a girl like Cornelia?' It is interesting that Sarasin, who did not recognize this, nevertheless came close to this interpretation when he wrote: 'Here, probably, we are made privy to a state of mind which borders on madness, where the longing for the beloved object obliterates the boundary between the "I" and the "you", and initiates the psychic process known to us by the name of identification'. That Mignon moreover represents not only a boy, but specifically his penis, cannot be maintained with certainty on the ground of her hermaphroditic characteristics, but becomes probable on the basis of the total context, and also if one takes into account for example the symbolism of her dancing.

Other available analyses of little girls like these, needful of help, yet in the sense of a talisman, rendering it—infantile women—leave from the masculine standpoint no doubt that in such cases we are dealing invariably with a narcissistic object choice. Such objects always represent the man himself who fantasies himself as a girl. 'I want to be loved as a girl in the same way as I now love this infantile woman.' The same mechanism of object choice here involved, as Freud has described, pertains to a certain type of male homosexuality,¹² and it is now established that it also occurs in the heterosexual. In my volume, *Perversionen, Psychosen, und Charakterstörungen*,¹³

12 Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, pp. 22, ff.

13 Fenichel, Otto: *Perversionen, Psychosen, und Charakterstörungen*. Vienna: Int. Psa. Verlag, 1931, p. 21.

- 312 -

I wrote in this connection: 'In feminine men who during childhood or puberty liked to fantasy themselves as girls, the same mechanism is present as in heterosexuals. They fall in love with little girls in whom they see themselves embodied, and to whom they give what their mothers denied them. Very probably this mechanism is also the decisive one in pædophilia.' To this we will now add: basically this object choice in

heterosexual persons also represents a homosexual type, in which the woman, chosen in accordance with narcissistic object choice, is usually fantasied together with a great man, a father figure (whom the person himself represents); in empathy with the woman the man thus unconsciously is loved homosexually. Always such fantasies are combined with the idea of mutual protection: the little woman is rescued by the great man in actuality, the latter by the former in magical fashion.

A paper by Spitz on the infantile woman¹⁴ likewise explains the choice of small love objects in need of help on the basis of a narcissistic type of object choice. We are here concerned, he writes, with men who in their childhood were brought up by their mothers more or less openly as girls; such a tendency toward feminization in boys is strengthened by the later and very sudden inhibition of aggressive tendencies; if there is an older sister with whom the boy can identify himself, the eventuation in the narcissistic object choice described is facilitated. Thus Spitz explains the hermaphroditic nature of the 'child-woman', and believes that it is connected with socially conditioned changes in educational norms, that this type of choice of love object is currently more prevalent than formerly; he does not recognize, however, that these women represent not only the man himself who loves them but, in particular, his penis. In the way in which the charm of such figures is

14Spitz, René: Ein Beitrag zum Problem der Wandlung der Neurosenform (Die infantile Frau und ihr Gegenspieler). *Imago*, XIX, 1933.

- 313 -

generally described one invariably finds a suggestion of their phallic nature. They are phallus girls, as in the fantasy of the transvestites described above.

V

Recently, in the analysis of a male patient, I was given the opportunity of a glimpse into the genesis of a totally different region of fantasy which at the same time seems to me to facilitate the understanding of the phallus girl—namely, the nature of the clown and of slapstick comedy.

This was a patient with a distinct predilection for clowning, for grotesque humor of the American kind, and so on. Although he had a totally different profession, his favorite fantasy was that of appearing as a cabaret comic or even outright as a clown. There was no doubt that these fantasies were a matter of 'wooing exhibitionism'; he wanted to impress by his appearance, and wanted to be loved for his clowning ability. The problem was: what gave this specific form to his exhibitionism?

It seems to us that with this question we approach the problem of a certain specific neurosis of childhood. There is a type of child who invariably seeks to entertain his playmates or adults by jokes of the most varied kind, and who continually plays the clown, the Punchinello. Such children are apparently those whose self-esteem is threatened, whose self-awareness is only restored when they can make others laugh at them. While such children at first are usually successful in this attempt because they are frequently very funny, one gradually realizes that we are concerned here with a neurosis, and that these children could in no wise act differently.

The exhibiting of one's comic qualities gives the impression of being a substitute. It looks as though (and the analysis of the patient mentioned above confirmed this) the children wished originally to exhibit something else, something more serious, and as though their clowning were saying: 'As long as I am not taken seriously anyway, I want to have at least this success, of making people laugh at me'. Instead of a great exhibiting—one is tempted to say, instead of the exhibiting

- 314 -

of an erected penis—they 'at least' exhibit something else. Since the substitute success which they achieve consists of their being laughed at, it seems as though they were striving to make a virtue of necessity, as though what prevented the original 'more serious' exhibiting were the fear of being ridiculed. The formula is roughly as follows: 'I want to exhibit—I am afraid of being laughed at for doing so. Therefore I shall exhibit in such a way that you will laugh, that I shall impress you in spite thereof, so that being laughed at is in itself a success. You who laugh at me shall see that he whom you laugh at possesses nevertheless a secret greatness.' Of what does this greatness consist? When one analyzes the words and acts of clowns and slapstick comedians, two seemingly contradictory features emerge:

a. Phallic features: the traditional garb of clowns itself contains many phallic features. The relationships between clown and dwarf are manifold, but the phallic symbolism of the dwarf hardly needs amplification. I will remind you only of the analysis of Gulliver by Ferenczi, who emphasized the phallic symbolism of all those figures who utilize the equation body = penis, and are associated with the fantasy of eating and being eaten.¹⁵

b. Preenatal features of various kinds: one has only to witness a clown act in any circus or to attend the performance of a great clown such as Grock, for example, to perceive that a large part of the effect of clowns consists of their more or less disguised expression of the otherwise forbidden tendencies characterizing infantile sexuality. The more these actually projected pregenital tendencies are covered by an æsthetic façade which tempts us to the 'premium of laughter', the more we attribute to such slapstick comics the character of real art.¹⁶ The anal-sadistic element seems herein to play an especially prominent rôle. It would seem that slapstick belongs under the rubric of sadomasochism: beatings are constantly administered. In

¹⁵Ferenczi, Sandor: Gulliver Fantasies. *Int. J. Ps.*, IX, 1928, p. 283.

¹⁶Cf. Freud: Wit and Its Relation to the Unconscious. In, *Basic Writings of Sigmund Freud*. Trans. by A. A. Brill. New York: Modern Library, 1938.

¹⁷Apparently the author refers to *The Celebrated Jumping Frog* by Mark Twain. (Tr.)

- 315 -

such sadism, concealed as it is by clowning, one must take cognizance of two things: first, the striving of the clown, whose original wish it was to exhibit 'seriously', to revenge himself secretly for the ridicule to which he is exposed (and one may here recall the numerous legends and stories in which court jesters, dwarfs, and similar figures who are the object of laughter unexpectedly obtain a frightful revenge—as for example in the story of *The Jumping Frog* of E. A. Poe¹⁷); and second, one justifiably thinks of a regression engendered by the circumstance that an original piece of ridicule has disabused the hero with regard to his phallicism. With this second point we arrive at the following general interpretation: exhibition is here invoked in a specific manner in which phallic and pregenital features are combined with each other. This is apparently to be understood as follows. A phallic exhibiting which must be repressed is replaced by a pregenital exhibiting (which due to its genesis still retains phallic features), going hand in hand with fantasies of omnipotence: 'I am small, it is true; you laugh, but in spite of my small size I am omnipotent. If my penis is too small, well then, I am in my whole person a penis which you must still respect!'

The pleasure of the child prodigy in exhibiting is apparently related to this. The patient discussed above, who gave her father the bear talisman, was admired in her childhood as a child prodigy. The motive in common is the 'greatness of the little one'. Here clown and prodigy completely merge in the tradition of the dwarf. The small child, who

because of its small size feels despised or castrated, fantasies itself in toto as a penis, in order to compensate in this way for the narcissistic injury involved.

We return to our specific theme with the attempt to demonstrate that such phallic figures as clowns, prodigies, and dwarfs are frequently fantasied specifically as a 'girl'.

The patient with the predilection for slapstick had a remarkably inconsistent attitude toward women. Either he despised

- 316 -

them as relatively insignificant compared to the significance of the psychological problems discussed among men; or else, he defended the rights of women in a suffragette spirit. These two alternating attitudes (the motives of this alternation were analytically most interesting) were mutually contradictory, and yet had something in common: the 'differentness' of women is denied in both cases; in the one case in the attempt to repress women altogether, in the other in denying their individuality. As an advocate of women's rights the patient was ever concerned with showing in an exhibitionistic way how well informed he was on matters feminine, how little different girls really were from him, etc. Thus his feminine identification became clear, 'I am myself a girl', an identification which found expression also in woman-despising homosexuality, and which in early childhood had provided an escape from his castration anxiety: 'In order not to become like a woman, I act as though I were myself a woman, and furthermore act as though women were no different from men'.

If in him the wish, 'I want to exhibit my penis', was inhibited by a fear of humiliation, on a deeper level by castration anxiety, it found a substitute in the idea: 'I want to exhibit myself as a slapstick comedian (as the pregenital phallus)', and likewise in the idea: 'I want to exhibit myself as a girl (as the female phallus)'. He fantasied himself not only as a cabaret artist but occasionally also as a female cabaret singer, and in this respect is reminiscent of the transvestite (observed by Hirschfeld) who initiated his transvestite practices by appearing as a female trick shooter—thus a phallic woman—in vaudeville.¹⁸ As such a pregenital, or female, phallus he wanted to be admired—above all, certainly by men. His competitive relationship to other men was outspokenly libidized: he liked to attack them in various ways, yet always needed their reassurance that they did not take the attack seriously but regarded it in a 'sporting' manner, as a sort of love act, somewhat in the manner in which the competitive urinating of little boys—wherein similarly one participant tries to outdo the other—has

¹⁸Hirschfeld, Magnus: *Die Transvestiten*. Berlin, 1910 (Case 5).

- 317 -

a homosexual character. Thus all the details described had as their purpose the eliminating of a deep castration fear. To such a purpose was also to be ascribed the feminine identification: 'I am a girl, let me be loved as one, but let me not need to be afraid'. As in the case of the transvestite mentioned at the beginning, the phallic woman whom the patient enacted was here too regarded as a phallic figure as a whole (slapstick comedian), but here it was possible to recognize that this fantasy of the phallus girl was preceded by an injury to phallic exhibitionism, on the occasion of which the patient developed his deep castration fear. Of this injury to phallic exhibitionism we were given in the analysis a few screen memories, without our being able to ascertain their specific historical character. The fantasy of the phallus girl is a substitute for the phallic exhibition which is inhibited by castration anxiety, and is composed of the two kinds of 'castration denial': 'I keep my penis by acting as though I were in fact a girl', and 'girls are really no different from myself'.

VI

Finally before discussing the general significance of the figure of the phallus girl, I should like to cite a fragment from the analysis of another male patient in order to emphasize still another trait characterizing this figure.

It is the case of a man who through an unhappy marriage saved himself in masochistic fashion from a neurosis, but at the same time had left many of his possibilities and gifts unutilized. It was not difficult to see that he atoned with his whole life for an unknown guilt. This guilt, stemming from his infantile sexuality, was concentrated in shame over an enuresis of some years' duration which persisted past his tenth year. His (inhibited) ambition pointed to the strength of his urethral erotism; his exhibitionistic joy over small achievements (he denied himself large ones) had the unconscious meaning: 'Look, today I can actually use the chamber pot!' The bringing into consciousness of his guilt feelings gave rise at first to a depression during which the patient wept a good

- 318 -

deal. After holding himself in check and keeping his eyes closed to his lot in life over the space of many years, this relaxation was greatly welcomed, and the analyst repeatedly urged the patient not to be ashamed, but to allow himself to weep whenever he felt like doing so. After a time, however, it became obvious that the patient was beginning to abuse this invitation. He wept in the analyst's presence in a masochistic manner. What was the meaning of this sudden abundant flood of tears? The patient now no longer wept solely over his fate, but became sentimental and allowed the tears to flow whenever he thought of something 'touching', whenever a 'good' deed or the like was the subject mentioned. His moral masochism had much of the character of the 'rescue fantasy'. His unhappy marriage he continued for the sake of his poor wife; he had a vocation in which he was able to 'help the poor'; in short, the 'good' man, over whose 'goodness' he shed tears, was himself. His main fantasy ran thus: the poor little Cinderella that is himself must suffer much and is never understood, but at last comes one who understands him and therewith releases his tears. Dreams and fantasies then showed further that 'understanding' really meant 'caressing'. The patient had been rachitic as a child, had been obliged to rest a good deal, and had been made to feel that he was a burden to his humbly situated family. The neurosis consisted in his attempts to work out the aggressions thus aroused, to make a redeeming Christ out of the persecuted Cinderella. His longing was: 'If I suffer much, someone will come at last who will caress me, and then I must weep', and he sought in the environment a person whom he would caress and allow to weep, in the same way as he wanted it done for him. When he had reached this point in the analysis, he began a new affair with a poor girl for whom he felt pity, and developed *ejaculatio præcox*. The analysis of this new symptom now brought certainty regarding something already suspected: the weeping corresponded to urinating. A poor child (a poor girl) was to be caressed until it wet itself—this a beneficial release with no guilt. There now remained no doubt about who the poor child was to whom this was supposed

- 319 -

to happen, and a dream expressed this clearly: his own penis. The urethral fixation of the patient was passive-phallic: 'I want to be touched passively on the genitals. Let someone caress my poor little penis, so that it gets wet and is allowed to get wet!' This episode seems worth narrating because it is purely typical that the love which the man directs toward the phallus girl is passive-phallic and urethral.

VII

In connection with the phallic figures which Ferenczi described in his paper on Gulliver,¹⁹ he overlooked the fact that a remarkable number of these at the same time represent girls. He writes: 'One of my male patients recalls having used a small female

creation of fantasy in his youthful masturbation fantasies, which he always carried in his pocket and took out from time to time in order to play with it'. This was the phallus fantasied as a girl. Furthermore, Gulliver encounters the giant women who despite their feminine nature manifest clear evidences of the symbolism of erection—and one recalls too the frequent fairy tales of giant girls. Naturally one does not overlook the fact that giant women also represent the adult mother, by comparison with whom the little child feels so small; but it is Ferenczi himself who describes why in all these fantasies the giant, or the dwarf, represents also a penis.

Once one has become aware of the fantasy of the phallus girl, one finds in literature the most varied representations of it. Steff Bornstein has called my attention to the fact that it would be worthwhile in this regard, for example, to investigate the creation of Bettina von Arnim and her relation to Goethe. The fantasy of being given over femininely to a person great and powerful, at the same time to be united with him so indissolubly as to be a very part of him, together with the idea that one is moreover the most important part without which the mighty one would be powerless—this is certainly to be found also as characterizing a particular type of religious devotee. One thinks for example of Rilke's lines:

19Ferenczi, Sandor: Gulliver Fantasies. *Int. J. Ps.*, IX, 1928, p. 283.

- 320 -

What will you do, God, when I die,
When I, your pitcher, broken, lie?
When I, your drink, go stale or dry?
I am your garb, the trade you ply,
You lose your meaning, losing me.²⁰

Or of the lines of Angelus Silesius:

I am as great as God: He is as I as small;
He over me or I under Him can never be at all.

And:

I know that without me God cannot live a moment;
Were I to perish, He could but give up the ghost.

This reference to the 'feminine' lyrics produced by men engenders the thought that other frequently occurring fantasy figures might also be connected with the phallus girl. One thinks for example of the figure of the 'female soldier' which appears in so many variants in literature. It may be objected that such girlish soldiers or soldierly girls represent 'the woman with the penis', and that this by no means necessarily implies that they must represent the penis itself. In the first place one is obliged to perceive in them simply objects of the latent homosexuality of all men, regarding whose object choice Freud with justice wrote: 'There can be no doubt that a large proportion of male inverts retain the mental quality of masculinity ... and that what they look for in their sexual object are in fact feminine mental traits. If this were not so, how would it be possible to explain the fact that male prostitutes who offer themselves to inverts—today just as they did in ancient times—imitate women in all externals of their clothing and behavior? ... In this instance ... the sexual object is not someone of the same sex but someone who combines the characters of both sexes; there is, as it were, a compromise between an impulse that seeks for a man and one that seeks for a woman, while it remains a paramount condition that

20Translated by Babette Deutsch, in *Poems from the Book of Hours*. New York: New Directions, 1941. (Tr.)

21Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, pp. 22–23.

22Freud: *Three Essays on the Theory of Sexuality*. Trans. by James Strachey. London: Imago Publishing Co., 1949, p. 23 fn.

- 321 -

the object's body (i.e., genitals) shall be masculine.'²¹ 'Moreover, we have frequently found that alleged inverts have been by no means insusceptible to the charms of women, but have continually transposed the excitation aroused by women on to a male object.'²² Correct as this is, it does not explain the circumstance that our 'female soldier' so often appears as a 'page', i.e., as primarily a helpless little fellow inseparably devoted to a great person, in order in magical fashion to help or to save him. Such girl or half-girl figures are no different from other phallic symbols, which, despised at first on account of their smallness, turn out later to be powerful, and become the most important helper of the hero, much like the small helping animals in fairy tales or like dwarfs.

If these phallus girls are omnipotent in consequence of their phallic nature, it is also true that they can misuse their omnipotence. The 'fear of retaliation' felt by some fathers toward their narcissistically (as phallus) loved daughters certainly belongs here.

Thus, what we encounter here is a fantasy in which male and female narcissism, male and female pleasure in exhibiting, are condensed. In such fantasies, penis envy is condensed with her femininity in the woman, penis pride with his castration anxiety in the man.

VIII

Let us emphasize, finally, that the fantasy of phallus girls bears a close relationship to two hitherto little understood forms of perversion. It will already have been noticed that many of the examples cited here are closely related to masochistic fantasies, in particular to masochistic fantasies of the type usually designated as those of complete sexual dependence. This sexual dependence consists of the dependent person's feeling indissolubly united with the person on whom he is dependent, able to do nothing against, or indeed without, his will—representing,

- 322 -

as it were, a part of him. One thinks of the type of religious devotee mentioned above, whose devotion is associated with the fantasy that even God would be helpless without him. It would still have to be inquired whether the fantasy is not likewise present in all cases of such sexual dependence; that one has not only become a weak, helpless part of the person one is dependent on, but also the reverse: his most important part; that the person in question is now at the same time in (magical) dependence on the one dependent on him.

Frances Deri has expressed the opinion that this is in fact the pathognomonic mechanism of sexual dependence, and we can only find ourselves in agreement with this opinion.²³

That which is termed 'sodomy', the sexual love for animals, is probably something of a very different kind. One type thereof, however, according to analytic experience seems to stem from the fact that the person concerned has remained fixated at the stage of partial love, and sees in animals penis symbols. The unconscious fantasies of 'infantile totemism' which magically unite a human being with an animal species²⁴ are certainly not entirely based on the fact that the animal is fantasied as a part of one's own body, as oneself in phallic form. But there are forms of the love of animals in which the attitude

to the loved animal representing the penis is so completely identical with the love of a man for a 'child wife', chosen according to the narcissistic type of object choice, that we should like to include this type of animal love here.

One concluding remark may anticipate possible misunderstandings: in cases in which in relation to the penis introjection and eating fantasies play a particular rôle, or in other words, wherever the symbolic equation $\text{body} = \text{penis}$ holds,

23 Josine Müller, describing a case of dependence, wrote as early as 1925: 'She fantasied herself as being herself the penis of this exalted father, and thus his most precious and most important part'. (Früher Atheismus und Charakterfehlentwicklung. *Int. Ztschr. f. Psa.*, XI, 1925.)

24 Freud: Totem and Taboo. Chapter IV, The Infantile Recurrence of Totemism. In, *The Basic Writings of Sigmund Freud*. New York: Modern Library, 1938.

- 323 -

this relation to the penis stems from pregenital antecedents. Likewise, the phallus girl is, generally speaking, not only a penis but also a child, feces (content of the mother's body) and milk. It is the introject, and one which is again projected. The penis thus is only the final member of the series of introjects. It was primarily my intention at this time to lay emphasis upon this final member of the series.

- 324 -

The Psychoanalytic Study of the Child

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Certain Relationships Between Fetishism and Faulty Development of the Body Image

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I

This paper aims to present certain considerations regarding fetishism, especially from the angle of its relation to defective development of the body image. At a later time I plan to present a second paper indicating some probable connections between fetishism and certain forms of drug habituation.

We may define fetishism as the obligatory use of some non-genital object as part of the sexual act without which gratification cannot be obtained. The object may be some other body part, or some article of clothing, or less frequently some more impersonal object. In most instances the need is for possession of the object so that it can be seen, touched, or smelled during or in preparation for the sexual act whether this be masturbatory or some form of intercourse. In some instances it is not only the possession of the object but a ritualistic use of it which is essential. Fetishism is a picturesque symptom but one which, in its well developed form, does not come very often under the scrutiny of analysis. Freud (1927) early remarked on this and stated that fetishists often regard their practice as abnormal but not as a symptom. Most of them manage some way in their sexual life; in fact the fetish may be the cornerstone for the maintenance of sexual activity. Indeed in reviewing all of the clinical cases reported in the psychoanalytic literature there was only one in which fetishism was the presenting symptom, and here it was because of the peculiar nature not only of the fetishistic object but of the fetishistic act, involving the obligatory cutting of the wife's hair during the sexual act. It was largely the wife's rebellion rather than the direct discomfort due to the symptom per se that brought the patient to treatment (Romm, 1949).

1 From the New York Hospital and the Department of Psychiatry, Cornell University Medical College, New York.

- 79 -

A compilation of cases reported by other authors (Abraham, 1910); (Bergman, 1947); (Bak, 1953); (Harnik, 1932); (Kronold and Sterba, 1936); (Lorand, 1930); (Vencovsky, 1938); (Bonnett, 1952); (Fenichel, 1945); (Freud, 1917); (Gillespie, 1940), (1952) as well as three cases of my own experience, indicates certain common denominators in the qualities of objects chosen: foot and shoe fetishes are most frequently mentioned; corsets also are common; hair and fur rather less frequent than one might at first expect. Rubber and leather goods, and articles with lacings and ties, ropes or thongs, and shiny, smelly objects are the ones most often described. In general it may be seen that the objects are closely related to the skin and particularly to odoriferous skin; only occasionally the odor itself seems to carry the fetishistic quality.

But thongs, laces, and straps (on shoes, corsets, and in self-tying rituals or attacks on others) are noteworthy. The relation of the fetishistic ritual to other elements of the sexual behavior varies considerably. In some patients fairly competent sexual activity—either homosexual or heterosexual—was maintained parallel with the need of fetishistic support to the act. It seems that the need for the fetish appeared early and that none could go for long stretches without recourse to the fetish, to reinforce an insecure sexual structure.

A patient whom I studied for a considerable period was somewhat atypical in that he was what one might call a marginal fetishist. He was a physician of thirty-five, who sought analysis for other reasons than the fetishism, and in fact neither complained of it nor considered it especially noteworthy. It had been conspicuous only in his teens and early twenties and had appeared in two different forms: women's silk underwear and later corsets. Of his early history, it is significant that his mother made much of her injury at his birth, evidently a severe tear with resultant prolapse of the pelvic organs. She was a pleasant but rather restrained woman who was attached to her son, but did little for the physical care of her child, which devolved rather upon a maiden aunt, who lived with the family and shared a room with the patient until he reached puberty. The household was rather overloaded with female relatives, the patient and his father being the minority sex. In his infancy he had had recurrent attacks of generalized furunculosis, which necessitated some lancing and much swathing in bandages. After he reached school age his health was good, except for an attack of acute appendicitis at puberty, for which he was promptly operated on.

His father was a successful, active, but rather unstable country doctor, who during the patient's early childhood had his office in the home. There was much to indicate that the child had, even in his earliest years, gone into his father's consulting room and had seen minor operations and examinations. Before he started school, he used also to make rounds of calls with his father and wait in the car while the father attended his patients. His mother had a hysterectomy when he was about six. The fantasies of this combined with his own early surgical

- 80 -

experiences, his observations about the father's office, and the accounts of the damage his birth had done to his mother formed the basis for early sadomasochistic masturbatory fantasies. During the latency period these were acted out in play with other children, with mutual trussing, binding, and torture threats.

At other times he dressed in his mother's clothing and paraded in front of a mirror, "in order to make fun of her." (This is quite interesting as it uses play in the female clothing both for identification and an attempt at repudiation.) At the time of the appendectomy at puberty, while still in the hospital he seduced his nurse to sleep with him. This was certainly patterned after his father who was then carrying on an affair with his office receptionist, but it was also a very clear and almost conscious reassurance to him that his penis had not been injured by the operation. The reassurance was not lasting, however, and he began a period of compulsive masturbation with fantasies based on the story of "The Pit and the Pendulum," which he had recently read. This period of his boyhood was a miserable one. There began also episodes of peeping, in which he had a feeling of phallic power and conquest in looking, would become aroused, but must have a piece of feminine silk underwear in which to masturbate afterward. At about eighteen he began relations with girls, but was partially impotent

until he found that he could be more successful if the girl wore her corset or girdle during the intercourse. He especially preferred stiff corsets or boned girdles. This species of fetishism lasted until his marriage in his early twenties, when it terminated partly because he could not bring himself to confide this need to his wife and could only be sure of success when he managed to trick her into co-operation.

The patient was a bright man, but very detached, and with much energy bound up in his unconscious fantasies. He did reasonably well in medical school, where, as became evident during the analysis, he had many latent fantasies of changing boys into girls and vice versa. Consequently he became an endocrinologist and practiced his specialty for a few years before the war.

His marriage was to a socially desirable young woman with whom he seemed to have almost no real emotional relationship. The marriage soon deteriorated and the patient began to drink, at first sporadically and then almost daily, so that most evenings found him more or less ethylized. In this period there were episodic recrudescences of the voyeuristic exploits, about which he now became terrified lest he be caught and disgraced.

The outbreak of the Second World War gave him a way out. He enlisted promptly. Here he had a brilliant army career, as an organizer of medical services. He did almost no regular medical work, but was engaged wholly in planning, at which he proved to have real talent. There were occasional lapses into alcohol, during which he would sometimes blank out; and there were rare voyeuristic masturbatory episodes. This period in the army, however, was the best of his adult life, safeguarded by the intensification of earlier compulsive character traits. During this period, and still present at the time of his analysis was an interesting derivative of his earlier disturbance; he had a complete collection

- 81 -

of *Life* magazine from the earliest issue. He spoke of this at first only as a hobby, of which he seemed unduly proud. It became clear, however, that there was an extreme compulsive force back of this. Marked anger or anxiety with fear of death would arise if he seemed in danger of losing or missing one issue of his magazine. There was a neurotic need to see and to keep *Life* with all its pictorial embellishment from its very beginning.

One is impressed with the fact that mild forms of fetishism are probably quite common and do not appear as particularly strange, although the severe fetishist is dramatic in his bizarre and fantastic quality.

It is interesting to trace the development of Freud's ideas about fetishism. In the *Three Contributions to the Theory of Sex* (1904) he mentions that a certain degree of fetishism regularly belongs to the normal, especially during those stages of courtship when the normal sexual aim seems inaccessible or its realization is deferred. He thought that the selection of the special fetish was determined by sexual experiences (traumas) of childhood, and he postulated a constitutional predisposition, "an executive weakness of the sexual apparatus." In 1927 he stated categorically that the fetish represented the substitute for the mother's phallus which the little boy once believed in and is unwilling to forego, maintaining this belief through the fetish at the expense of energetic denial of the actual situation. The fetish is "the token triumph over the threat of castration and a safeguard against it." He also considered that it might safeguard the fetishist against being homosexual (or, we might say, from recognizing his own homosexuality, since

every intercourse with a woman became for him a relationship with a phallic woman). At this point he commented that the fetish is rarely an object which would otherwise be used as a penis symbol. He later corrected this, considering the commonness of the shoe and foot as a fetishistic object. He thought that the fetish came to life when some process was interrupted by the trauma of looking and seeing the female genitals: the fetish was the last way station of safety (a mechanism somewhat resembling that of a screen memory).² At this time Freud thought that it was not always possible to determine the derivation of the fetish itself, but he maintained that fetishists had a kind of double vision in regard to feminine castration: that the fetish denies and asseverates the fact of castration, and is constructed out of two opposing attitudes. The symbol then is usually one that can combine opposites. We shall hear more of this in later years with further development of

2 This is clearly illustrated in a case quoted by Fenichel (1945) of a foot fetishist who recalled in his adolescence an incident when on seeing a girl with bare legs he felt a "command to remember" that girls too have legs (p. 327).

- 82 -

psychoanalytic concept, and the subsequent later emphasis on fetishism in relation to the sense of reality and the split in the ego.

Abraham in 1910, between the two statements of Freud just given, writing about a case of foot and corset fetishism, also considered the constitutional elements, but emphasized rather the positive strength of certain component instincts. True to the period, he was interested chiefly in the mechanisms, here emphasizing displacement and partial repression. He also believed that the prognosis was better in the neuroses with fetishistic symptoms than in cases of fetishism as a clear perversion.

During the 1930's there were occasional references to fetishism, though no very extensive study. Most important are the papers of Glover (1933), Fenichel (1930), (1931), Payne (1939), Balint (1935), and Freud's (1938) own paper on splitting of the ego in the defensive process. Subsequently there are two interesting papers by Gillespie, one published in 1940 on fetishism and one in 1952 on perversions in general with special reference to fetishism. There have also been Bak's paper (1953) and some clinical reports (Wilson, 1948); (Wulff, 1946) in addition to those which have already been referred to. These dealt mostly with the relationship of fetishism to the reality sense and the development of the ego. Glover's article on "The Relation of Perversion Formation to the Development of the Sense of Reality" (1933) emphasized the continued intensity of introjection-projection mechanisms and the interference of this state with the developing sense of reality. He made the following interesting statements:

Adult objective reality, self-preservation apart, is not so much something we come to recognize, as an inheritance from infancy—something we maintain possession of after it has passed through screens of fear, libidization and sublimation... When for whatever cause, some form of infantile anxiety is reanimated ... in adult life, one way of dealing with the crisis is the reinforcement of libidinal systems. This gives rise to a perversion. Perversions help to patch over flaws in the developing reality sense.

Glover remarked on the relation of fetishism to certain phobic states which he considered negative fetishistic phenomena. Fenichel (1930) chiefly dealt with the

relationship between fetishism and transvestitism, emphasizing that the transvestite himself represents the phallic woman, and at a deeper level the own penis is the introjected woman. Payne (1939) enunciated a special ego weakness which predisposes to castration fear; the fetishist remains orally dependent and in connection with the dependence develops conflicts around sadism. The longing for the fetish is a longing, she says, for "good parents who may be introjected, and who will protect him against anxiety; at the same time it is a longing to

- 83 -

atone for the fantasied destruction of the parents." She also makes the simple but substantial remark that in the history of the fetishist are many events tending to increase his dependence on his parents. Freud's paper in 1938, an unfinished fragment, gives a lucid statement of his formulation of fetishism at that time. He emphasized the strength of the castration fear and considered that this might be increased by the juxtaposition in time of the seeing of the girl's genital, with masturbation by the boy, and direct castration threats following. He summarized the sequelae as follows: the boy then hallucinates a female penis, but allocates its importance to another part of the body which is subsequently transformed into a symbol. He continues to masturbate; but fears the father's punishment now for other things. Finally he develops a displaced castration fear; e.g., not wanting his toes to be touched. He stated the conflict as one between instinctual demand (which has been accustomed to gratification) and the command of reality as announced in a traumatic experience of intolerable danger. The child does not renounce gratification nor repudiate reality in general, but takes the fear as a symptom and then tries to divest itself of the fear. This causes a rift in the ego which does not heal, and the two contrary reactions are the central focus of the split in the ego.

Probably influenced by Payne and the special formulations of M. Klein regarding primitive oral sadism, Gillespie's paper on fetishism in 1940 presented also much additional interesting material. He restated the problem of the crux of fetishism, now asking whether the castration problem, though glaringly prominent, is the real focus of the disturbance or whether main dynamic force really comes from more primitive levels; i.e., from pregenital disturbances. He confirmed Payne's emphasis on the sadism and finally concluded that the castration anxiety of the fetishist was of a specifically weighted variety with a strong admixture of oral and anal trends. He also stressed the abundant overdetermination of the fetish—a fact which the present paper will reaffirm. In his 1952 paper on the same subject, he continued much where he left off in 1940, and made clear that he considered the splitting of the ego and the object not only prepared for by the persistent and strong introjection-projection mechanism, but by the development of such mechanisms as denial, omnipotent idealization and annihilation, and considered that these mechanisms are not limited to schizophrenic patients. He concluded that an important difference between neurosis and perversion lies in the type of dominant defense: repression in the former and the primitive defenses enumerated in the latter. These latter belong, he stated, to "an early stage of ego development when ego organization is imperfect and disintegration can

- 84 -

readily occur." He now reaffirmed his point of view that the castration complex, spectacular as it is, has arrived at this intensity because of earlier pregenital, chiefly oral developments. This overly sharp castration threat then causes a partial regression to oral

sadism and to the primitive stage of ego development characterized by splitting. He believed that the "exploitation" of the splitting mechanism in many different ways is characteristic of perversions in general. He then differentiated between a schizophrenic type of splitting of the ego in which all split parts remain at a primitive level of object relationship; and a perverse type of splitting in which part of the ego remains in good relationship with reality, while the other part, by virtue of the denial mechanism, clings to a [focal] psychotic delusion—as in fetishism. He made the further statement that *anxiety activated by the sight of the female organ is not merely castration anxiety in these cases, but is increased by latent pregenital factors which become reactivated only following regression.* (We italicize this statement for reference later in the paper.) In addition, Gillespie considered that the utilization of the inanimate object is determined by the defense against the sadism and the fear of the destruction of the object: the fetish is permanent, unchangeable, and nonretaliative.

Bak (1953) emphasized especially the earlier work of Freud, as to the importance of the castration threat, denial of castration and the splitting of the ego. He stressed further (1) weakness of the ego structure which might be constitutional or the result of physiological dysfunction, due to disturbances of the mother-child relationship, with increase in separation anxiety resulting in clinging to the mother as to a part—with erotization of the hands and predilection for *touching*; (2) fixation in pregenital phases—especially with emphasis on anal erotism and smelling—with respiratory introjection and scopophilia playing important parts; (3) the symbolic significance of the fetish corresponding to the pregenital phases in condensation; (4) simultaneous or alternating identification with the phallic or a-phallic mother with a corresponding split in the ego; and (5) identification with the a-phallic mother, creating intrastructural conflict; and both separation from mother and castration being defended by the fetish. He further stressed what seems to me of great significance, that the castration threat is not merely from the outside (i.e., from the sight of the mother's genitals) but also from within, from a strong desire to identify with her. This question of the relation of identification with the female, arising before the phallic phase and not as a result of the oedipal conflict, is especially important and will be elaborated on further in my own presentation of material.

This review of the main contributions in regard to fetishism is peculiarly

- 85 -

interesting not only for the development of the specific theories but for what they reflect of the development of psychoanalytic theory in general.

II

Clinical Remarks

Utilizing the foundation work of others which has just been reported, this paper presents certain additions to the theory of the development of fetishism, approaching its constellation of problems especially by a consideration of vicissitudes in the development of the body image. It has been remarked throughout that fetishism, like genital exhibitionism, is a condition limited almost entirely to males. I have myself had one rather atypical case in a female. While Fenichel states that the condition is rare in females, I have been able to locate only one other report, that of H. v. Hug-Hellmuth in 1915. There are some allied conditions (e.g., kleptomania) which are characteristic of the female; and the form of pseudo drug habituation on which I hope to report at a later

date is no respecter of sexual differences.

The material of this study is based on the three cases of fetishism in my own practice, together with a compilation of all the cases which I could locate in the psychoanalytic literature. I have further drawn on the study of other severe disturbances of pregenital development in my own work in my effort to understand the evolution of the phenomenon of fetishism. It is noteworthy that fetishism, as a symptom, becomes manifest usually quite early: often in late adolescence or early maturity, occasionally in puberty, and in a few cases it can be traced continuously back to the fourth or fifth year. It is nearly always associated, in the reported cases, with other manifestations of perversity and of instability of character, especially with voyeurism, sadistic practices, homosexuality, and transvestitism, with which latter state it seems to have a special genetic connection. A review of the reported cases gives the impression of severe narcissistic as well as sexual disturbances. It is also noteworthy that there is frequent, perhaps universal occurrence in these cases of compulsive masturbation which characteristically serves the purpose both of reassuring in regard to the possession of the penis and of attempting to get rid of it as a troublesome organ. It starts as an effort to verify the possession of the organ and ends with the re-establishment of the fear of its loss. The masturbation itself may be of a self-punishing type. Another characteristic of many fetishists is a condition which may be designated generalized castration hypochondria. This is a state which Freud hinted at in his

- 86 -

1938 paper on splitting of the ego in the defensive process, in indicating that the pre-fetishistic child might post-oedipally develop an aversion to having his toes touched. In its well-developed form it is characterized by widespread, intermittent and shifting sensations as though certain body parts would be cut off or fall off—most conspicuously fingers, toes, upper and lower extremities, and teeth. One gets the impression in severe cases that the whole body is a genital, and also that any body part or protuberance may play the role of the genital and suffer the reaction to the danger of castration. It is, in the male, a condition of fluidity of genitalization of the body similar to some conditions in the female in which an illusory penis may occupy almost any body site. There is thus a peculiar predilection for the mechanism of displacement, especially in body terms.

Before turning to theoretical considerations, I would present another sample of fetishism which contributed much to my understanding of the condition. This was the case of a man in his thirties who came into analysis because of other neurotic conditions. At the beginning of the analysis his sex life was characterized by the following symptoms: he had rarely consummated thoroughly satisfactory intercourse, and then only under conditions in which he had been provoked to rather marked anger. He was, however, an energetic man who made persistent attempts. He had at this time also made no real relationship with any girl, seemingly being so preoccupied with the genital problem that he could scarcely know the girl for herself. After a tolerably successful intercourse with a girl, second attempts would generally be less successful and increasingly guilty. If he continued to see the girl she would become increasingly repulsive to him, especially as his attention seemed inevitably focused on her body orifices. Even the pores of her skin began to be too conspicuous, to loom larger and become repellent. He had a typical and moderately severe general castration hypochondria. At times he felt extreme pressure in his mouth, as though a cloth were forced into it, or as though a metallic object would break out his teeth; then again he

would get sensations of having an opening, a kind of mouth-vagina (a transverse slit which comprised mouth and Chinese vagina) located sometimes in the suprapubic region and sometimes in the perineum. This signalled impotence, after which he gave up the current girl and went on the prowl, hunting for a special type of girl, obviously a prostitute figure, but one who must wear a certain type of shoes. Association with such a girl, or series of girls, might somewhat restore his potency. Sometimes looking at pictures of girls in these shoes was sufficient. Gradually he found too that he could be more successful if he approached a girl from the rear and did not have to be visually or tactually too aware of the difference between them. He did not have to have the shoe actually present in the sexual act, but still did not seem able to carry over the fantasy image for long periods of time and had to freshen it up or reinstate it, by seeing or touching the special shoes just before the intercourse. What seems striking here is that the young man gradually, through vision and touch, identified

- 87 -

with the partner and took over her genital equipment to the extent of an illusory mouth-anus-vagina.

It may be permissible here to borrow another slightly contrasting case, reported by Kronold and Sterba (1936). These authors presented two cases of ritualistic fetishistic masturbation in which a clear feminine identification occurred in the act of masturbation. It is not because of this feature alone, however, that I have taken the liberty of quoting one case and shall return to it later in the discussion of the genesis of the condition. Kronold's patient was a student of twenty-four who came for treatment because of compulsive masturbation and aversion to women. He became sexually excited on seeing men roughhouse together. The compulsive masturbation was a ritualistic affair dependent on the patient binding himself in such a way that a rope passed up beside his penis and up to the buttocks. He also bound his arms and legs in such a way as to make a bundle of himself, roughly in a foetal position. He could then stretch his legs so as to exert pressure on the penis with the rope and so get an orgasm. He masturbated in front of a mirror, nude except for his carefully polished shoes. After carefully powdering and rouging his face, he covered his penis with a handkerchief. When he threw away his ropes he stole new ones from his mother. A modification consisted of hanging by a strap from the hinge of a door, bound and head downward, and then getting pleasure by pressing his penis against the door.

I shall select only a few facts from this patient's life. He had a brother, born when he was four and a half, of whom he was intensely jealous and to whom he was subsequently overly devoted. He insisted on sleeping in bed with his mother and the new baby, helped his mother take care of it, sewed and crocheted and played with dolls. The exact date of the outcropping of the fetishistic masturbation is not clear, but it is reported that this brother was the first object of his fettering; and that he became excessively devout at ten but trussed up his cousin who played ministrant to him as priest. It would seem that he condensed all these proceedings upon himself in his own ritual some time later—perhaps with pubertal masturbation.

In this case one is impressed with the extreme degree of clinging response to the mother after the birth of the baby, followed by the identification with her. Although data of the first months is not given, the intensity of this response suggests something of the clinging, touching urge especially mentioned by Bak (1953). The character of the mother too would be of interest. In the form of the masturbatory ritual one sees that the

ropes prohibit and procure masturbatory stimulation at the same time; that phallic woman, body-phallus, and baby-phallus are all dramatized in the single ritual, which is then both sadistic and masochistic. Furthermore, that the ropes not only swaddle the baby but package it as if to throw or send it away; that they are the mother's phallus (he steals them from her repeatedly), but that they are further the priest's

- 88 -

cingulum and the umbilical cord. Furthermore, the accessory ritual of hanging head downward from the door hinge suggests not only the detumescent penis, but the act of birth itself. (We would be interested to know in this connection whether the birth was at home and the child had more than ordinary inklings of what went on at the time.) He succeeds also in reproducing his version of the primal scene by doing this miracle of condensed ritualistic fugue before a mirror. I should like, however, to note especially the handkerchief over the penis: whether this is not only a reinforcement of foreskin, but of eyelids in addition—a symbolic denial of vision in which the ability to see, however, is maintained. The primitive type of visual incorporation balanced by its opposite, primitive denial, is richly evident. This case also obviously stands somewhat between ordinary fetishism and transvestitism.

With this introduction, it seems natural to tackle the problems of fetishism from the angle of the body image: its mutability, its pliability, its peculiar capacity to register and re-express memories with a sublimely economic condensation, like a somatic fugue.

The problems of the genesis of fetishism, up to this point, may be summarized as follows: Is it an extraordinarily strong castration problem of the phallic-oedipal period which is the focus of the disturbance and causes repression and splitting of the ego, generally without a total abrogation of the genital position; or is there already at the phallic phase a weakness in the pregenital structure with a rift in early ego development definitely forecast or present, which sharpens the castration problem and draws the primitive form of denial mechanism so readily into its service? I incline to this latter view based on the study of the clinical material available.

A review of the actual cases suggests that there are two main eras of disturbances; namely, those of the first eighteen months or so, and those occurring at three to four years of age. In considering the disrupting influences of the first era, we may again group them into early physical disturbances causing marked sudden fluctuations in body image or subjective feelings of this nature; disturbances of mother-child relationship which affect the sense of the infant's own body and leave an imprint on the early emerging ego; and third, the effect of early primary identifications. In the second era, I would especially stress the role of trauma, either through the continuation of chronic or recurrent traumatic conditions of the first era, or the occurrence of a severe, overwhelming castrating type of trauma which enormously increases and patterns the developing castration complex; and finally the changes of the phallic phase and the emergence of the bisexual identification becoming manifest

- 89 -

in the immediate post-oedipal period. The choice or determination of the fetish will also be discussed, and the relation to certain other conditions suggested.

Disturbances of the First Era (the First 18 Months):

It should be emphasized that at this time it is probably not in most instances the single traumatic event, but the existence of continuous traumatic conditions or the recurrence of severe traumas which produces effects of sufficient magnitude to dislocate the regular development of the libidinal phases and consequently the integrity of the emerging ego. Among the *traumatic conditions*, severe and/or continuous disturbances of the mother-child relationship are most noteworthy. Bak (1953) has already mentioned such a disturbance, which he described as resulting in a "physiological dysfunction" with increase in separation anxiety, so that the infant tends to cling to the mother as representing a part of itself, with resulting erotization of the hands and a predilection for touching. Such an infant would also have an increased touching-smelling pressure toward its own genitals but especially toward its stools. Another group of cases which are closely related to Bak's consists of those infants who are held in a state of appersonation—especially guilty, hostile, or anxious appersonation—by the mother, who may touch the child little, and when she does so, handle it as though it were a contaminating object and yet sometimes feel especially compelled to keep it always within her sight, to be sure that nothing has befallen it. This is particularly true of some severely phobic mothers. One of the cases described by Gillespie seems to have probably had such a beginning. Here vision takes the place of touching, and a peculiar responsive hypertrophy of visual activity with a yen for touching occurs in the child, in which there is an uncanny reaching out with the eyes, which is persistent. On the other hand, the deficient handling or cuddling of the child gives it inadequate surface stimulation and warming, and the body surface may not be well defined or secure in the central image.

In understanding the development of this first year or eighteen months of life, one must recall that during the first few months, roughly the first six, the mouth and lips seem undoubtedly to be the focus of the most differentiated and sensitive sensations and are used for pleasure and exploration above any other body part. They furnish the paradigm for other incorporations. In addition tactile sensations (warmth, stroking, firm holding) supplemented by superficial kinesthetic responses and smell probably furnish the bulk of the sensory life of the infant, with hearing

- 90 -

and vision playing extremely variable roles (worthy of special study of their own).

With the sitting up of the child and the development of focusing of the eyes and more precise arm and hand movements, much of the exploratory activity of the infant is switched from mouth to prehensile vision and arm-hand activity. That the ratio of participation of orality-vision handtouch must vary considerably in different infants is obvious. It might parenthetically be suggested, however, that the differences in these ratios are extremely fateful in contributing to the forms of later developments. Thus far we have spoken then only of gross and persistent disturbances in mother-child relationship which form the background for a severity of many later developments.

The other group of significant conditions of this first era are the occurrences which produce specific disturbances of the body image, resulting probably in subjective feelings of fluctuations of total body size and of what one might call intra-body pressures. These may be caused by (1) *actual changes in body* nutrition with rapid emaciation or sudden gains in weight, or abrupt swellings and edemas; (2) physical conditions producing *subjective sensations of sudden changes* in size, such as repeated acute fevers, repeated anesthetics, convulsions, certain severe rage states, and possibly

some skin conditions; and (3) certain *activities applied to the child*, such as frequent body massages, repeated violent tossings and ticklings or similar massive overstimulations which throw the infant into states of extreme excitement with abrupt termination, probably with a suffusion of general sensory stimulation beyond the capacity for any comparable motor discharge.

Last of all among the disturbances of this first era, the persistence of an unusual degree of primary identification will be discussed. We have already mentioned the important emergence of vision in the functioning of the infant after six months of age. It would seem that this relation of vision to touch and orality is also of the greatest moment in the establishment of the body image. What I would conceive of is something as follows: Vision is extremely important not only because it is prehensile, but because of its increasing scope, in range and distance. Much more than touch and extensor motion, it can, by the age of one year, "take in" the surroundings with extraordinary fineness. Our body image develops largely from endogenous sensations, from contacts with the outer world (of which feeling one part of the body with another is a peculiar condensation) and from seeing our own bodies. Here, however, is the fact that not all of our own bodies are actually visible to us; and in the case of those parts of the body which are not visible to the child himself, the

- 91 -

endogenous and contact sensations are supplemented by visual impressions of the bodies of others. Consequently the body image is not based just on the perception of the own body but to a little extent anyway on the visual perception of the bodies of others. (Incidentally, it seems possible that the force of visual incorporation of *the other* may be one among many reasons why people who live together through years often come to look alike or have similar facial expressions.)

Now it is evident, too, that the genital area and the face are the two most highly differentiated parts of the body which cannot be "taken in" thoroughly through visual perception of the own body—the face even less than the genitals. The awareness of these and their location in the body image must be supplemented by the observation of these parts in others. We are indeed aware that although the own genitals may be partly seen by the male and very little seen by the female, they can never be quite so clearly observed in any event on the self as on others. It is probably this which makes them so peculiarly important in the sense of body self, the senses of reality and identity, and even in the wish to learn. The genital area is probably more important than the face because of the grosser differences between the sexes and the discrepancy therefore which may occur between that which is visually "taken in" more strongly from another body than it can be from the own.

It seems that in the early history of the pre-fetishist, there may be an insecure and unstable early body image developed, from any combination of causes already mentioned. There is as a natural result of this a continuation of the state of primary identification. (This has been stated before in terms of the continuance of an increased introjective-projective mechanism.) In a number of the patients developing later fetishism, enough to make me think it might be of some import, the boy child has been in very close visual contact with a female, either the mother or more importantly a sister relatively close in age, and it appears that there may have been a state of primary identification which resembles that seen in twins, with a well forecast bisexual splitting of the body image even antecedent to the phallic phase. I wish it were possible to give

more detailed case histories here, but for various reasons this is not feasible. I can only say that my own case material convinced me of the importance of this factor in shaping the later developments.

Disturbances of the Second Era (2-4 Years of Age)

IN most cases, we suspect, there is a continuation of one form or another of the same mother-child disequilibrium which has been so marked during the first months, though naturally it may now be more compensated

- 92 -

by contact with other individuals. More important now, however, are the further reasons for the especial severity of the castration complex. Here again two sets of factors may be observed: (1) the occurrence in a certain number of cases of unusually severe castrating types of real trauma, beyond the ordinary developmental traumas which are necessarily ubiquitous; and (2) the special effects on the spontaneous ordinary developments of the phallic phase when these must suffer an absorbing impact from the special disturbances of the body image originating, as outlined, during the first era.

The traumas which are most significant are those which consist of the witnessing of some particularly mutilating event: a mutilating death or accident, operation, abortion, or birth in the home. It is possible that some operations on the self may play an important role here too: such things as tonsillectomies or other bleeding operations. But severe as these are, I doubt whether they are felt quite as catastrophically as the bleeding injury which is introjected through vision, especially if this involves the genital area. In my own case material this has been well corroborated. If we take Freud's 1938 paper in which he outlines the development of a case of fetishism, and emphasizes the sight of the female genital coincidental with masturbation and threats of castration just at the beginning of the phallic phase, and substitute for "threat of castration" "sight of mutilated and bleeding body," I think we may envision what happens in a certain number of children.

Now if we think of this situation of a varying degree of intensity of actual castration threat, spoken or actually seen, and empathize with what happens inevitably then with the development of the sharper, keener, naturally more pleasurable sensations of the phallic phase, we can sense the crucial conflict of the potential fetishist. It is obvious that in the earlier instability and fluctuation of the body image, frequency of occurrence of overpowering massive body stimulation, increased tendency to visual introjection of the body and especially the genitals "of the other," there is all the groundwork for an exquisitely sensitive body-phallus identification. This actually is apparent also in the symptomatology of fetishists and is emphatically announced in transvestites. The increased sensation accompanying tumescence and detumescence of the phallic period inevitably arouses not only the severe castration anxiety associated directly with it, but reinstates the primitive disintegration anxiety from the first era, because of the strong body-phallus equation. It is noteworthy that the history of many fetishists shows marked disturbance with some evidences of bisexual identification becoming manifest at four or five years of age. The phallic period, which should under ordinary circumstances

be the time for the consolidation of the genital part of the body image, has become instead a period of increased anxiety and uncertainty regarding the genital parts.

These children hardly solve their oedipal problem at all; and even the subsequent feminine identification which follows seems to have had its origin earlier and been a way of by-passing the full intensity of the oedipal conflict rather than resulting greatly from the oedipal conflict itself. The latency period may furnish some respite in that the endogenous physical pressures are lessened, but the lack of any decisive resolution of the oedipal conflict is apparent in the greater number of explorations and pseudotraumatic events which are precipitated even in these latency years. Either with prepuberty, puberty or adolescence, there occurs the full outcropping of the character disturbance in which there are compulsive attempts at control and fetishism plays its dramatic part.

The Choice of the Fetish

The fetish, which is then the keystone of a wavering genitality, must satisfy the requirements to be stable, to be visible, to be tangible. It must be capable of symbolizing both the penis and its obverse. Further, it often includes the quality of being smelly, so that it can furnish a kind of material incorporation through being breathed in, without loss, i.e., without diminution of its size or change of its form. It must thus be capable of remaining intact outside the body so that it may at the same time be visually introjected and stabilize the sense of the own body. Gillespie has especially emphasized that the durability of the fetish withstands the fear of the sadistic annihilation impulses and that it generally is inanimate in order to be assuredly nonretaliative. While this seems doubtless of great importance in some cases, it would seem that the immobility of the fetishistic object further serves to help counteract the anxiety of the sensations of changing size and shape of phallus and body, in the way already indicated. The intensely strong castration fears of this phallic period, drawing with them the primitive body disintegration anxiety, are rearoused when the fetishist attempts intercourse and sees the penislessness of his partner and feels or sees the disappearance of his own phallus into the vagina. In some particularly severe states a condition of a sensory misperception of an illusory vagina is established, which is inconstant in form and location and may be as changeable as the site of an illusory penis in the female. This is probably much reinforced by sight of and contact with the mouth as well as the vagina of the partner. Both Gillespie and Payne have emphasized the importance of

sadism in these cases, and have thought it was largely an increased oral sadism as described by M. Klein. On the basis of studying the array of published cases, it would seem that in some instances this pronounced oral sadism is indubitable, but that in many the sadism is more preponderantly anal and motor.

Further determinants in the choice of the fetish are seen in its close relation to some elements in the massive castrative trauma (in cases in which that has occurred). Here the fetish serves again its double role of simultaneously presenting the danger and protecting from it. It seems probable that in those cases in which there are fetishistic rituals these serve screening, acting-out functions, perhaps analogous to some fugue

states.

Other Considerations

From the material presented it is probably obvious why the fetish develops in a full state generally only in the male. The female in an analogous unstable equilibrium has already succeeded in denying her apparent castration with an illusory penis. While such women have various problems in relation to the opposite sex, the actual sight of the male organ tends to reinforce rather than deny the masculine part of their body identification. The one female fetishist whom I have encountered was a woman with a well-developed bisexual body identification and an almost delusional penis. Although she could not form enough of a relationship to any man to approach intercourse, in certain masturbatory states in which the masturbating hand must have registered the lack of a penis, she found it necessary to reinforce her phallic illusion by holding a solid phallic-shaped object in the nonmasturbating hand. She used this also at some other times to give her a greater feeling of general confidence; i.e., for its narcissistic value. In 1915 Dr. von Hug-Hellmuth reported a spectacular case of foot fetishism in a woman. Since this patient was not analyzed and the case is reported chiefly at a descriptive level, with few facts of the history available, the deeper structure of the disturbance cannot be discussed. It was a florid case, however, in which it seems clear that the fascination was with the erected penis of the father (the hard boot of the military man) and that this, rather than the man himself, was the object in which she was interested. One gets the impression from the description that the boot served the function of complementing herself more successfully than the partner's penis could ever do, and that there was actually almost no relationship to the man as himself. The patient was, as one might suspect, completely frigid and averse to coitus. The external boot was more satisfying to her than coitus and

- 95 -

gave her a greater feeling of fulfillment. Visual coitus was of higher narcissistic and libidinal pleasure than vaginal coitus.

It seems clear that the fetish occurs detached from its clear sexual functions in many other conditions and may not even impress us as particularly abnormal. Among the related psychopathological conditions are compulsive rituals; collecting manias especially in some schizophrenics, compulsive neurotics and seniles; kleptomania; and certain forms of drug habituation without genuine addiction. An article by Grant (1949) gives a rather interesting account of a fetishistic theory of amorous fixation.

FOOTNOTE TO FETISHISM

A shoe is a shoe is a shoe—
A shoe and you are two.
A shoe has no teeth—does not bite,
A shoe does not cause any fright.
You can look at a shoe, you can step on a shoe.
You can smell at a shoe and you'll never feel blue.
A shoe keeps silent, a shoe does not speak,
A shoe keeps your secrets, there's never a leak.
A shoe is a father, a shoe is a mother,
Creates only joy and never a bother,
A shoe can be kicked, a shoe can be torn

And a new one is bought when the old one is worn.
A shoe is a cheap pal, discreet, near and true—
A shoe is a shoe is a shoe.
—Anonymous Contribution to Discussion

SUMMARY

Fetishism is the result of a rather definite combination of genetic influences, in disturbances of pregenitality. These consist of (1) disturbances in the early months of life, producing instability in the formation of the body image, with uncertainty as to outline, and fluctuations in the subjective sense of size; and (2) complementary disturbances in the phallic phase, which produce an exaggeration of the castration complex. The genital area of the body image is under any circumstances less certain in the early months of life than other parts of the body except the face. Under normal developmental conditions, the genital area of the body image becomes consolidated during the phallic phase, due to the increase in the spontaneous endogenous sensations arising then. Under the disturbed conditions of pregenitality described, the overly strong castration anxiety is combined with body disintegration anxiety from the early phase, and depletes rather than reinforces the genital outlines of the body. These conditions also contribute to increase bisexuality and contribute to a corresponding split in the ego.

Due to the marked pathology of the first months, there is a persistence of the unusually strong primary identification (which in many cases has played a part also in confusing the genital part of body image). This persistent tendency to primary identification, especially through vision, again influences what happens with attempts at intercourse. Then the sight of the penislessness of the partner brings into focus the underlying feminine identification and makes genital performance impossible unless special support is offered.

The support is attained through the use of the fetish; which is tangible, visible, generally inanimate, unchanging in size, also not readily destroyed. It offsets the effect of the identification with the partner, and "pegs" the genital functioning by furnishing this external and material

- 96 -

symbol of the phallus to be reintrojected and reaffirm the genital integrity of the fetishist.

Thus, while the fetish is precipitated in the situation of the need to preserve the idea of the mother's phallus and so deny anatomical differences between the sexes, it *functions* by reinstating, through visual, olfactory and actual introjection, the phallus of the individual.

The choice of the fetish is abundantly overdetermined. It symbolically represents the phallus (but can also deny it), but its nature is further determined by the nature of severe prephallic castrating traumas; and in cases of fetishistic rituals, these incorporate the activity of the traumatic experiences in condensed fugue-like screening repetition.

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The Flight from Womanhood: The Masculinity-Complex in Women, as Viewed by Men and by Women

Karen Horney 

In some of his latest works Freud has drawn attention with increasing urgency to a certain one-sidedness in our analytical researches. I refer to the fact that till quite recently the mind of boys and men only was taken as the object of investigation.

The reason of this is obvious. Psycho-analysis is the creation of a male genius, and almost all those who have developed his ideas have been men. It is only right and reasonable that they should evolve more easily a masculine psychology and understand more of the development of men than of women.

A momentous step towards the understanding of the specifically feminine was made by Freud himself in discovering the existence of penis-envy, and soon after the work of van Ophuijsen and Abraham shewed how large a part this factor plays in the development of women and in the formation of their neuroses. The significance of penisenvy has been extended quite recently by the hypothesis of the 'phallic phase'. By this we mean that in the infantile genital organization in both sexes only one genital organ, namely the male, plays any part, and that it is just this which distinguishes the infantile organization from the final genital organization of the adult.¹ According to this theory, the clitoris is conceived of as a phallus, and we assume that little girls as well as boys attach to the clitoris in the first instance exactly the same value as to the penis.²

The effect of this phase is partly to inhibit and partly to promote the subsequent development. Helene Deutsch has demonstrated principally the inhibiting effects. She is of opinion that, at the beginning of every new sexual function (e.g. at the beginning of puberty, of sexual intercourse, of pregnancy and child-birth), this phase is re-animated and has to be overcome every time before a

1 Freud: 'The Infantile Genital Organization of the Libido'. *Collected Papers*, Vol. II, No. XX.

2 H. Deutsch: *Psychoanalyse der weiblichen Sexualfunktionen*, 1925.

3 Freud: 'Einige psychische Folgen der anatomischen Geschlechtsunterschiede'. *Internationale Zeitschrift für Psychoanalyse*, Bd. XI, 1925.

feminine attitude can be attained. Freud has elaborated her exposition on the positive side, for he believes that it is only penis-envy and the overcoming of it which gives rise to the desire for a child and thus forms the love-bond to the father.³

The question now arises whether these hypotheses have helped to make our insight into feminine development (insight which Freud himself has stated to be unsatisfactory and incomplete) more satisfactory and clearer.

Science has often found it fruitful to look at long familiar facts from a fresh point of view. Otherwise there is a danger that we shall involuntarily continue to classify all new observations amongst the same clearly defined groups of ideas.

The new point of view of which I wish to speak came to me by way of philosophy, in some essays by Georg Simmel.⁴ The point which Simmel makes there and which has been in many ways elaborated since, especially from the feminine side, ⁵ is this: Our whole civilization is a masculine civilization. The State, the laws, morality, religion and the sciences are the creation of men. Simmel by no means deduces from these facts, as is commonly done by other writers, an inferiority in women, but he first of all gives considerable breadth and depth to this conception of a masculine civilization: 'The requirements of art, patriotism, morality in general and social ideas in particular, correctness in practical judgement and objectivity in theoretical knowledge, the energy and the profundity of life—all these are categories which belong as it were in their form and their claims to humanity in general, but in their actual historical configuration they are masculine throughout. Supposing that we describe these things, viewed as absolute ideas, by the single word "objective", we then find that in the history of our race the equation objective = masculine is a valid one.'

Now Simmel thinks that the reason why it is so difficult to recognize these historical facts is that the very standards by which mankind has estimated the values of male and female nature are 'not neutral, arising out of the difference of the sexes, but in themselves essentially

4 Georg Simmel: *Philosophische Kultur*.

5 Cf. in particular Vaerting: *Männliche Eigenart im Frauenstaat und Weibliche Eigenart im Männerstaat*.

6 German *Mensch*.

7 German *Mann*.

- 325 -

masculine.' 'We do not believe in a purely "human" civilization, into which the question of sex does not enter, for the very reason that prevents any such civilization from in fact existing, namely, the (so to speak) naïve identification of the concept "human being"⁶ and the concept "man", ⁷ which in many languages even causes the same word to be used for the two concepts. For the moment I will leave it undetermined whether this masculine character of the fundamentals of our civilization has its origin in the essential nature of the sexes or only in a certain preponderance of force in men, which is not really bound up with the question of civilization. In any case this is the reason why in the most varying fields inadequate achievements are contemptuously called "feminine", while distinguished achievements on the part of women are called "masculine" as an expression of praise.'

Like all sciences and all valuations, the psychology of women has hitherto been considered only from the point of view of men. It is inevitable that the man's position of advantage should cause objective validity to be attributed to his subjective, affective relations to the woman, and according to Delius⁸ the psychology of women hitherto does actually represent a deposit of the desires and disappointments of men.

An additional and very important factor in the situation is that women have adapted themselves to the wishes of men and felt as if their adaptation were their true nature. That is, they see or saw themselves in the way that their men's wishes demanded of them; unconsciously they yielded to the suggestion of masculine thought.

If we are clear about the extent to which all our being, thinking and doing conform to these masculine standards, we can see how difficult it is for the individual man and also for the individual woman really to shake off this mode of thought.

The question then is how far analytical psychology also, when its researches have women for their object, is under the spell of this way of thinking, in so far as it has not yet wholly left behind the stage in which frankly and as a matter of course masculine development only was considered. In other words, how far has the evolution of women, as depicted to us to-day by analysis, been measured by masculine

8 Delius: *Vom Erwachen der Frau*.

- 326 -

standards and how far therefore does this picture not fail to present quite accurately the real nature of women.

If we look at the matter from this point of view our first impression is a surprising one. The present analytical picture of feminine development (whether that picture be correct or not) differs in no case by a hair's breadth from the typical ideas which the boy has of the girl.

We are familiar with the ideas which the boy entertains. I will therefore only sketch them in a few succinct phrases, and for the sake of comparison will place in a parallel column our ideas of the development of women.

The Boy's Ideas:

Naïve assumption that girls as well as boys possess a penis.

Our Ideas of Feminine Development:

For both sexes it is only the male genital which plays any part.

The Boy's Ideas:

Realization of the absence of the penis.

Our Ideas of Feminine Development:

Sad discovery of the absence of the penis.

The Boy's Ideas:

Idea that the girl is a castrated, mutilated boy.

Our Ideas of Feminine Development:

Belief of the girl that she once possessed a penis and lost it by castration.

The Boy's Ideas:

Belief that the girl has suffered punishment which also threatens him.

Our Ideas of Feminine Development:

Castration is conceived of as the infliction of punishment.

The Boy's Ideas:

The girl is regarded as inferior.

Our Ideas of Feminine Development:

The girl regards herself as inferior. Penis-envy.

The Boy's Ideas:

The boy is unable to imagine how the girl can ever get over this loss or envy.

Our Ideas of Feminine Development:

The girl never gets over the sense of deficiency and inferiority and has constantly to master afresh her desire to be a man.

The Boy's Ideas:

The boy dreads her envy.

Our Ideas of Feminine Development:

The girl desires throughout life to avenge herself on the man for possessing something which she lacks.

The existence of this over-exact agreement is certainly no criterion of its objective correctness. It is quite possible that the infantile genital organization of the little girl might bear as striking a resemblance to that of the boy as has up till now been assumed.

But it is surely calculated to make us think and take other possibilities into consideration. For instance, we might follow Georg

- 327 -

Simmel's train of thought and reflect whether it is likely that female adaptation to the male structure should take place at so early a period and in so high a degree that the specific nature of a little girl is overwhelmed by it. Later I will return for a moment to the point that it does actually seem to me probable that this infection with a masculine point of view occurs in childhood. But it does not seem to me clear off-hand how everything bestowed by nature could be thus absorbed into it and leave no trace. And so we must return to the question I have already raised: whether the remarkable parallelism which I have indicated may not perhaps be the expression of a one-sidedness in our observations, due to their being made from the man's point of view.

Such a suggestion immediately encounters an inner protest, for we remind ourselves of the sure ground of experience upon which analytical research has always been founded. But at the same time our theoretical scientific knowledge tells us that this ground is not altogether trustworthy, but that all experience by its very nature contains a subjective factor. Thus, even our analytical experience is derived from direct observation of the material which our patients bring to analysis in free associations,

dreams and symptoms and from the interpretations which we make or the conclusions which we draw from this material. Therefore, even when the technique is correctly applied, there is in theory the possibility of variations in this experience.

Now, if we try to free our minds from this masculine mode of thought, nearly all the problems of feminine psychology take on a different appearance.

The first thing that strikes us is that it is always, or principally, the genital difference between the sexes which has been made the cardinal point in the analytical conception and that we have left out of consideration the other great biological difference, namely, the different parts played by men and by women in the function of reproduction.

The influence of the man's point of view in the conception of motherhood is most clearly revealed in Ferenczi's extremely brilliant genital theory.⁹ His view is that the real incitement to coitus, its true, ultimate meaning for both sexes, is to be sought in the desire to return to the mother's womb. During a period of contest man acquired the privilege of really penetrating once more, by means of his genital organ, into a uterus. The woman, who was formerly in the subordinate

9 Ferenczi, *Versuch einer Genitaltheorie*, 1924.

10 Cf. also Helene Deutsch, *Psychoanalyse der Weiblichen Sexualfunktionem*, and Groddeck, *Das Buch vom Es*.

- 328 -

position, was obliged to adapt her organization to this organic situation and was provided with certain compensations. She had to 'content herself' with substitutes of the nature of phantasy and above all with harbouring the child, whose bliss she shares. At the most, it is only in the act of birth that she perhaps has potentialities of pleasure which are denied to the man.¹⁰

According to this view the psychic situation of a woman would certainly not be a very pleasurable one. She lacks any real primal impulse to coitus, or at least she is debarred from all direct—even if only partial—fulfilment. If this is so, the impulse towards coitus and pleasure in it must undoubtedly be less for her than for the man. For it is only indirectly, by circuitous ways, that she attains to a certain fulfilment of the primal longing—i.e. partly by the roundabout way of masochistic conversion and partly by identification with the child which she may conceive. These, however, are merely 'compensatory devices'. The only thing in which she ultimately has the advantage over the man is the, surely very questionable, pleasure in the act of birth.

At this point I, as a woman, ask in amazement, and what about motherhood? And the blissful consciousness of bearing a new life within oneself? And the ineffable happiness of the increasing expectation of the appearance of this new being? And the joy when it finally makes its appearance and one holds it for the first time in one's arms? And the deep pleasurable feeling of satisfaction in suckling it and the happiness of the whole period when the infant needs her care?

Ferenczi has expressed the opinion in conversation that in that primal period of conflict which ended so grievously for the female, the male as victor imposed upon her the burden of motherhood and all that it involves.

Certainly, regarded from the standpoint of the social struggle, motherhood *may* be a handicap. It is certainly so at the present time, but it is much less certain that it was so in

times when human beings were closer to nature.

Moreover, we explain penis-envy itself by its biological relations and not by social factors; on the contrary, we are accustomed without more ado to construe the woman's sense of being at a disadvantage socially as the rationalization of her penis-envy.

- 329 -

But from the biological point of view woman has in motherhood, or in the capacity for motherhood, a quite indisputable and by no means negligible physiological superiority. This is most clearly reflected in the unconscious of the male psyche in the boy's intense envy of motherhood. We are familiar with this envy as such, but it has hardly received due consideration as a dynamic factor. When one begins, as I did, to analyse men only after a fairly long experience of analysing women, one receives a most surprising impression of the intensity of this envy of pregnancy, child-birth and motherhood, as well as of the breasts and of the act of suckling.

In the light of this impression derived from analysis one must naturally enquire whether an unconscious masculine tendency to depreciation is not expressing itself intellectually in the abovementioned view of motherhood? This depreciation would run as follows: In reality women do simply desire the penis; when all is said and done motherhood is only a burden which makes the struggle for existence harder, and men may be glad that they have not to bear it.

When Helene Deutsch writes that the masculinity-complex in women plays a much greater part than the femininity-complex in man, she would seem to overlook the fact that the masculine envy is clearly capable of more successful sublimation than the penis-envy of the girl, and that it certainly serves as one, if not as the essential, driving force in the setting-up of cultural values.

Language itself points to this origin of cultural productivity. In the historic times which are known to us this productivity has undoubtedly been incomparably greater in men than in women. Is not the tremendous strength in men of the impulse to creative work in every field precisely due to their feeling of playing a relatively small part in the creation of living beings, which constantly impels them to an over-compensation in achievement?

If we are right in making this connection we are confronted with the problem why no corresponding impulse to compensate herself for her penis-envy is found in woman? There are two possibilities; either the envy of the woman is absolutely less than that of the man or it is less successfully worked off in some other way. We could bring forward facts in support of either supposition.

In favour of the greater intensity of the man's envy we might point out that an actual anatomical disadvantage on the side of the woman exists only from the point of view of the pregenital levels of organization.¹¹ From

11 S. Horney, 'On the Genesis of the Castration-complex in Women', INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. V, 1924.

- 330 -

that of the genital organization of adult women there is no disadvantage, for obviously

the capacity of women for coitus is not less but simply other than that of men. On the other hand, the part of the man in reproduction is ultimately less than that of the woman.

Further, we observe that men are evidently under a greater necessity to depreciate women than conversely. The realization that the dogma of the inferiority of women had its origin in an unconscious male tendency could only dawn upon us after a doubt had arisen whether in fact this view were justified in reality. But if there actually are in men tendencies to depreciate women behind this conviction of feminine inferiority, we must infer that this unconscious impulse to depreciation is a very powerful one.

Further, there is much to be said in favour of the view that women work off their penis-envy less successfully than men from a cultural point of view. We know that in the most favourable case this envy is transmuted into the desire for a husband and child, and probably by this very transmutation it forfeits the greater part of its power as an incentive to sublimation. In unfavourable cases, however, as I shall presently shew in greater detail, it is burdened with a sense of guilt instead of being able to be employed fruitfully, whilst the man's incapacity for motherhood is probably felt simply as an inferiority and can develop its full driving power without inhibition.

In this discussion I have already touched on a problem which Freud has recently brought into the foreground of interest:¹² namely, the question of the origin and operation of the desire for a child. In the course of the last decade our attitude towards this problem has changed. I may therefore be permitted to describe briefly the beginning and the end of this historical evolution.

The original hypothesis¹³ was that penis-envy gave a libidinal reinforcement both to the wish for a child and the wish for the man, but that the latter wish arose independently of the former. Subsequently the accent became more and more displaced on to the penis-envy, till in his most recent work on this problem Freud expressed the

12 Freud: 'ber einige psychische Folgen der anatomischen Geschlechtsunterschiede'.

13 Freud: 'On the Transformation of Instincts with special reference to Anal Erotism'. *Collected Papers*, Vol. II, No. XVI.

- 331 -

conjecture that the wish for the child arose only through penis-envy and the disappointment over the lack of the penis in general, and that the tender attachment to the father came into existence only by this circuitous route—by way of the desire for the penis and the desire for the child.

This latter hypothesis obviously originated in the need to explain psychologically the biological principle of heterosexual attraction. This corresponds to the problem formulated by Groddeck, who says that it is natural that the boy should retain the mother as a love-object, 'but how is it that the little girl becomes attached to the opposite sex?'¹⁴

In order to approach this problem we must first of all realize that our empirical material with regard to the masculinity-complex in women is derived from two sources of very different importance. The first is the direct observation of children, in which the subjective factor plays a relatively insignificant part. Every little girl who has not been intimidated displays penis-envy frankly and without embarrassment. We see that the presence of this envy is typical and understand quite well why this is so; we understand

how the narcissistic mortification of possessing less than the boy is reinforced by a series of disadvantages arising out of the different pregenital cathexes: the manifest privileges of the boy in connection with urethral erotism, the scopophilic instinct, and onanism.¹⁵

I should like to suggest that we should apply the term *primary* to the little girl's penis-envy which is obviously based simply on the anatomical difference.

The second source upon which our experience draws is to be found in the analytical material produced by adult women. Naturally it is more difficult to form a judgement on this, and there is therefore more scope for the subjective element. We see here in the first instance that penis-envy operates as a factor of enormous dynamic power. We see patients rejecting their female functions, their unconscious motive in so doing being the desire to be male. We meet with phantasies of which the content is: 'I once had a penis; I am a man who has been castrated and mutilated', from which proceed feelings of inferiority and which have for after-effect all manner of obstinate hypochondriacal

14 Groddeck: *Das Buch vom Es*.

15 I have dealt with this subject in greater detail in my paper 'On the Genesis of the Castration-complex in Women'.

- 332 -

ideas. We see a marked attitude of hostility towards men, sometimes taking the form of depreciation and sometimes of a desire to castrate or maim them, and we see how the whole destinies of certain women are determined by this factor.

It was natural to conclude—and especially natural because of the male orientation of our thinking—that we could link these impressions on to the primary penis-envy and to reason *a posteriori* that this envy must possess an enormous intensity, an enormous dynamic power, seeing that it evidently gave rise to such effects. Here we overlooked the fact, more in our general estimation of the situation than in details, that this desire to be a man, so familiar to us from the analyses of adult women, had only very little to do with that early, infantile, primary penis-envy, but that it is a secondary formation embodying all that has miscarried in the development towards womanhood.

From beginning to end my experience has proved to me with unchanging clearness that the Oedipus complex in women leads (not only in extreme cases where the subject has come to grief, but *regularly*) to a regression to penis-envy, naturally in every possible degree and shade. The difference between the outcome of the male and the female Oedipus complexes seems to me in average cases to be as follows. In boys the mother as a sexual object is renounced owing to the fear of castration, but the male rôle itself is not only affirmed in further development but is actually over-emphasized in the reaction to the fear of castration. We see this clearly in the latency and prepubertal period in boys and generally in later life as well. Girls, on the other hand, not only renounce the father as a sexual object but simultaneously recoil from the feminine rôle altogether.

In order to understand this flight from womanhood we must consider the facts relating to early infantile onanism, which is the physical expression of the excitations due to the Oedipus complex.

Here again the situation is much clearer in boys, or perhaps we simply know more

about it. Are these facts so mysterious to us in girls only because we have always looked at them through the eyes of men? It seems rather like it when we do not even concede to little girls a specific form of onanism but without more ado describe their autoerotic activities as male; and when we conceive of the difference, which surely must exist, as being that of a negative to a positive, i.e. in the case of anxiety about onanism, that the difference is that between a castration threatened and castration that has actually taken place! My analytical experience makes it most decidedly

- 333 -

possible that little girls have a specific feminine form of onanism (which incidentally differs in technique from that of boys), even if we assume that the little girl practises exclusively clitoral masturbation, an assumption which seems to me by no means certain. And I do not see why, in spite of its past evolution, it should not be conceded that the clitoris legitimately belongs to and forms an integral part of the female genital apparatus.

Whether in the early phase of the girl's genital development she has organic vaginal sensations is a matter remarkably difficult to determine from the analytical material produced by adult women. In a whole series of cases I have been inclined to conclude that this is so and later I shall quote the material upon which I base this conclusion. That such sensations should occur seems to me theoretically very probable for the following reasons. Undoubtedly the familiar phantasies that an excessively large penis is effecting forcible penetration, producing pain and hæmorrhage and threatening to destroy something, go to shew that the little girl bases her Oedipus phantasies most realistically (in accordance with the plastic concrete thinking of childhood) on the disproportion in size between father and child. I think too that both the Oedipus phantasies and also the logically ensuing dread of an internal, i.e. vaginal injury go to show that the vagina as well as the clitoris must be assumed to play a part in the early infantile genital organization of women.¹⁶ One might even infer from the later phenomena of frigidity that the vaginal zone has actually a stronger cathexis (arising out of anxiety and attempts at defence) than the clitoris, and this because the incestuous wishes are referred to the vagina with the unerring accuracy of the unconscious. From this point of view frigidity must be regarded as an attempt to ward off the phantasies so full of danger to the ego. And this would also throw a new light on the unconscious pleasurable feelings which, as various authors have maintained, occur at parturition or, alternatively, on the dread of childbirth. For (just because of the disproportion between the vagina and the baby and because of the pain to which this gives rise) parturition would be calculated to a far greater extent than subsequent sexual intercourse to stand to the unconscious for a realization

¹⁶ Since the possibility of such a connection occurred to me I have learnt to construe in this sense, i.e. as representing the dread of vaginal injury, many phenomena which I was previously content to interpret as castration-phantasies in the male sense.

- 334 -

of those early incest-phantasies, a realization to which no guilt is attached. The female genital anxiety, like the castration-dread of boys, invariably bears the impress of

feelings of guilt and it is to them that it owes its lasting influence.

A further factor in the situation, and one which works in the same direction, is a certain consequence of the anatomical difference between the sexes. I mean that the boy can inspect his genital to see whether the dreaded consequences of onanism are taking place; the girl, on the other hand, is literally in the dark on this point and remains in complete uncertainty. Naturally this possibility of a reality-test does not weight with boys in cases where the castration-anxiety is acute, but in the slighter cases of fear, which are practically more important because they are more frequent, I think that this difference is very important. At any rate the analytical material which has come to light in women whom I have analysed has led me to conclude that this factor plays a considerable part in feminine mental life and that it contributes to the peculiar inner uncertainty so often met with in women.

Under the pressure of this anxiety the girl now takes refuge in a fictitious male rôle.

What is the economic gain of this flight? Here I would refer to an experience which probably all analysts have had: they find that the desire to be a man is generally admitted comparatively willingly and that, when once it is accepted, it is clung to tenaciously, the reason being the desire to avoid the realization of libidinal wishes and phantasies in connection with the father. Thus the wish to be a man subserves the repression of these feminine wishes or the resistance against their being brought to light. This constantly recurring, typical experience compels us, if we are true to analytical principles, to conclude that the phantasies of being a man were at an earlier period devised for the very purpose of securing the subject against libidinal wishes in connection with the father. The fiction of maleness enabled the girl to escape from the female rôle now burdened with guilt and anxiety. It is true that this attempt to deviate from her own line to that of the male inevitably brings about a sense of inferiority, for the girl begins to measure herself by pretensions and values which are foreign to her specific biological nature and confronted with which she cannot but feel herself inadequate.

Although this sense of inferiority is very tormenting, analytical experience emphatically shews us that the ego can tolerate it more

- 335 -

easily than the sense of guilt associated with the feminine attitude, and hence it is undoubtedly a gain for the ego when the girl flees from the Scylla of the sense of guilt to the Charybdis of the sense of inferiority.

For the sake of completeness I will add a reference to the other gain which, as we know, accrues to women from the process of identification with the father which takes place at the same time. I know of nothing with reference to the importance of this process itself to add to what I have already said in my earlier work.

We know that this very process of identification with the father is one answer to the question why the flight from feminine wishes in regard to the father always leads to the adoption of a masculine attitude. Some reflections connected with what has already been said reveals another point of view which throws some light on this question.

We know that, whenever the libido encounters a barrier in its development, an earlier phase of organization is regressively activated. Now according to Freud's latest work penis-envy forms the preliminary stage to the true object-love for the father. And so this train of thought suggested by Freud helps us to some comprehension of the inner

necessity by which the libido flows back precisely to this preliminary stage whenever and in so far as it is driven back by the incest-barrier.

I agree in principle with Freud's notion that the girl develops towards object-love by way of penis-envy, but I think that the nature of this evolution might also be pictured differently.

For when we see how large a part of its strength accrues to primary penis-envy only by retrogression from the Oedipus complex, we must resist the temptation to interpret in the light of penis-envy the manifestations of so elementary a principle of nature as that of the mutual attraction of the sexes.

Whereupon, being confronted with the question how we should conceive psychologically of this primal, biological principle, we should again have to confess ignorance. Indeed, in this respect the conjecture forces itself more and more strongly upon me that perhaps the causal connection may be the exact converse and that it is just the attraction to the opposite sex, operating from a very early period, which draws the libidinal interest of the little girl to the penis. This interest, in accordance with the level of development reached, acts at first in an auto-erotic and narcissistic manner, as I have described before. If we view these relations thus, fresh problems would logically present

17 Abraham: *Versuch einer Entwicklungsgeschichte der Libido*, 1924.

- 336 -

themselves with regard to the origin of the male Oedipus complex, but I wish to postpone these for a later paper. But, if penis-envy were the first expression of that mysterious attraction of the sexes, there would be nothing to wonder at either when analysis discloses its existence in a yet deeper layer than that in which the desire for a child and the tender attachment to the father occur. The way to this tender attitude towards the father would be prepared not simply by disappointment in regard to the penis but in another way as well. We should then instead have to conceive of the libidinal interest in the penis as a kind of 'partial love', to use Abraham's term.¹⁷ Such love, he says, always forms a preliminary stage to true object-love. We might explain the process too by an analogy from later life: I refer to the fact that admiring envy is specially calculated to lead to an attitude of love.

With regard to the extraordinary ease with which this regression takes place I must mention the analytical discovery¹⁸ that in the associations of female patients the narcissistic desire to possess the penis and the object-libidinal longing for it are often so interwoven that one hesitates as to the sense in which the words 'desire for it'¹⁹ are meant.

One word more about the castration-phantasies proper, which have given their name to the whole complex because they are the most striking part of it. According to my theory of feminine development I am obliged to regard these phantasies also as a secondary formation. I picture their origin as follows: when the woman takes refuge in the fictitious male rôle her feminine genital anxiety is to some extent translated into male terms—the fear of vaginal injury becomes a phantasy of castration. The girl gains by this conversion, for she exchanges the uncertainty of her expectation of punishment (an uncertainty conditioned by her anatomical formation) for a concrete idea. Moreover,

the castration-phantasy too is under the shadow of the old sense of guilt—and the penis is desired as a proof of guiltlessness.

Now these typical motives for flight into the male rôle—motives whose origin is the Oedipus complex—are reinforced and supported by the actual disadvantage under which women labour in social life. Of

18 Freud referred to this in *The Taboo of Virginity*.

19 German: *Haben-Wollen*.

- 337 -

course we must recognize that the desire to be a man, when it springs from this last source, is a peculiarly suitable form of rationalization of those unconscious motives. But we must not forget that this disadvantage is actually a piece of reality and that it is immensely greater than most women are aware of.

Georg Simmel says in this connection that 'the greater importance attaching to the male sociologically is probably due to his position of superior strength', and that historically the relation of the sexes may be crudely described as that of master and slave. Here, as always, it is 'one of the privileges of the master that he has not constantly to think that he is master, whilst the position of the slave is such that he can never forget it'.

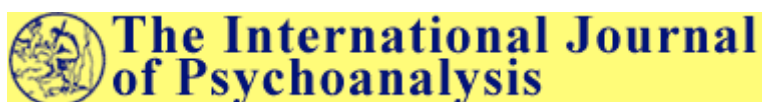
Here we probably have the explanation also of the under-estimation of this factor in analytical literature. In actual fact a girl is exposed from birth onwards to the suggestion—inevitable, whether conveyed brutally or delicately—of her inferiority, an experience which must constantly stimulate her masculinity complex.

There is one further consideration. Owing to the hitherto purely masculine character of our civilization it has been much harder for women to achieve any sublimation which should really satisfy their nature, for all the ordinary professions have been filled by men. This again must have exercised an influence upon women's feelings of inferiority, for naturally they could not accomplish the same as men in these masculine professions and so it appeared that there was a basis in fact for their inferiority. It seems to me impossible to judge to how great a degree the unconscious motives for the flight from womanhood are reinforced by the actual social subordination of women. One might conceive of the connection as an interaction of psychic and social factors. But I can only indicate these problems here, for they are so grave and so important that they require a separate investigation.

The same factors must have quite a different effect on the man's development. On the one hand they lead to a much stronger repression of his feminine wishes, in that these bear the stigma of inferiority; on the other hand it is far easier for him successfully to sublimate them.

In the foregoing discussion I have put a construction upon certain problems of feminine psychology which in many points differs from the views hitherto current. It is possible and even probable that the picture I have drawn is one-sided from the opposite point of view. But my primary intention in this paper was to indicate a possible source of error arising out of the sex of the observer, and by so doing

to make a step forward towards the goal which we are all striving to reach: to get beyond the subjectivity of the masculine or the feminine standpoint and to obtain a picture of the mental development of woman which shall be truer to the facts of her nature—with its specific qualities and its differences from that of man—than any we have hitherto achieved.



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Some Observations on the Ego Development of the Fetishist

S. M. Payne 

Freud first described the significance of the fetish in his classical work entitled *Three Contributions to the Theory of Sex*. He shewed that the fetish was a substitute for an infantile sexual object, and that the selection of the fetish object was influenced by a coprophilic smell attraction. In later works he emphasized the fact that the fetish symbolized the penis and its presence relieved the castration fear of the male which was aroused by the sight of the female genital.

In an account of a case of shoe and corset fetishism Abraham laid stress on the part played by coprophilic and scopophilic impulses in the psychical development of the fetishist. Bálint recorded in a recent article his recognition of the fact that the fetish not only symbolizes a genital, male or female, but also has a faecal significance.

I had made a similar observation independently while working on the cases which I shall refer to in this paper.

Freud's recognition that the presence of the fetish not only stimulated the man's sexual desires but also allayed his castration anxiety introduced a new approach, namely that of the relation of the fetish to ego defence mechanisms and ego development.

In this contribution I hope to shew (*a*) That the necessity to make a defence against an archaic sexual aim is one of the determinants of fetishism—the aim being to kill the love object; (*b*) to describe the type of situation in which the fixation of this sexual aim occurs; (*c*) to make some observations on the form of ego development which accompanies the adoption of this abnormal sexual behaviour.

I have had the opportunity of analysing two cases of fetishism and of observing work done on another case. I shall illustrate my paper from the analysis of a patient whose fetish was a mackintosh. I have been struck by the fact that the special type of sexual behaviour which demands the presence of a fetish is only one manifestation of a

pathological mental state, which includes acute attacks of depression and anxiety, the presence of fears and phantasies of a paranoid type, suicidal tendencies which in one case were manifested first in childhood, and serious inhibitions. For this reason I shall state

- 161 -

briefly certain facts concerning the general psychological state of my patient as far as it is necessary for the understanding of the problem of the fetish.

In spite of the severe symptoms there was good intellectual ability and an attainment of success in life up to a certain point. Bodily activities, especially in the form of games and dancing were inhibited; occasionally hypomanic outbursts of activity in walking, riding and swimming occurred, but on the whole the only sustained form of activity involving contact with other people was in the form of conversation. My patient loved talking and obtained his chief pleasure in conversation. His attitude to the parents was characteristic. He was not financially dependent on the parents owing to his own successful exertions, but he retained an unusually strong sense of guilt and obligation in connection with them, which was not dictated by an immediate actual reality situation, as the parents were in a position to look after themselves. He manifested a dependence which made him regard the ageing parents with horror and anxiety; the signs of old age seemed peculiarly intolerable. On the whole, the parents and especially the mother seemed frightful to him, and the redeeming features only appeared when the analyses had proceeded a considerable way. The decay of the parents was as menacing as if they were actually part of the child and as if the child was responsible. He had an oral type of relationship to objects reminiscent of the neurotic woman who seems to be occupied in defending herself from the necessity to incorporate every external situation which arouses anxiety.

It has been recognized for a long time by psycho-analysts that the incorporation of an anxiety situation is a common mechanism of defence in childhood.

Recently Melanie Klein's work on ego mechanisms in the early phases of the Oedipus complex has thrown light on the complicated relationships between internal and external situations which arise as a result of the interaction of the mechanisms of introjection and projection, and the tendency to internalize the anxiety situations.

Anna Freud draws attention to a special form of this reaction under the title of 'Identification with the Aggressor' in her book *The Ego and the Defence Mechanisms*.

When the mackintosh fetishist (whom I shall call Mr. A.) was confronted with an anxiety situation, which might be a rivalry in his work or the fear of the loss of an external good object, he invariably

- 162 -

reacted in the same way, and combated depression by eating to excess, usually sausages and eggs, and sometimes by drinking to excess; his behaviour had a hypomanic character. At the same time he tended to isolate himself and become an 'onlooker'.

Mr. A. was a sleep-walker and had been so from early childhood. His sleep-walking was accompanied by an anxiety dream in which he was in the act of swallowing something and he must either vomit it up or prevent it going down. Usually there were two objects which he was in danger of swallowing. In childhood he went to the lavatory when sleep-walking, and in adult life an alternative to vomiting was urinating or putting

on the light. Sleep-walking occurred as a result of the same stresses as the excessive eating.

It was clear that he invariably employed the same method of ego defence in a situation in which he was in danger of losing a good object, and that was to incorporate the experience which stimulated the anxiety and introject the lost object. A simple illustration occurred during the course of the analysis; he was attracted by a ballet dancer and made sexual advances to her, but she did not respond readily and he retreated in anger. A close friend of his also approached the girl and was successful. He was quite open with his unsuccessful rival who manifested no jealousy and discussed freely all the intimate details of the affair. Some time later my patient saw the dancer unexpectedly and to his surprise he was overcome with embarrassment. He said he felt that he was experiencing the guilt reactions of the guilty couple, identifying especially with the girl.

It was possible in this patient's case to recognize different forms in which the necessity to incorporate and have control over the parents could take, and to shew how the infantile sadism was bound up with the necessity to have control over the parents and their imagos, and in this way to take part in their sexual relationship. My patient had slept in his parents' room until the age of five years. The analysis shewed that the sexual wishes were not separate from the fulfilment of death wishes, and while it was clear that there was a strong libidinal attachment to the parents it was equally clear that the aggressive component had come to dominate the unconscious situation, and that the inhibitions and restrictions of the ego were bound up with the persistence of an unconscious sadistic aim which involved the destruction of the love objects or his own castration.

Klein's work on children has enlarged our knowledge of the infantile sadistic aims, which include the wish to eat, to burn, drown, or soil

- 163 -

with excreta and to penetrate destructively. The degree of aggression is partly proportionate to the helplessness of the ego.

The ego activities and functions which must be mobilized if the aims are burning, drowning, soiling with excreta or penetrating are to be realized were inhibited in these cases.

Mr. A. could not urinate or defæcate in any place where he might be seen or heard, and his fear of penetration was shewn by anxiety associated with intercourse and the symptom of *ejaculatio præcox*. He had not had satisfactory intercourse when he came for treatment.

In childhood there were phantasies acted out in which the boy aimed at obtaining control over his parents by urinating and defæcating and by eating the parent's fæces. These phantasies were not confined to infancy but were manifested at the age of four or five, and later in a setting appropriate to his age. For example, he flooded the garden with a hose pipe and walked about naked in it. At four he had an hallucination which he kept secret of seeing a man and woman kissing in a hedge where he and his brother used to urinate. The picture was in a flood of light.

Then he was given a magic lantern and was thrilled by the power it gave him to throw a picture anywhere he liked and move it about. In adult life he dared not use a camera partly because it had the unconscious significance of a sadistic magical penis which could devour and do what it liked with its victims.

Abundance of material shewed that sexuality was bound up with his sadistic phantasies concerning the parental sexual relationship and that the introjection of a sadistic primal scene and the experiences in the parents' room formed the core of his neurosis. The relationship between his parents was very bad, and separation took place when he was eleven years old.

He had been told many times by his mother that he nearly killed her at birth.

The infantile sadism aroused by jealousy and fear in connection with the parents' relationship is first discharged in excretory acts, urination and defæcation, and at the same time (as Melanie Klein has shewn) the parents' excreta and their excretory acts stand for their sexuality and are the objects of the child's sexual interest. In this situation the control of the parents become synonymous with the control of the sadistic id-impulses, which have been projected into parents, and internalized again when the parents are introjected.

The relationship to the introjected parents in my patient was such

- 164 -

that sometimes an identification with the mother and sometimes with the father dominated the picture, and it was easy to recognize which was prevailing.

He had entered the phallic phase and had partially regressed after puberty. The inability to establish adult genitality was due to regression to a fixation in the oral and anal phases, and the persistence of an unconscious primitive sexual aim, which involved the death of the love object or castration of himself. The weakness of ego development is one aspect of the weakness of genitality, and denotes interference with the libidinization, formation and integration of the body ego, especially of the penis imago. This brings about an exaggeration of the first mechanisms of defence which are employed, namely the projection and introjection mechanisms and an exaggerated dependence on the introjected objects, but no sustained identification with any.

It was possible in the case of Mr. A. to uncover a number of infantile situations which were concerned in causing the ego weakness and strengthened the dependence on the parents. I wish to mention these shortly because I think they demonstrate the kind of situation which helps to make infantile sadism unmanageable and therefore provoke neurotic defence mechanisms. The patient was bottle-fed, and there was no actual history of difficulty in feeding; if anything I should think his mother tried to overfeed him. He was circumcized at six months and nearly died of bronchitis shortly afterwards. He was rather fat and the doctor did not allow him to stand or walk until he was two years old. The fact was not remembered and was discovered in the analysis and confirmed by his mother, who said that he made the most distressing scenes and had to be tied down, and that he used to try to get up at night. The interference with the development of normal muscular activity, together with the circumcision and serious illness during the first year held up the integration and development of the body ego. Aggression is more easily discharged through the muscular system than in any other way, and the energy expended in learning to walk is probably greater than on any other function. The castration significance of the prohibition of this ego activity was stupendous and in my opinion played an overwhelming part in encouraging the relatively passive orientation which the defence by internalization shews, and increased the tendency to a feminine identification. The aggression normally discharged through the muscular system had to be focussed on excretory discharges which are also the main erotic outlet, hence the sadistic element of these

pregenital activities increased. An exaggerated fear of aggression, which represents the death instinct, is undoubtedly fostered by serious physical illness either of the child itself or of one of the parents. This situation was present in all the cases of fetishism which I have observed closely.

It has been recognized that libidinization of the penis imago is the basis of ego development, and at this phase it represents the ego. I think the erect position attained in standing in infancy and erection of the penis have comparable narcissistic values, and that castration fears are associated with a threat to either. The ego which cannot increase its strength by proving its own capacity actively is driven to reinforce itself by reliance on objects and continues to employ primitive methods of control, and is forced to submit to the parents and their internal representatives.

An attempt to deal with the helplessness is an adoption of magical means such as I have described in connection with Mr. A.'s eating activities and his use of the camera and magic-lantern. The presence of the fetish as a necessary accompaniment of sexuality after puberty is a further manifestation of the same phase of psychical development.

A study of what the fetish means to the fetishist reveals that it is possible to demonstrate that every component of the infantile sexual instinct has some connection with the fetish object, so that this object is associated with all the repressed infantile sexual experiences.

In the case of the mackintosh fetish the smell was connected with scopophilic and coprophilic interests and activities, and with oral sadistic and oral erotic desires demonstrated in memories of chewing rubber teats, and eating faeces, sucking bull's-eyes and in innumerable dreams and phantasies. The texture of the smooth or rough mackintosh was connected with the stimulation of skin erotism, dating from a memory of his nurse's lap and of the examination of a little girl's smooth white genitals.

A vivid memory from the third year of life when he was forced to wear mackintosh paddling drawers was connected with exhibitionism, viewing and fear of castration.

Sadistic and masochistic impulses were manifested in anal or urethral activities in which a mackintosh or rubber object always found a place.

The prominence of the sadistic component was undoubted, and the necessity to control this component could be regarded as the

factor which determined the distinctive mode of defence. The mackintosh is more obviously a protection than the shoe or corset.

The relationship of a man to his fetish is the same as his relationship to his internalized parents. Sometimes Mr. A. identified with the father, then he put on the mackintosh and would masturbate with a phantasy of intercourse with a woman.

At other times he put on the mackintosh and had a passive anal phantasy.

On other occasions the mackintosh must be present in the room when he masturbated. Sometimes he placed it over his genitals as if to protect them. He preferred a mackintosh which was stolen. In his relations with women he had no desire to penetrate if she had a mackintosh, and he regarded its presence as certain to produce the

symptom of *ejaculatio præcox*. The general explanation of this was that the fetish reanimates the pregenital substitutes for genital sexuality, and also provides special defences against the aggression of pregenital sexuality. The aggression of genital sexuality although in reality of much less significance than that of the anal and oral levels may take on the aggression associated with pregenital sexuality if genital masturbation is precociously developed, as it is likely to have been in this case owing to enforced passivity and the resulting limitation of external interests.

The mackintosh fetish itself stood for the father's penis or the woman's genital, nipple, body, anal tract, or the parents' fæces.

In other words, it was symbolic of part objects and also of a combined parent imago. These imagos, as we all know, have special significance in connection with the earliest phase of ego development before relationships to whole or real objects are firmly established. Klein has pointed out that the introjected part objects are identified with fæces, and this identification is brought out in the choice of the fetish.

The fetish therefore stands for part objects which have been eaten, and also preserved. The internalized objects may have the significance of pre-genital super-ego formations and as we all know can be feared or loved by the ego. In the latter case the ego seeks protection and support from the super-ego and it may be said that the super-ego and loved object are identical.

When this internalized object is projected into the fetish, the latter represents the loved object and the super-ego.

In the case of the mackintosh its defensive and protective function rests on its capacity to defend against sadistic attacks, especially those

- 167 -

connected with excretory activities. It is interesting to note that the mackintosh will allow the child to excrete, that is to say to have a libidinal pleasure without injuring other objects. In other words, the defensive function refers to the destructive impulse, while the stimulating function refers to the libido.

The fact that the mackintosh, the chosen substitute object, is an object which actually functions in childhood as a protection against the disasters of that period suggests a measure of development of the sense of reality not present perhaps in the choice of other fetishes. In common with other fetishes it is a real external object and as a substitute for a love object denotes an effort to find contact with an external object and externalize an internal conflict. In this connection I had the opportunity to observe a tendency to develop a mackintosh fetish during the analysis of an obsessional neurosis. This patient, a man of twenty-seven, professed complete ignorance of the sexual act and of the anatomy of the female genitals in animals and human beings. His actions and thoughts were dominated by compulsive mechanisms of all kinds. After some months' analysis his repressed interest in both male and female sexuality and the genitals began to appear, and with this he started to dream of mackintoshes. It was as if the mackintosh heralded his approach to sexual activity and the genital which is the organ through which activity is experienced. I think that the fetish defence denotes that libidinal development has attempted to pass the anal phases, and that the phallic phase is partially reached. Repression falls on experiences connected with the phallic and anal phases. Actually memories of seeing the female genital at an early age were retained in my cases, but the knowledge of menstruation in childhood was repressed, and the evidence suggested that it was linked with repressed material connected with excretory activities.

The identification of fæces and menstruation is commonly present. The prominence of oral mechanisms was due not only to an oral fixation but also to displacement from the genital and anal positions.

The attraction of the oral zone is due to the possibility of ego-syntonic activities and to the fact that ego development was partially fixated on an oral and early anal level, and had never satisfactorily passed the phase in which the helpless infantile ego is dependent on a good introjected object. The fetish representing as it does a combination of part objects, the combined parents represented by their fæces, and also in many situations the father's penis, stands for a good introjected object.

- 168 -

Any sexual potency which these patients could lay claim to depended on their unconscious belief in an introjected father's or brother's penis.

Actually from whatever point the problems connected with these cases are approached we are confronted with the weakness and dependence of the ego bound up with interference with genital potency, and I have been impressed by the importance of ego development in the first two years of life in this connection.

Klein's work on depressed states and their connection with an early phase of ego development is supported by the analysis of the psychical background of the individual who has the necessity for a fetish.

A real comprehension of the causes of this sexual anomaly can only be obtained by considering the fetish in its relation to the individual's whole psychical development and by taking into account the other morbid symptoms which are invariably present.

The relation of fetishism to a perversion and to neurosis is not a simple problem. Although fetishism is not actually classed as a perversion a study of the literature reveals a tendency to treat the two forms of abnormal sexual behaviour as if they had much in common. In my opinion the fetish saves the individual from a perverse form of sexuality. The component impulse which would prevail if not placed under special control is the sadistic impulse.

The fetishist has much more conscious anxiety and guilt than an individual with an established perversion, and in this respect resembles the psycho-neurotic.

The over-determination of the fetish both from the point of view of sexuality and ego defence can be compared to that of a neurotic symptom.

In common with phobia the mechanism of projection and displacement is used and a substitute object is selected, but there is a reversal of affect, as the object is to attract not to repel. The projection is for purposes of reassurance and to provide a good external object. It provides a reassurance that the sadistic wishes have not destroyed the objects.

The importance of the pregenital fixations is shewn by a recognition of the sublimations which are capable of replacing the fetish. In two patients it was literary work. One patient said repeatedly that he really loved books not the mackintosh. He collected books, and always wanted to defæcate when he entered a book-shop.

His literary work was inhibited when his sexual anomaly was

- 169 -

active, and when he came for treatment he was in danger of losing his power to produce books.

In an unpublished paper read to the British Psycho-analytical Society some time ago Ella Sharpe described the unconscious connections between a shoe fetish and the production of a picture.

The unconscious connection with artistic products is further evidence of the association of the fetish with the introjected imagos of the early phases of ego development. In conclusion it is abundantly shewn in this contribution that the psychology of the fetishist is dominated by castration fear, and I have traced this fear in these cases to infantile situations connected with unusual tension of the aggressive impulses inseparably bound up with sexuality.

- 170 -



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A Contribution to the Study of Fetishism¹

W. H. Gillespie 

The clinical material upon which this paper is based is derived from an analysis which was interrupted by the War. I had hoped to have collected more material and reached more definite conclusions, but there is nothing to be gained now by postponement. In view of the paucity of cases recorded in the analytical literature, publication of my incomplete findings seems justified.

It is not my intention to deal with the literature of fetishism. It is not very extensive on the analytical side; and on the non-analytical side, although extensive, it is not very illuminating. Freud has expressed his fundamental contributions to the subject with great lucidity, and there is no doubt to my mind that they provide us with the most important line of approach. But I feel sure that he did not mean to suggest that the last word had been said on the matter. Further additions of great value have in fact been made, notably by Sylvia Payne. I should like to thank her both for the help she gave me in the early stages of the analysis and for her very stimulating recent paper on the subject.²

It will be remembered that Dr. Payne laid special emphasis on the pregenital components determining fetishism, and on the importance of introjection-projection mechanisms. She said: 'In my opinion the fetish saves the individual from a perverse form of sexuality. The component impulse which would prevail if not placed under special control is the sadistic impulse' (p. 169). The aim, she said, is to kill the love object. Ample confirmation of these views is to be found in the analysis of my own case.

This brings me to what I conceive to be the crux of the problem of fetishism at the present time, and I want to present it in as lucid a manner as possible, at the risk of appearing elementary and obvious. The problem may be stated thus: Is fetishism primarily a product of castration anxiety, to be related almost exclusively to the phallic phase, and concerned to maintain the existence of a female penis;

1 Read before the British Psycho-Analytical Society, February 7, 1940.

2 S. M. Payne, 'Some Observations on the Ego Development of the Fetishist', this JOURNAL, Vol. XX, 1939.

- 401 -

or does the main dynamic force really come from more primitive levels, which undeniably contribute to give its ultimate form to the fetish?

Although Freud was the first to draw attention to the scopophilic and coprophilic components in fetishism he made it quite clear that he regarded it primarily as a method of dealing with castration anxiety and preserving a belief in the phallic mother. At the same time, he says, it saves the patient from the necessity of becoming homosexual, by endowing the woman with the character that makes her tolerable as a sexual object. He admitted that he was unable to say why the castration fear resulting from the sight of the female genital causes some to become homosexual, others fetishists, while the great majority overcome the experience. For the present, he says, we must be content to explain what occurs rather than what does not occur. But this lack of specificity in our aetiology is one of the problems of which we are becoming more and more conscious, and the time seems to have arrived when we must attempt to answer these more searching questions.

According to Freud's conception, then, the castration complex is the alpha and omega of fetishism. I think it would be fair to say that Sylvia Payne's paper, while by no means neglecting the importance of castration anxiety, tended to emphasize the mental mechanisms and psychic layers which the work of Melanie Klein and her followers has brought so much into the foreground of our discussions in recent years.

The fact that my own observations are based on one case only tends to invalidate any generalizations one might be tempted to make; for clearly it is difficult to be sure which facts are typical of fetishism and which are peculiar to the particular patient, and perhaps have little relation to fetishism as such. But as any one worker is unlikely to have the opportunity of analysing a large number of fetishists, it would seem that the only way we can tackle the problem is by a pooling of our experiences, and the tentative conclusions derived from the study of one case may therefore be of some value. Even though I am thus limited to one case, it will not be possible for me to give anything like a complete case history. The analysis was a fairly lengthy one, covering a period of nearly three years, and the material produced was at all times profuse; often indeed embarrassingly so.

I propose, therefore, after giving a brief general sketch of the case for purposes of orientation, to concentrate on one particular facet, corresponding approximately to one phase of the analysis. This facet is one which, so far as I know, has not hitherto received much attention from analysts. I refer to the patient's struggles and difficulties in

- 402 -

endeavouring to achieve a full genital potent relationship with a heterosexual love object. That is to say, I propose to examine the problem from the other end, as it were: instead of discussing what makes the patient a fetishist, to consider what kind of

difficulties stand in the way of his normal sexual development. It is clear that these difficulties will throw a great deal of light on the factors responsible for fetishism.

The patient, whom I shall call A., when he came to me near the end of 1936, was a young man on the eve of his twenty-first birthday. He had already had a period of some eighteen months analysis with Dr. Eder, towards whom he had developed a very emotional, superficially positive transference. The analysis had been undertaken at his parents' request on account of his masturbatory activities, which were of a fetishistic nature. It had been abruptly cut short by Dr. Eder's death in the spring of 1936. This event had at the time only a superficial effect; but by the time he came to me some eight months later, a very severe reaction taking the form of a hypochondriacal depression had developed, and it was on account of this condition that he was referred to me.

When A., the third and last child, was born in 1916, his father was serving in the War. Hence A. saw little of him until the age of three, and this fact played no small rôle in his psychological development. His parents were again separated when he was twelve; this time it was his mother who went away for a period of about a year to join his older brother in Canada. Such a separation of the parents seems to be a not uncommon finding in fetishism, though I must confess that I am not clear what is its exact ætiological rôle, if any. Younger than the brother, but several years older than A., there was a sister.

A. was fed exclusively on the bottle, a fact with which he was fond of reproaching his mother. According to his account, hers is much the more dominant personality of the two parents. She is a very dynamic woman, much interested in intellectual matters, and for this A. greatly admired her, though analysis revealed underneath this admiration a deep reproach for her lack of a more flesh and blood relationship with him—a relationship which would have been realized had she given him the breast. At the same time, she was vivid and active, virile and virulent, as he expressed it. The father, on the other hand, according to A.'s account, was much more passive and placid. In this way it was possible for A. to become very confused as to the differences

- 403 -

between the sexes. Typically, the thing was worked out on the mental rather than the bodily plane. This tendency to intellectualization is a very characteristic feature in my patient. On the one hand it depends on an identification with the mother and a taking over of her attitude; but much more important from the dynamic point of view, I think, is its value as a defence mechanism against bodily anxieties. In fact, I came to realize that his intellectualization plays a rôle similar to his fetishism in combating castration and related anxieties. Intellect is something which a woman can have equally with a man; so that if one concentrates on intellect one can deny the fateful anatomical difference. Similarly, by taking activity as the criterion of maleness, he could demonstrate to his own satisfaction that the female was more male than the male. Besides castration anxiety, however, another very important motive unconsciously underlying the production of this theory was the need to convince himself that the mother was strong enough to be safe against the danger of his own (and also his father's) sadistic attacks, so that she could survive them and still be there at the end of it all. Here again there is a very close connection with the fetish; if anything was established with certainty about this it was that the fetish serves to protect the loved object from the dangers inherent in the fetishist's sadistic love with its annihilating tendency.

I cannot enter into a detailed life history of this patient, but I must say a word about the development of his fetishism. Apart altogether from reconstructions, it seems first to have become recognizable in the form of a fascinated interest in schoolboys wearing O.T.C. uniforms, at the age of ten or eleven. This interest was felt to be an unhallowed and forbidden one, ostensibly on account of his mother's strongly pacifist views; and indeed he had had the same feeling at a much earlier age about playing with toy soldiers, an activity which was not forbidden but one nevertheless of which he felt his mother disapproved. A very interesting light was thrown on this when he had a dream about a house with a dark attic, like a lavatory, in which he and his brother found boxes containing amber stones, and later, rifles. They feared an attack by a little miniature man, who was a murderer. There were many other details and associations to this dream, but the point for my present purpose is that after I had interpreted 'attic' as 'attack' A. recalled that at the age of eight he remembered seeing an old uniform of his father's in an attic, and his mother saying: 'Take that horrid old uniform

- 404 -

away!' In view of her attachment to the uniformed father during the War, A. seems always to have felt that her attitude towards uniforms and military things was a hypocritical one. The uniform here obviously stands for the father, and it is interesting in connection with the coprophilic significance of the fetish that A. on several occasions likened his mother's attachment to his father to a woman who likes a scent which you can't bear; but she makes such a fuss about not having it that at last for the sake of peace you say: 'Have your beastly scent!'

Beginning about the age of twelve, there developed a great conflict over the possibility of A. himself joining the O.T.C. The conscious attitude was one of horror at the idea and fear that he would be forced to join; and this was rationalized on the basis of pacifism; but unconsciously the determining phantasies were not so much purely aggressive ones as homosexual-sadistic. Being made a soldier meant being made into a woman, paradoxical though it may sound; or perhaps more accurately, being made into a suitable object for the sadistic sexual attentions of the father. The utmost horror was produced when his father actually suggested that it might not be a bad thing for him to join. This found its expression in the transference during a period when he was continually under the compulsion to ask whether I had ever been in an O.T.C.

A. managed to avoid joining the O.T.C., but he compromised by joining the scouts. One day he dressed himself in his scout uniform and tied himself up, but he did not know what to do next; this was at the age of thirteen or fourteen. The idea of tying up had been anticipated at much earlier ages, when he had tied up dolls and also a dog, tying its legs to the legs of a step-ladder and thus stretching them apart.

An emission was consciously produced for the first time at the age of seventeen, when he dressed himself in a black mackintosh and chained himself to a wardrobe. The result was a surprise to him. This experiment led on to more and more complicated and sadistically designed ones, with the use of wires, tight gagging, tying himself up in a sack, etc. He was just beginning to play with the idea of hanging and complete annihilation at the time when he was sent to Dr. Eder for analysis. The further development of the fetishism consisted of various elaborations of similar themes—women, but also occasionally boys, in different varieties of uniform or mackintoshes, and latterly almost exclusively nurses in uniform. There was of course always a

phantasy of a sado-masochistic kind woven round these figures; most commonly of an older woman humiliating and punishing a younger one. During the course of his analysis with Dr. Eder he modified his technique by embodying his phantasies in drawings rather than carrying them out on his own person, though this also continued to some extent. This modification served several purposes—it made it possible for him to bring his masturbation into the analysis, as it were; it represented at a much more unconscious level an invitation to the analyst to treat him as the figures in the drawings were treated; and it also served the purpose of a further line of defence against the anxieties connected with his destructive phantasies—the fact that it was mere drawings that he was dealing with was a reassurance that it was neither his real parents nor himself that were being treated in this way.

When he came to me for treatment, A. was, as I have mentioned, in a very depressed and hypochondriacal state. This was closely connected with the death of Dr. Eder. The hypochondria proved very refractory and continued through a large part of the analysis. Time does not permit me to go into it in any detail, but I should like to make a few remarks about it.

While introjective phantasies were obvious and were interpreted from the outset, it became more and more clear that a very important function of the hypochondriacal complaints was their use as a sadistic weapon against the parents, whom in fact he often reduced to a state of despair verging on breakdown. He used it particularly to disturb them at night. This activity often took the form of demanding that his father should examine him and find something, for example a positive Babinski. Although this 'something' that had to be found was ostensibly of a bad nature, it was evidently not entirely so, and in fact he often used terms of rather ecstatic admiration about his symptoms. They represented both a penis and a baby. His abdominal pains were labour pains, while his two legs with their twitchings and inequality stood for the two parents in intercourse. I want to make it clear that I am not discounting the importance of the introjective mechanisms that were at work, which were very clear at times, as when he said that he felt his body was fragile, like china, and full of blocks of dead things. All I am suggesting is that in a case of hypochondria of this type, introjection is not the whole story, and that interpretation would be inadequate which left out of account the phantasies derived from the phallic level. I have felt for a long time that there are at

least two types of hypochondria, the hysterical and the psychotic. I should regard this case as belonging to the hysterical group.

I should have mentioned earlier that A. was a medical student and when he came to me was just beginning his clinical studies. He was therefore able to elaborate his hypochondriacal ideas with a great wealth of detail, while at the same time he was not embarrassed by too exact a knowledge of clinical and pathological facts. Thus, his ideas about inequality of his legs, to which I have referred, were related to the idea of disseminated sclerosis, to which he clung for a long period. A similar fear was that of secondary carcinoma. In both cases the notion of an infinite and increasing number of bad things disseminated inside was of importance, and this was connected with fears about robbing his mother's inside and the difficulty of putting everything back in order. These phantasies came out in a large number of dreams, which led up to the dream of

the attic. The principal object inside the mother towards which these attacks were directed turned out to be the father's penis, and the attacks were chiefly of an oral-sadistic kind. But I think it is a significant fact that it was just the penis against which they were directed. These phantasies were closely related to homosexual ones about sadistic attacks on his own inside by his father's penis, as in a dream about letting a man into the house, knowing the man was going to murder him. This theme appeared also in inverted form in the idea of a woman enticing a penis or a person inside with the object of destroying it there. At the same time he unconsciously regarded his own penis as a kind of breast, much sought after by women, whom he could nourish or frustrate at will, the latter being much the more exciting phantasy.

This combination of the phallic and the oral found a pretty expression in a hypochondriacal preoccupation with his tongue which A. developed later. This symptom was connected not only with phantasies about the hidden female penis but also with oral sadistic phantasies. There were also anal elements—the tongue was dirty. I have to admit, indeed, that the picture I have given so far is misleading in that I have failed to bring out the quite prominent anal and urethral features of the case. They were very obvious and I could say a great deal about them if space allowed; but rightly or wrongly I had the impression that they were of less fundamental importance, probably because they did not lend themselves so readily to assimilation with the rest of the material. Thus it is quite possible

- 407 -

that I have unduly neglected them; but if so it was not for want of seeing them, for they were manifest on the surface. In connection with the anal material, however, just as with the oral, a close association with phantasies from the phallic level was not far to seek, in as much as the *fæces* nearly always represented a baby and were connected with a passive homosexual attitude to the father.

All this anal, urethral, and oral material linked up in an intimate way with the mackintosh fetish, for the mackintosh served as a protection for the mother against such assaults. Not only so; it also seemed to stand for the period of milk feeding, the rubber of the mackintosh being a substitute for the rubber teat. The fetish may thus be regarded, in Freud's phrase, as a memorial not only to castration fear but also to the trauma of weaning.

I pass on now to the other main aspect of the case which I wish to discuss: that is, to the difficulties A. encountered in his efforts to achieve a normal genital relationship. These difficulties may be for convenience divided into two groups: first a series of abortive and relatively short-lived attachments, with which I shall deal quite briefly, and secondly a love affair which occupied the whole of the last year of the analysis, and which still continues.

There do not seem to have been any really early attachments to girls. Up to near the time when his first analysis started, he was occupied principally with what he called the prince and princess phantasy, in which the prince represented himself. The main theme of this phantasy was misunderstanding, resulting in a quarrel and the separation of the prince and princess. This was the climax of the phantasy, and the subsequent reconciliation was relatively devoid of affect. These phantasies started at the age of twelve, at a time when he had been left in a boarding school while his parents made a new home in London—an unhappy period which is associated in his mind with being

forced into unpleasant and uncomfortable clothes, such as an Eton jacket and collar; it left its mark on his masturbation phantasies.

A. translated this phantasy almost word for word into reality in the course of his first attachment, which began about the age of eighteen. He seems to have chosen his partner with almost uncanny skill, and she played her frigid part to perfection. There were constant misunderstandings and quarrels, and she would allow no caress or show of affection, even in words. This type of relationship afforded A. so much satisfaction that he continued it over a long period until

- 408 -

it reached the final conclusion of separation that was inherent in it. It is really inaccurate to say that it continued so long because of the satisfaction it afforded; it would be truer to say that he clung to this relationship because it gave him just the safeguards he needed; and one of the chief of these safeguards was just that he should not achieve satisfaction but on the contrary should be frustrated. This is a point to which I shall return later when discussing the last girl. I believe it may almost be described as the keynote of fetishism.

The next girl was semi-Asiatic, and the anal note was dominant. She did in the end come to mean to him merely fæces and he finally expelled her with real relish after having come into conflict with her father. He felt he had killed her by this expulsion, but so far from being troubled with guilt about this, his feeling was one of annoyance when she gave signs of further life.

There followed a fellow medical student, but this attachment never proceeded far. Its end was interesting. He began one hour by saying that he felt marvellously better. Someone had told him that a lady had been ringing for him. At once he thought it was this girl, was overcome with emotion and had a mass peristalsis, as he put it. He then described his latest masturbation. The picture consisted of a nurse in frock and collar but without apron, cuffs or belt; there was also a fully-dressed nurse and a sister with flowing cap. This phantasy arose out of his excitement in seeing a nurse dressing at a window. It turned out that actually she was undressing, and this was a big disappointment, for the real excitement was in seeing the uniform put on, and the full phantasy would have been of a woman in a beautiful evening dress or nightdress being metamorphosed into a nurse in uniform. Here again we get the theme of satisfaction dependent on frustration, or rather a sort of partial frustration, for while the nurse is not the mother, still in phantasy she is the mother in disguise.

A. then told me that a friend to whom he had confided his passion said: 'Oh yes, she's quite a nice girl, but she does have such a B.O.' All the other men agreed that the girl smelt. It was only then that A. realized that he had known it all along, but didn't mind. The realization that everyone thought this was a tremendous relief. It meant that a pretty girl could smell bad, that fæces could be good. I suggested that another factor in his feeling of relief was due to the consideration that no one would grudge him his girl or try to take her away—for the theme of having his love object taken away was always very strong and prominent in the transference, though in fact the result was

- 409 -

generally engineered by himself. The following day he remarked casually that he had lost interest in this girl—so that again the girl became fæces, and as soon as he was conscious of this it was all over.

It was only three days later that he began to talk of a nurse he was working with who attracted him. He felt he wanted her to be in ordinary clothes and that all the details of uniform, collar stud, etc., which so excited him in his phantasies, repelled and sickened him in her. At the same time, he was continually getting erections when with her, a thing that had never before happened to him by reason of a girl's company. He said that in addition to all the agony from his symptoms there was excitement as well and a feeling of new possibilities in life.

A few days later A. took this nurse, whom I shall call B., to the pictures. He was not to have come to analysis the next day, but he rang up and made a special appointment, because, as he said, he had had such an experience last night as never before. B. was very friendly and cuddly and put her head on his arm. She was so warm, it really got ridiculous and he wanted to laugh. He felt uneasy because her conduct was so unrestrained. In brief, he had managed to get a girl who was warm instead of cold, because she satisfied his ascetic requirements through being a nurse, who was literally constrained by her uniform as well as her discipline. At this time his mother was in hospital, and he felt that she must be got rid of by death in order for him to have B. Later, following a reassuring visit to his mother and the realization that she was not to be castrated or to die, he became depressed, feeling he had no love left for B., for he now felt he had the penis and no longer that she had something he had not. There was a constant recurrence of this anxiety lest he find B. empty and lose all love for her. What he liked most about her and what gave him most confidence was feeling that she was physically strong and so able to withstand his aggression; and on the other hand her warmth and responsiveness most roused his anxiety. He felt that if he was not thwarted and got all he wanted there would be nothing left. Here again we find this apotheosis of frustration which seems to me so characteristic of fetishism, and which brings it into such close relation to masochism. It results in many of the fetishist's aims being so to speak inverted, as I see it. For instance, his scopophilia is satisfied not by seeing the naked body, which repels him, but rather by the clothes which serve to conceal it and frustrate the primary impulse. For the pleasure in free bodily movement and the sadistic use of the

- 410 -

musculature there is substituted pleasure in bonds and tight lacing. Manual masturbation is taboo, in the sense that it seems not to occur to him as a possibility; on the contrary, the hands are generally tied. It is therefore no surprise to find that the straightforward genital relationship is also intolerable. It appears to him as something disgusting and dangerous. The underlying phantasies were undoubtedly numerous and complicated, and they aroused powerful resistances which made this perhaps the most difficult part of the analysis. I must content myself with saying that they related chiefly to castration and to incorporation, and more specifically to incorporation by the woman involving castration of the man. Anal features were so strongly interwoven that it appeared likely that an important feature of the operative phantasy consisted of anal incorporation.

Homosexual phantasies, often quite conscious, were always in evidence. One of his first dreams about B. was actually of this nature, representing her as taking the active rôle in anal intercourse with him and causing him to produce a dirty baby.

Another important aspect of his relation to her may be expressed by saying that it was an oral relation to the father's penis. This equation of B. with the penis came out in the most interesting way in connection with one of the masturbation drawings, which represented a cross with the figure of Christ on it. Another cross was marked on the ground, and B. was kneeling on this cross, tied up, and gazing at the crucifix. When A. gave me this drawing, the first thing I noticed was a remarkable hiatus in the figure of Christ, involving all that part in the vicinity of the genitals. The second point was that B.'s position on the other cross corresponded very closely to this gap, so that she appeared to represent a huge erect penis. The conscious idea was that B. was doing penance for having come to A. It appeared from the analysis of this drawing that the sexual object of the phantasy was not just the father's penis, but really the penis plus the mother, or the mother with the father's penis.

There were a number of phantasies of attacks on the interior of the mother's body with a view to finding the penis; and it was clear that these phantasies were motivated only partially by castration anxiety—another important factor was the phantasy of the penis as a source of food. At about this period, A. spontaneously underwent a period of abstinence from masturbation for the benefit of the analysis. This led to great excitement during several of the analytic sessions, excitement felt largely in the mouth, and combined with phantasies of

- 411 -

nurses in white, stiff, crackly uniform, and so on. The mackintosh was felt to be a protection against the dangers to the object inherent in these phantasies of oral aggression. Unless the woman was protected in this way, he felt unable to imagine a breast except for eating, a vagina except to be ripped open, a woman's neck except to strangle her.

There is another leading feature of this case which I have not sufficiently emphasized, and that is the strong tendency towards the mechanism of the turning of the impulse against the self. This was most conspicuous throughout. Thus, though A. always referred to his phantasies as sadistic ones, they were at least as obviously masochistic, since he was clearly identified with the victim. The same thing applies to the uniform or mackintosh: it is not merely a covering and protection for the sexual object, it also serves the same purpose for himself. Perhaps the climax of all these phantasies as regards intensity of feeling was one which he had in the analysis during the period of abstinence; essentially it represented himself as a child in a grown-up mackintosh being copulated with in the most marvellous way by his father. A further elaboration of this phantasy was that when in the mackintosh he is really inside his mother's body and is identified with her, and that in this way his father indirectly copulates with him.

He said that the mackintosh is like a wall surrounding a town so that you can't see out. This wall is rotten at its base. He associated to this the idea of a penis dropping off, and faeces. He then had a picture of the anus and genitals, all very dark and shadowy. I interpreted that the rottenness at the base of the wall referred to the possibility of seeing up from underneath—there was much confirmatory material pointing in this direction. A. confirmed this by observing that the mackintosh must be completely buttoned up so that no clothes are visible and it is possible to imagine the body naked underneath, and also by the excitement he obtains by putting on the mackintosh over his naked body. This aspect of the matter is closely in line with Freud's theory about foot fetishism.

As the affair with B. continued, A.'s anxieties relating to his oral and phallic aggression became more acute. He felt that kissing her meant eating her up and feared her excessive kissing. He had by this time become intensely attracted by the idea of the naked female body. He had what he described as terrible erections, but said he 'couldn't press the point'. At last he bought a condom, but was much relieved at B.'s refusal of intercourse. He tried to escape from the situation by excessive masturbation.

- 412 -

One of his deepest fears was of eating up and destroying his object in attempting to gain exclusive possession of it. There was also all along a strong reluctance to commit himself to any love object that was outside or separable from himself. The fetish helped him to avoid the dangers of being dependent on a woman—the danger first of the woman refusing, and secondly, of external forces taking her away. It appeared that the external force was not necessarily the father, but might be the mother herself, the 'woman' in this case being not the mother as a whole object, but her breast as a part-object. Owing to these fears, for him a goal attained was no satisfaction, but only the struggle for it; he said: 'It is like following the sun; you can never reach it, and if you did you would be burnt up.' For him, the *conditio sine qua non* for excitement was inaccessibility.

After some work on this material, A. made two or three abortive attempts at intercourse, but was unable to get or keep an erection at the appropriate moment, in spite of attempts to stimulate himself by phantasy. Once he said he didn't want to get inside B., and proceeded to bite his finger. This led him on to say that a woman in uniform results in masturbation and orgasm; a woman not in uniform has a quite different effect—she makes his mouth water, his teeth gnash, and he wants to eat her up.

Since the analysis was interrupted, his potency has steadily increased, though the old phantasies have not entirely disappeared.

It is impossible in the space at my disposal to give any more clinical material or to touch on the many other interesting sides of the case, and I must now try briefly to sum up the points which seem to me to emerge.

First, this case once again proves abundantly the over-determination of the fetish. I think it also demonstrates beyond doubt the far-reaching importance of castration anxiety in this connection. Ample confirmation is provided also for Dr. Payne's findings regarding the importance of sadism and of introjection-projection mechanisms.

Here, however, I should like to raise a point which has only to be mentioned to be obvious, and yet I feel it is sometimes neglected: the point namely that introjection need not be an essentially oral process, though I should imagine there must always be what one might describe as an oral flavour about it. Thus, I found again and again in this case that what appeared on the surface to be phantasies based on oral incorporative tendencies turned out to be on another level phantasies

- 413 -

regarding phallic penetration, impregnation, etc. This is all so obvious that I feel ashamed to point it out; but I am not sure that it always gets the attention it deserves. There is a tendency, I think, to feel that the oral aspect is 'deeper' and therefore more important, which means presumably more active dynamically in the particular state we

are dealing with; but this is surely by no means axiomatic. Although it is difficult to be sure of one's objectivity in judging such matters, I certainly gained the impression that the superficially obvious oral and anal features were often used as a disguise for more important underlying phallic anxieties; and yet I would not regard them as a mere disguise—I think they must have considerable significance in their own right. In other words, the fact that the disguise takes that particular form is by no means a matter of chance, but must be intimately connected with the nature of the phantasies that are being repressed and constitute in fact a kind of 'return of the repressed'.

That brings me to a second point which I feel is not only of theoretical but also of practical importance; I mean the problem of what factors are chiefly responsible for the occurrence of castration anxiety. Are we to regard it as the talion punishment for incestuous phallic wishes directed towards the mother, as Freud appears for the most part to do? It seemed clear to me, in this case at least, that one very important determinant is to be found in the oral aggressive impulses directed towards the father's penis incorporated in the mother. And yet it is castration anxiety that we are dealing with, not the trauma of weaning or something of that sort. If the oral and anal elements were the essential ones, it would be very difficult to account for the well-known clinical fact that fetishism is a phenomenon found almost exclusively in males.

I would stress the essential part played by masochism, and what I have referred to as the inversion of the sexual aim, for want of a better term. By this I mean that the aim of the component impulse seems to be frustration rather than satisfaction, and indeed a rather unsatisfactory kind of satisfaction is derived from frustration. Obviously this is closely related to masochism, if indeed it can be distinguished from it.

The homosexual element is also much in evidence in this case, which illustrates admirably Freud's statement that the patient is saved by his fetish from homosexuality, and it shows how narrow may be the margin.

Finally, reverting to the problem of phallic *versus* pregenital, I

- 414 -

should like to make the following suggestion with regard to the ætiology of fetishism. May it not be that what we have actually to deal with is neither the one thing nor the other, but a combination of the two? I do not simply mean that I want to have it both ways—what I am suggesting is a specific constellation, to use Dr. Glover's conception. I do feel that there are points about this case which give strong support to this view; in particular, the extraordinary compound (for it is much more than a mere mixture) of phallic, oral and anal aggressive and erotic phantasies.

To put it in another way, I would suggest that fetishism is the result of castration anxiety, but of a specific form of castration anxiety, a form produced by a strong admixture of certain oral and anal trends.

- 415 -



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Object-Relation Changes in the Analysis of a Fetishist¹

Dugmore Hunter 

Recent work on fetishism (**Payne 1939**), (**Gillespie 1940**) and (**1952**), (**Wulff 1946**) has sought to clarify the meaning of fetishism in terms of early object relations. In writing about the analysis of a fetishist I have chosen to focus on the changes in object relations which took place during the analysis and especially in its closing phases. I shall try to show something of the interplay of the analytic relationship, and how changes there produced movement towards a gradual reordering of the patient's inner world and of his attitudes to people. The emphasis will therefore be not on the fetishism as such but on the character disorder behind it. Indeed it is now my conviction that in all sexual per version what matters most is the turning away from the primary object, and that what most helped my patient to discard his fetish was not interpretations bearing directly on the fetish but work on his intense paranoid and depressive anxieties (the former open, the latter concealed). These anxieties had origin in his early relations with his mother, impeded relationships with women throughout life, and ultimately became the focal point of his analytic relationship with me.²

My patient came to analysis wishing to free himself from the anxieties surrounding his mackintosh fetishism and seeking help 'to live a normal life'. The work was brought to an end after five and a half years and approximately 900 sessions.

He came for treatment at the age of thirty-one, a schoolmaster, an only child, single, living alone with his parents. They came from Scottish artisan families. His father was a true craftsman and latterly manager of a workshop; but his mother, formerly a dressmaker, was socially ambitious and determined that her son should not 'work with his hands'. The patient was sent to a private day-school, from which he obtained a scholarship to a grammar school. To be top of the class was the key to maternal

approval. He worked hard and eventually obtained a university scholarship and a first-class honours degree.

But at thirty-one he was leading a very restricted life. All social relationships were a source of embarrassment to him. His work relationships as a teacher were tolerable only in so far as they were defined and controlled. Protected by the formalities of the 'teacher-pupil relationship' he could teach, but end-of-term parties were a nightmare to him. He was afraid of the headmaster but sought his approval. Colleagues were thought of, quite consciously, as dangerous rivals, while subordinates presented so acute a threat that he always tried to avoid having one. The arrival of a new trainee in his own department was always an occasion of crisis. His work embodied a delicate balance of neurotic satisfactions and neurotic anxieties; it was competent but rigid.

He had few friends, no general interests. He liked eating but felt guilty about it. He also enjoyed defaecating. Apart from these two pleasures, a satisfactory evening was one spent idly by the fire, grumbling inwardly. With his parents he lived in a bickering deadlock. His overt relation with his mother was one of mutual exploitation: he supported her against the father; she waited on him hand and foot. He was a vegetarian, a pacifist, and in war-time a conscientious objector.

There had been in his life perhaps half a dozen inhibited friendships with girls, pseudo-platonic and mutually frustrating. On the one occasion when, at twenty-four, these inhibitions appeared likely to be broken down, his parents interfered and he accepted their interference.

In appearance he was plump, open-faced

1 Awarded the Clinical Essay Prize of the Institute of Psycho-Analysis, London, for 1953.

2 I wish to tender grateful acknowledgements to Dr. Clifford Scott, who supervised the first three years of the analysis, and to Mrs. Klein, in whose seminars this case was most fruitfully discussed on several occasions. The later phases of the analysis were carried out independently, as was the writing of this paper.

- 302 -

almost cherubic; but his appearance was deceptive, since it concealed massive hostility and a troubled mental life. What it revealed was his wish to go on being the baby. Indeed, it soon emerged that he thought of himself as a little boy and resented the expectation of the external world that he should accept adult responsibilities. He would do so only for infantile reasons—to placate the grown-ups and win their approval. He consciously wanted them all, parents, headmaster, analyst, and strangers—to make a fuss of him and single him out for special commendation.

Though the infancy continuing in the present was manifest from the outset, accounts of his actual childhood emerged slowly. From time to time he would fish for information from his mother. She told him that he was conceived before they were ready for a child, in wartime, when they were very hard up; that he was breast-fed for eleven months and then weaned abruptly with bitter aloes. From that time on he rejected milk. He was said to have been a lazy feeder. Vague and frightening memories clustered round his circumcision at two and a half, advised on account of some difficulty in passing urine. As the first grandchild on either side of the family, he received much attention, and teasing, from grandparents, uncles, and aunts. In confirmation of his

memories his mother admitted having controlled him with threats—threats to go away and leave him, threats not to love him any more, threats to have another little boy who would be better than he was. He remembered scenes of this sort. They would end in panic, capitulation, and tears, leading to a superficial reconciliation, but always with a residual undercurrent of hostility on both sides.

The story she told him of her own childhood was an unhappy one, marred by harsh and troubled relationships with both her parents and considerable hostility towards the younger siblings whom she had to look after. Very bitterly she remembered being thrashed for dropping the baby—her only brother. Her courtship by the patient's father proceeded under the restrictive and threatening vigilance of two rigidly respectable working-class families. She married to get away from home and was doubtful about wanting children. Her marriage became a struggle for dominance which she finally won. In middle age she was volubly domineering, efficient and meticulous, prudish and house-proud. Neither husband nor son must set foot on her floors without changing into slippers. She fed them well and controlled them.

The father emerged as an irritable, taciturn, but long-suffering man, who only occasionally exploded; partly accepting his wife's depreciatory view of himself; disappointed, but secretly proud of his humble origins and manual skills; contemptuous of his wife's pretensions. He would consent to leave behind the old house in a row for a new one in a suburb, but he would not leave behind his Scottish accent, his delight in crude humour or his pungent turn of phrase. His own tyrannical father had been 'as proud as a dog with two cocks' and so, more secretly, was he. His defiance of his own strict mother, of his wife and of the world was epitomized in another of his phrases—'shouting shit up a short entry'. Womankind and genitality were defied with mouth and anus, and all his spare energy was devoted to his garden.

During his childhood the patient had sometimes turned to his father, in transient efforts to appease and seduce him at his own anal level. Thus, he recalled sharing a bed with father and maternal grandfather together, at age six or seven, amusing them both with competitive farts, and being told, 'Give us a whistle, kid!' when they reached for the chamber-pot. They laughed and joked, but his was precarious laughter. For their tolerance was felt to stop short of genital matters. Though his father took pride in never having 'put the fear of God into him', the patient was afraid of his big hands and big penis and wilted under mockery and castration threats against his own little 'winkie'. His fears of castration were acute.

Such were the parents whom he introjected and unconsciously brought to analysis. Another important person was Aunt Bella, his mother's next younger (and prettier) sister. She lived next door with her parents, until the patient was nine, and then came to live with his family. He remembered her as a teasing young woman who exploited her young men. In his earliest years the patient had slept between his parents. Then for some years he slept alone. Now, by mutual consent, he shared a bed with his aunt, until he was twelve. He liked her to touch and stroke him but was often rude to her when visitors came. On one occasion he had an emission while the whole family was sitting round the fire and Aunt Bella was casually stroking his bare knees.

- 303 -

It was her blue mackintosh which became his first fixed fetishistic object. He was then thirteen. Having to deny the erotic attraction she exerted, he took her mackintosh as a substitute. After what might be described as a period of courtship, he learned to

masturbate with it. But macs had attracted him long before this. He remembered as a small child being reproved by his mother for burying his face in a visitor's mackintosh. Later on he enjoyed having one put over his head in games with other children. Now, in adolescence, he began by burying his face in his aunt's. Sometimes he used to lick it, but that was unpleasant as it did not taste nice. The problem was how to show his feelings for it, how to express his worship. Smell was important, and so was touch; he liked the cool smoothness of its rubber lining. Sometimes he would stand naked inside it or lie naked with it over his body and head. A special excitement was added if he could obtain a feeling of suffocation. Later, other women's mackintoshes would do, if they came to hand easily, but there was always a prohibition on his mother's. When none was available he would masturbate with the memory of one seen during the day, and the fantasy, 'She's got me! I've got to yield.' To attract him, the outside must be smooth and shiny, self-coloured rather than patterned, and free from blemishes of any kind.

At different times, associations to mackintosh material led him back to the anaesthetic mask on the occasion of his circumcision; to his aunt's rubber apron; to his mother's sweaty smell, and the suffocating impact of the breast itself. This was one unconscious meaning of the word 'overwhelming', which he frequently applied to his mother. The mackintosh offered links with infantile ecstasy and with olfactory incorporation of the mother: 'The smell of a mac is so good it goes right down inside me, into my entrails.'

Sometimes what he did to the mackintosh was felt to defile it, and the garment could be seen to afford a protection to the real object. But the most prominent and persistent theme was contained in the following statement: 'The difference between a mackintosh and a woman is this—the mac has no power over me and can't hit back. Being inanimate, it can't withdraw its affection. ... It can't do anything to you, can't hit you or scold you or control you; instead it can be controlled.'

Having found his mother's love expensive to obtain, he developed techniques for doing without it. He conformed and he exploited. As the analysis got under way that conformity began to break down. He reported an incident in which he had suddenly challenged her. She had replied: 'Now don't start being rude to me, because I won't stand it: it may be all right with your father, because he's a bully by nature, but if you try it on me you'll soon regret losing the best friend you ever had.' He thought, 'This is what you've always done to me, but it doesn't work any more.' Resentment of the power which he felt women, and especially his mother, sought to exercise over him, filled session after session. His relationship with his mother was permeated by a feeling of injury which he termed 'the Grudge'.

As the analysis went on, he tried to give up both his passive attitudes and his fetishism. This brought him face to face with his terror of real women, whom he regarded as predatory and persecuting, and of their genitals, and of the babies which they might conceive, which would rob him of their affection, which he still needed desperately and exclusively like a very young child. At this stage the only satisfactory intercourse he could imagine for himself would be with the corpse of a woman he himself had murdered. That would be his revenge—his triumph in place of theirs. He imagined it with his mother. She would be dead, like a mackintosh, and so could not laugh at him or abandon him; the act would give her no pleasure (that was essential); he would use his penis like a sword to gouge her inside out; above all there would be no baby to rival and displace him. He hated babies and often imagined destroying them. He

would rage and shout as he spoke of these things and sometimes it seemed that only a fit would discharge the emotion he was trying to express.

From time to time the patient was appalled at the extent and intensity of his hostility now made manifest. Meanwhile, he tried to preserve me from involvement in his attacks, making me the repository of the good qualities denied in his mother and strongly resisting every interpretation of the hidden negative elements of the transference. There was, however, much testing out of my capacity to tolerate his badness. He did not intend to change because, 'Unless people are prepared to love me as I am, their love's not worth having, and they can go to hell for all I care.'

- 304 -

After two years of analysis the patient met a girl who proved, for reasons of her own, ready to love him as he was, even when he told her of his sexual difficulties. He found her sensitive and tolerant, 'a quiet girl with beautiful eyes and a soft voice'. Hilda seemed to him the opposite of his mother. She profited from his emerging guilt, becoming at times the good mother and at times the unborn sister, to whom reparation could be made. But he got more satisfaction from being loved than from loving. His love was infantile in character, and throughout their twelve months' courtship he still experienced, intermittently, upsurings of irrational hostility and hate. In mutual masturbation he was afraid of her genital, afraid of his semen coming near her. The changes wrought in her by sexual excitement repelled him; he could not bear her to become 'just like a wild thing'.

Throughout the third year of analysis much work was done on these and other related anxieties. In more ways than one, Hilda replaced the mackintosh, though macs remained attractive to him when she was absent. But his marriage, at the end of this time, was still premature and neurotic in character. I could not but feel profoundly uneasy about it. To the patient, as to his parents before him, marriage was partly an escape. The wedding ceremony would represent, as he said, 'a formal and legal break from my mother.' When they married on 1st April, he proved impotent. The 'April fools' included the patient, his wife, his parents and his analyst.

During the honeymoon, in desperation and misery, he bought a mackintosh for his wife, but even that made no difference: 'She had the effect of neutralizing it, just like my mother.' Everything was disappointing. 'Hilda undressing was just Aunt Bella undressing; getting into bed with her was just creeping into bed with Mum.' The only thing that helped was when they fought a little, 'like boys'. Then he was able to penetrate the hymen; but he feared to penetrate deeply and wanted to get out as soon as possible. Whether he refrained from these attempts or persisted, she became, on one level, more and more identified with the threatening aspects of his mother. On another, he resented the very opposite of this—her dependence and unphallic femininity.

In his imagination, what he wanted at this time (on his return from his honeymoon) was not the warm Hilda, but a cool, aloof woman, who would stimulate him without herself becoming excited, and say, as he lay on his back, 'I know that little boys like!' It became clear that this imaginary, phallic woman, who usually appeared in a mackintosh, represented Aunt Bella, and ultimately the apron-clad mother of his infancy attending to his toilet, amongst a mixture of interesting smells. In the background there was felt to be a father, who would not grudge him these infantile pleasures so long as he did not grow up.

It was some such safe retreat into infancy that he now increasingly sought in the analysis, which he wanted to go on for ever. I was to be this phallic mother who would caress, excite, and protect him. Alternatively, I was to be a seducing male, with whom he could find refuge in homosexuality. But these and other defences proved untenable. They could not save him from rapidly mounting persecutory anxiety. There followed a chaotic period of about three months, during which he fled from one position to another with great rapidity. It was difficult for me, with very limited skills, to follow and deal with the material quickly enough.

His fears of intercourse emerged in great profusion and at all levels. In genital terms: no drop of fluid from his penis must go anywhere near Hilda—it would produce a son who would inevitably destroy him. In phallic terms: he was afraid of his penis touching a baby inside and of what it might do to the baby. In anal terms: Hilda's inside was a horrible place—a mass of shit (a projection of his own 'rotteness' and a product of his own attacks). In oral terms: the vagina was a hungry mouth with teeth and would bite his penis off (a projection of his own biting impulses). But the more he avoided intercourse the more did his wife become identified with the feared, attacked genital-mother. He tried to use me, as father, to control her, in a revived infantile masturbation fantasy. He said, 'I wish you'd come home with me and fuck her, put your penis right through her and skewer her once and for all.' I said this was what he had wanted his father to do to his mother—then there would be no more babies and no more dangerous, threatening genital: it was for this, amongst other things, that he felt himself punished by his circumcision. When this control failed, he resorted to a more primitive one—an infantile outburst of screaming. His early inhibition of biting was now swept aside, and the impulse to strangle his wife was at times more than a fantasy.

Meanwhile he was talking of separation or

- 305 -

divorce and attacking me for not preventing the marriage, not giving him potency, and not being myself the ideal breast-mother. His attacks were similarly varied, but predominantly biting and castrating. 'You're only a bloody student anyway!' Then in a moment he would feel guilty and afraid. He complained of feeling that there was a vulture inside him, tearing everything to bits. I said this was the return of his own vulture impulses: the attacked mother and analyst were now in him.

After a dream of eating, he wanted to eat his wife's vulva, eat his way in and devour the imagined baby. That would be the best way of getting rid of it—chewing it up and converting it into shit. That was what he had wanted to do to his mother, he supposed—to eat his way into her—to eat off the good parts, the breasts, and get rid of the rest of her, the horrible part which went off and mucked about with his father. It had always seemed incongruous that anyone as horrible as his mother should have anything so attractive as breasts. (It would be difficult to imagine a more complete split between the breast-mother and the genital-mother.)

He controlled these impulses by eating enormously. 'When I get annoyed with the kids at school, the only thing that brings relief is a good meal—eating them I suppose—perhaps that's why I'm a vegetarian.' I tried to show him how all these bitten-up and eaten people had become the source of all the tormenting feelings inside—the mass of shit and the dead rats, which he referred to. He said, 'That's why I so hate to be constipated.'

In the same session he spoke of his semen: 'Sixteen million sperms per cubic centimetre, and every one malevolent.' No matter what precautions he took, one would get through to make his life a hell. Here was the quintessence of persecution. His sperms contained his impulses. He contained them and they threatened him. As Mrs. Klein would say, his sadistic and cannibalistic desires were expressed by his parts and by his products.

Clearly, there was here too a belief in a fabulous potency, enormously destructive. His impotence was, in part at least, self-disarming, for the protection of his objects. This was confirmed by his thoughts of self-emasulation, which he believed would make him gentle and give him a smooth skin: 'The bristling part of a man is the fierce, aggressive part'. Further confirmation came when this line of interpretation eventually proved effective.

In the autumn his fears were intensified by two events. A friend became neurotically ill, and the impulse to tell him of the clinic was checked by a fear that this man would come to me and so displace him. Secondly, inspectors of education were to visit his school and he felt a desperate need to win their total commendation: 'I've got to be the best, the admired one: anything else is intolerable.' He hated the people in the newspapers and even the authors studied by his pupils, because they got so much attention: 'Who's bloody Shakespeare, anyway?' His greed and envy were projected: everyone was out to rob him and triumph over him. The split and projection were uncovered. After a particularly intense persecutory outburst, I said that he was evading guilt and despair by putting into other people all his own hostile and robbing impulses, making himself the victim, and then using that situation to justify still further demands on everybody, and especially on me. All this was to fend off the fear of feeling utterly unlovable. It was because he felt so bad that the idea of any new patient coming to the clinic carried with it the certainty of total deprivation. This was the desperate fear aroused long ago by the thought of his mother's unborn babies.

He came to the next session wanting to vomit. I interpreted his wish to get rid of his hate and of 'the Grudge'. He made further attempts to justify it—people were hostile and excluded him: that was what made analysis so satisfactory—analysis excluded all the others. I interpreted his wish to repeat endlessly with me the almost exclusive relation he had once had with his mother; his unwillingness ever to relinquish analysis contained all his reluctance to share her. He said, 'The trouble is I've nothing to share, nothing to give except badness. I have to admit I went home quite humbled last night.' I said this was a tremendous admission. He said he could admit things to himself at times, but not to me. I said this was because he unconsciously thought of me as hostile, and again interpreted the projection. He said, 'Damn you for making me feel sad! It's so much easier to feel angry.' I said that was always his solution, to replace sadness by anger. He said, 'It's the only one I know, and it's safe.' I pointed out his denial of the cost: anger was wholly destructive; with sadness there was some possibility of putting things right.

This session seemed to be a turning point in the analysis. Soon he had new thoughts about having a son. Part of him would like to, and

- 306 -

sometimes he could believe it would be safe to do so. He became able to let people hold opposing views without feeling threatened and hostile; he could allow them to be themselves. He felt more comfortable in not feeling full of hate. I said the comfort came partly from relief at not having to fear and guard against retaliation; being no longer

afraid he felt less need to control. He said, 'Simply not to hurt anyone seems the important thing just now: not to hurt you or Hilda.' His relationship with her began to soften. 'I used to make infinite demands on people, to see how much I could get out of them; but when I know they like me it ceases to be fun.' I related this to his demands on me and to the end of the analysis: it meant that he could begin to think of it as a completion and not as a rejection. He said, 'I've come over, I'm on your side; but I don't feel happy about it, just empty. I want to go away and weep.' I asked why he could not weep here. He answered, 'Fear you would laugh, I suppose.' I said that he still saw me as a potentially hostile, mocking person. The retreat to persecution could take place in a second.

This was but the beginning of a long to-and-fro struggle on this theme, which dominated the remaining 2¼ years of the analysis. He slipped back many times and presented many difficulties, but he never again became so severely ill as he had been in the months which followed his marriage.

One night, after moving into a new flat, he found himself singing to his wife in bed. After many songs he came to a lullaby which he suddenly recognized as one sung to him as a child by his father. He wept profusely and could feel that his father had loved him and that he had loved his father. These were adult tears and meant a coming to life of feeling for another person, with mourning for loss and grief for injury done. At the same time he had become able to identify with the father and love the baby, whom his wife for the moment represented.

This led to the theme of depriving his parents of children and me of other patients and other patients of me. The proposal to reduce from five sessions to four aroused deep resentment, and for the first time the idea that the analysis might end became real to the patient. The analyst became more directly the depriving mother: 'You've become bad—this is bitter aloes.' He sought for substitute satisfactions: he might take a Ph.D. and have a professor to supervise him; or he might cultivate some hobby—'People are worthless but things can't let you down.' He recognized that this was the fetish reaction over again. He thought I had been careful to wait till he had lost his interest in mackintoshes, but he could revive it.

Depression emerged spontaneously now. A moth on a coat was himself eating me. He feared that he was making Hilda old: either his semen had poisoned her or he had not given her enough. The dilemma between starving and poisoning was related back to the analysis. he began to look forward to a perfect intercourse with his wife in which they would have simultaneous orgasms and deliberately conceive a baby. Then it could be good. Intercourse did indeed become physically more successful about a year after their marriage, but there was guilt about hostile fantasies, in which he thought of himself as a torturing machine. Orgasm was meant to be the death of Hilda and he felt almost humiliated when she liked it, but he also felt relieved.

There was an oscillation between splitting and unifying his objects. Fantasies of promiscuity emerged for the first time and were symbolized in blushing whenever another woman's name was mentioned in the presence of his wife. Tormenting Hilda in this way meant punishing his mother for going off with father. He was aware of rapidly alternating attitudes: one minute he would want to copulate with the woman and kill her; the next he would want to be the little boy, 'getting something from the woman on the side' (i.e. from the breast) while she got what she wanted from some more powerful man.

The most difficult feature of the last two years of the analysis was an attempt by the patient to organize a permanent *status quo*, centred on the analysis, which he tried to

turn into a symbolic gratification of all his infantile needs and wishes. He thought, 'I could lie here for ever'. I said he was announcing his intention to keep and control me for ever and not let the analysis affect him. He said that to modify his behaviour in the slightest degree meant giving way to his mother; yet behind all his hatred of women there was a wish to love them very much. I interpreted the violent greed of that love, and its vicissitudes, in detail, and the intensity of his need to control and dominate those he loved, absolutely. He said, 'I suppose my mother's love for me was like that.' The analytic relationship at this time showed many of the

- 307 -

features described so sensitively by Mrs. Riviere in her paper, 'On the Negative Therapeutic Reaction'. Thus, progress would be concealed, as when he casually mentioned eating meat weeks after the change had taken place. Successful intercourse was concealed, or even avoided, lest I should send him away as cured or as too dangerous a rival. What he most feared was the destructive and devouring quality of his love. Analysis must be resisted lest it lead him to rape and murder. It was safer to remain a child.

When I was going on holiday, early in the fifth year, he killed me off in his thoughts and then complained of feeling empty. I said that this was the penalty of all this killing off: he was left with nothing good inside. He said, 'That's why I'm never able to go back to old places and old people—they're too much like ghosts.' All his objects were dead, and the task of restoring them would be beyond his powers. The education inspectors reported that his contribution was outstanding, but to the patient this was a mockery: they did not know what was going on inside. It was my 'inspection' and his own that mattered to him now.

By the end of the year he was able to have intercourse which was violent but loving and free from sadistic fantasies; for the first time he could describe it as 'really satisfying' to both of them. He was able to discard contraception, really wanting a child. I am baffled by the task of describing briefly how these changes took place. Obviously they involved a re-evaluation of his wife, whose sexuality became more acceptable, a reevaluation of his penis and semen and of his own capacity to give, a recognition that love could be violent without being destructive, and a reduction of his fear of rival babies. Hitherto, breasts had been the only source of anything good, infinitely tantalizing and always withheld from him. Only breasts were attractive, not vaginas; without breasts he had nothing to give; his penis was not good, it was only a weapon of attack. Now his tremendous envy of all feminine parts and reproductive function became fully conscious. But not less important than the work specific to these themes was the continued work on his paranoid defence. It was this that enabled him, I think, to make a beginning of loving. The patient felt, and said, that change would involve intolerable risks—risks of liking people instead of hating them. Then he would want them and not be able to have them, and then he would have to find new reasons for hating them. I said that 'wanting' here meant wanting exclusively, at once, all the time, without limit; and sooner than give up anyone he wanted he would destroy them. He confirmed this, saying that he could not go to a certain social function because the people there might be nicer than he expected; their niceness would disarm him and then he would want them, especially if they became interested in him. Perhaps my wife and I would be there. He heard a plane outside and imagined it dropping a bomb on him. I interpreted his fear of attracting my wife to become exclusively interested in him, and incurring a terrible bombing revenge from me; that was what he had wanted of his

mother and feared from his father; hence the defence of hating (not wanting) his mother; hence also the flight to the mackintosh and the denial of genitality in trying to remain a little boy. Soon after this he was able to appreciate the essential niceness of an attractive girl, and like her, to realize that he could not have her, and feel sad about it. He was able to like and relinquish. The ability to have a good and loving intercourse with his wife was an immediate sequel.

One month later, he announced, 'We're probably going to have a baby.' There was pride and satisfaction in this, but the prospect reactivated old anxieties, especially the fear that I would end the analysis. He tried to cancel out all improvement and spoke of staying in analysis for the rest of his life. But he had more insight now. He said, 'The trouble is my basic unwillingness to give anybody anything; I don't want to give you a got-better patient; really I'm just one big mouth.' I said he wanted me to love and feed him endlessly, in spite of everything, in order to reassure him that he was not bad and that I did not turn to others because he was bad, and in order to relieve his emptiness within.

For a time Hilda became his mother to whom he had given a baby; father would come after him and in 'the battle of penises' he would not stand a chance; father's would slash his off right away; father would kill him with his penis, like a burglar pinned to the wall. To forestall this he wanted to get my penis which would be even stronger. His derogatory attacks upon women had been in part designed to this end—to turn me away from women, so that I would give him the wonderful penis.

He feared that at Easter I would tell him not

- 308 -

to come any more: I must be thinking 'It's not safe to cure him completely—he would be too dangerous.' Part of him was equating cure with freedom from all restraint. His appetite for sexual intercourse might become insatiable. Then he thought of an attractive woman in a mac, tall and sleek and dominating: it was as if she not only had a penis but was a penis—so powerful and erect. Women were so cocksure because they had the men's cocks safe inside them and were certain of being able to overcome his. It was as if both his parents were bearing down on him and saying, 'It's got to come off.' But part of him welcomed castration as something exquisitely exciting—being subdued. He felt that having his penis played with was a form of castration; so was playing with a mac and getting under it; a woman's mac was like a penis which came into him by way of its smell. Among other interpretations on this material, I said that passivity was the price of safety: he saw me as ruthless because he felt ruthless in his intense wish to overpower and castrate the dominating father, headmaster, analyst. He confirmed this, saying that he wanted to be the 'big shot', the one with the all-powerful penis.

More material emerged now about the positive and protective side of his retreat from potency, which had hitherto meant being ruthless, not caring, riding roughshod over everybody. At the same time, the patient began to talk spontaneously about the end of the analysis. He wanted to spend his money on other things. But if he made the slightest move to end it he would fear pursuit by a hostile and jealous analyst-mother. That was why he tended to keep his relation to Hilda bad except during the holidays—to fend off jealousy from me. When this had been worked through he spoke of a wish to get better before the child came: he could not have a baby and be a baby. He felt that an end was possible now because the analysis need not end in hate.

He commented on his 'grizzly' behaviour here in the analysis, day after day. Then he mentioned some changes in himself and added, 'But you don't change.' I interpreted the meaning of his 'grizzly' behaviour—to force me to change, to abandon everyone else and come over exclusively to him. He responded, 'Yes, to get you on my side against the rest of the world.' I said, 'Thereby justifying all your attitudes.' After a pause he said, 'I am getting better but I do resent it.' I said, 'Because from the very start analysis was for you a struggle over who should change, a defence of prepared positions and a determination not to feel in the wrong'. His grumbling was also described as filling me with slow poison, i.e. getting rid of his hate by putting it into me—returning the bitter aloes. Later it became clear that not coming to me with complaints would also mean dropping the role of inadequacy with which he protected himself from others' aggression and them from his.

In March I proposed that the analysis should be reduced to three sessions in April and end in December. His first response was, 'Then I shall never be the wonderful fellow I hoped you would make me!' I pointed out the expectation of a magical transformation. This and the wish to keep the analysis going indefinitely had been great obstacles to progress. Then he wondered whether he would go away feeling warmly towards me or hating me. There was a great wish not to hate me, even if that meant changing his attitudes to everyone. He felt I was sending him away as a failure, but added that perhaps that was what he had wanted to be: it was one way of proving himself stronger. He had a sudden hostile thought 'I'll show him', but recognized at once that that would not really be change. I said he was recognizing that precarious achievement based on hate was not satisfying. He observed that till Christmas was about nine months—time for a new self to be born. In a way he felt freer, now that he knew the analysis was going to end. I said perhaps he felt that so long as I appeared to let him be a baby I was also tempting him to be one. He said, 'I often felt my mother didn't really want me to grow up.' At the end of the session he was near to tears: tears of sorrow for parting, with recognition of having received a lot.

In succeeding sessions, the patient sought to grapple with the pain of sadness and with the task of reparation. He said, 'There's no alternative to hating except to be sorry, and that's very disturbing.' He felt sorry for having mentally chewed me up all the time and wanted to restore me. Later came the fear that I had chewed him up every time he chewed up me; that his parents had done so whenever they nagged him; that he had forced us to do this by his attacks, and that it would be useless his trying to put us together unless we all put him together too, inside us. This was a complex and over-determined thought. I took it

- 309 -

as a recognition that in destroying his objects he had destroyed himself. It was also a cry for help. He felt 'rotten' inside and could not offer this rottenness to anyone. Hitherto he had kept his damaged internal objects at bay by projecting. Now that he could do so no longer he became hypochondriacal: his varicose veins were a punishment for all the bad he had done—a product of 'bad blood' between himself and others.

He saw that he had never allowed his parents to belong to each other and that they had undoubtedly been happier since he left them. There came the terrible realization that people had not existed for him except when he wanted them; he had never allowed them any independent lives, had abolished them as soon as they ceased to be of immediate use to him; he had never taken pleasure in their living. That meant he had never really loved anyone.

The patient feared that if he allowed his sadness to come out it would be so overwhelming as to be quite unbearable; if he allowed himself to think that people were nice he would be overcome with remorse. I pointed out that he was still keeping these feelings at a distance—it was all hypothetical. He acknowledged a terror of depression. I said that this was what he had been avoiding for the past five years, but the cost was paid in hate and the fear of retaliation, in frustrated inertia, and in physical symptoms, the products of internal attacks.

He came the next day with a carbuncle and hay fever. He saw in the carbuncle the badness he was trying to get rid of and in the hay fever the tears he could not shed. He thought of a sea of blood—as if his tears would have to equal all the blood shed in his thoughts before he could recover. Then he wanted to be forgiven by me for his open and secret attacks. But he could not quite feel the same towards his mother. I said that he was tied to his mother not only by his love but also by his hate, which necessitated endless placation; it was the same with the analysis—he had to go on seeing me to make sure I was not offended or injured and therefore dangerous—to make sure I was not plotting revenge against him. The patient acknowledged himself shaken by the recognition of how fantastic this was, and by the feeling that he was much worse than he had ever realized. 'I've kidded myself I was a decent chap, but really I've spent my life taking quite nice people and making them nasty.' He had allowed his hate to cancel all the good they did. But hating no longer staved off depression: he was mildly depressed all the time.

He became able to sustain and tolerate his sadness and at the same time became more aware of me as a person. He discovered, with surprise, that sadness was incompatible with embarrassment: that since he became sad all his embarrassments had disappeared. I said this was because sadness was the negation of the hostility which his embarrassment contained. Slowly emerging from his paranoid world, he realized that feeling sorry towards people relieved him of any need to fear them, and that his wife, whom he had first idealized and then made into a bad mother, was, on the whole, quite a lovable person. He acquired a garden and was amazed that things grew in it: 'I feel I don't deserve it—all these peas and things being as it were given to me, just as in the analysis, while I can't give, or at least not enough.' But intercourse with his wife was reported to be the best ever.

He found a new pleasure in singing, especially at school. It aroused friendly feelings and reminded him of his father singing while his mother played the piano. His analyst was allowed to have a good and helpful wife; good and helpful parents were allowed to be together. In consequence of this, he was able to have the feeling, for the first time, that here in the analysis we were really working together. He felt and expressed genuine grief for his objects. At the end of the summer term he said he could now see that pain was something to be accepted. Deaths and partings were inevitable, but there would always be people. There was here an indication of a new willingness to accept substitutes. Moreover, he now wanted to get from me certain qualities which he felt I had, without destroying me. That meant being equal instead of being hostile.

During the summer holiday his son was born. His feelings toward the child were predominantly tolerant and protective. He liked to watch him feeding at the breast and felt that he could now relinquish his own demand for the breast and for analysis. In a slip of the tongue he referred to 'sweet aloes'. I interpreted the relief he felt in being weaned by me. He could let his tears come now because I was no longer an enemy. He said, 'I used to hate your guts: I hope your guts are all right.'

Meanwhile, the mackintosh had not been forgotten. A great deal of work had been done on its relations to the penis and breast, to the female genital and to his lost foreskin; but that is too complex to quote here. The function of mackintoshes in his sex life was now a vestigial one only: most of the time he would no longer notice them, but in situations of marked deprivation he would get a transient satisfaction from looking at them, passing in the street, undisturbed by guilt or by any impulse to follow them.

One day in October he told me of a dream in which he was having an erection but his penis was held down by his own pubic hairs. In the waiting-room he noticed a 'cocky' young man and thought, 'I've really come here to find my penis; perhaps others come to lose a bit.' On the way he had seen a woman in a mackintosh which from a distance looked particularly smooth and shiny, but when she drew nearer he saw lines in it. It was as if it represented a penis and instead of being very erect it was flaccid. He felt himself deflated. I commented on his secret admiration of the erect penis as something seldom admitted to in the analysis. He confirmed that he secretly admired his own, but thought of it as something not really part of him, semi-independent, over which he had only a limited control—an aggressive ruthless thing—there was no knowwhat it might not do if given the chance—going around fucking women and knocking people about generally. There was a part of himself which would still prefer to look at macs. I interpreted the projection of his own erect penis into the tall erect woman in the smooth and shining mac and the defence it served—not merely against the threat of having it cut off but also against fear of the damage it might do: he wanted to protect the people he loved from these forces in himself which he felt to be so enormously potent and destructive. Further material led to the interpretation that he could not allow himself a better sexuality than he felt his parents had had, and hence could seldom allow himself any success which would surpass his father's. He confirmed this, saying that he took care to avoid finding out whether or not he earned more than his father. This was interpreted as a defence against overwhelming greed, which had wanted to rob his parents of everything they had. The patient then recognized effectively for the first time that being potent had always meant stealing his father's penis, or later his analyst's. The erect penis had to be placed outside because it was stolen.

In this weaning phase of the analysis the patient took on various new activities and found a new capacity to cope with work and people. His relations with his headmaster, colleagues, and pupils became easier and more human: he could even make the children laugh while the Head was in the room. In teaching he could give more freely, and was surprised at the children's capacity to digest what he gave them. Though he spoke of looking for a better job, he added that he would not be ready for that until he had contributed all he could to this one. Colleagues had long been urging him to apply for headships, and now at last he could begin to think of doing so without feeling apologetic about it. I said he was telling me he could move towards equality without feeling threatened—a reflection of his changing attitude to me. He said, 'I want to try myself out and see how far I can go.' All this seemed to me to represent a genuine achievement of potency. He could now feel secure in the use of his penis. It was no longer stolen.

The closing sessions centred upon what Freud has described as one of the strongest transference resistances, namely, the patient's reluctance to feel indebted to his analyst. But in this case the principal conflict echoed was the conflict with the mother. With her,

defiance was the only independence he had known. He had been trying all his life to prove that she had not 'made a good job of him', and to have her 'taking credit' for his male achievements would re-establish her control. Now he was reluctant to give me, as he said, a feather in my cap. He reverted to his grumbling and for some days made me uneasy about the outcome.

The final change came with the discovery that I was prepared to accept failure in the analysis, if need be, and not become hostile. This disarmed him. In the last hour he said, 'You are a human being and I've grown fond of you. I kept up my hostile attitude almost to the end, but now I feel I shan't any more.' He felt sorry because it had been hard on me, and wondered if my next patient would be as obdurate. He said, 'I never really thought you could deal with me, except by making the analysis permanent.'

He could now accept and express the pain of parting. Hitherto he had feared, as in childhood,

- 311 -

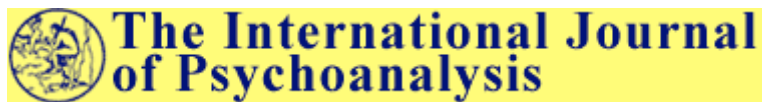
that his sadness would not be accepted, that his sorrow would be used by me as an occasion for triumph. Now he knew there would be no triumph, because he himself had given up his wish to triumph over me. He could make full acknowledgements, deeply felt, of what he had received from analysis.

The patient had relinquished his grudge. He said, 'Now I can feel tenderness, even these aloof women become human; and if I can sustain this tender feeling, what remains of the mac will go.' At home he was manifestly accepting the responsibilities of husband and father. In work, he said, he would now feel free to go all out for his goals. Competing no longer meant hating, because failure would not bring despair.

I am keenly aware of the limitations of this analysis: almost every page of the notes reveals some failure of understanding or opportunity missed. Yet in the later sessions I think one can hear the patient speaking with a different voice. The criteria for termination discussed in this Society by John Rickman and Melanie Klein, among others, have not, perhaps, gone wholly unfulfilled.

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Re-Evaluation of the Process of Working Through¹

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The process of *working through* has held positions of varying importance and significance in the development of psycho-analytic therapy. Just at present one hears it referred to relatively little, and as a specific principle in technique it does not attract very much attention. Indeed, students rarely use the term, and sometimes seem uncertain as to its meaning. This may be due in part to the fact that the process of *working through* is now largely subsumed in other technical procedures. But there may also be some lessening in emphasis on its value. There are certain cases, however, and some situations in many cases in which a sound and thorough working through is essential for a sustained therapeutic result. A consideration of these is the topic for discussion at present.

In the early days of psycho-analytic treatment, when it was still within nodding distance of hypnotic therapy, the aims of therapy were especially the recovery of infantile traumatic memories and their abreaction through repetition, first in the hypnotic, subsequently in the psycho-analytic relationship. It was observed that the specific reliving of the disturbing experience relieved the associated conflict-bound emotional tension more than educative discussions concerning disturbed feelings could possibly do. Certainly in the re-living, the patient may more nearly admit the full emotional resonance to consciousness, whereas in discussions dealing with the disturbance in general or in incompletely specific terms, some degree of defensive distance may be maintained. In these early days, neurotic disturbances were thought to be due largely to actual experiences producing disturbing traumatic effects. In this

setting, then, *working through* seemed to have two functions: first, it was a progressive and repetitive overcoming of resistances, which uncovered the repressed instinctual demands and showed their power to the patient; and second, it was a *working to* the supposed traumatic memories which were considered the nuclei of the neurosis. In his 1914 paper on Technique, Freud warned of its necessity and its arduousness (7).

With the realization that many of the events described by the early patients were not actual happenings at all, but consisted rather of strong and insistent fantasies, growing out of developmental conflicts, more intense but otherwise not generally different from the ubiquitous neurotic pressures of early childhood, the emphasis on actual events was eliminated and the theory of traumatic etiology was discarded. There then grew up a greater emphasis on the nature of the fantasies associated with the different stages of infantile development, with a consideration of conditions which influenced the special forms and intensities of such fantasies, and on investigations of their sequelae. In this setting, then, the deduction was drawn that it was not the event but the fantasy that was of primary importance. Stated with a little different emphasis, this was put in the practical form: that it makes little or no difference whether an event has actually happened or has been fantasied and believed by the patient to have happened: it is the subjective experience that is of etiological significance. This belief is still held by many therapists, who make little distinction between the fantasied event and that actually experienced. This problem will be discussed presently.

At present, however, it is desirable to point out different combinations of subjective and objective experience which may occur. The typical fantasies of the infantile years, arising from the genetic stages of development, do not

1 Adapted from a paper read at the Symposium 'The Theory of Technique' held at the Centenary Scientific Meetings of the British Psycho-Analytical Society on 5 May, 1956.

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- 439 -

appear in the genetic form alone. Certainly this is usually recognizable, but it is subject to infinite unique variations producing combinations of the products of the basic genetic drives with special individual conditions in reality which mould or transform the fantasies even at their source. Such reality conditions modifying the form of generic fantasies are seen, for example, in the effect of the loss of one or other parent in infancy, and especially the time and situation in which such a traumatic happening occurs: the timing of the birth of siblings: the sex of siblings, etc. We take such events for granted in their reality, and see their effect on the evolution of the infantile theories and wishes. Further we know, but often forget, that specific 'fantasies' which persist until adult life are rarely *only* 'typical' fantasies, common to all infantile development, but rather those typical ones which have been given a special strength, form, and pressure for repetition through having been confirmed by external events. These reality confirmations may have been incipiently instigated by the child or more rarely have been almost purely coincidental—in that sense, accidents which affected the child little or much according to how well they fitted in with, substantiated, or elaborated and extended the fantasies which were emerging in any case. It should be realized that the unique *specific* (in

contrast to the generic) elaborations of infantile memories are for the most part assembled from realities—either in small pieces, taken magpie-like from a number of different impinging related actual experiences and woven into the fantasy; or determined largely from a single (or very few) actual events of life. They represent in either case some combination of the infantile wishes with the reactions of other people in the outer world. If the reinforcement has been much influenced by a single disturbing experience, verifying the infantile fantasy and making it powerfully real, the organizing effect of such an event is very great and the fantasy behind it gains much force. This predisposes to later repetition in acting out.

It was early recognized that if the infantile memories were recovered too quickly, or were *acted out* in the transference and not adequately interpreted, the abreaction at the time might be appreciable, but had no lasting effect. In such instances, the working through had not seemed necessary for the recovery of the memory, but now became essential to sustain any therapeutic effect—not to diminish the resistance and *reach* the memory (3), but to demonstrate again and again to the patient the working of instinctual trends in various situations in life (2). In other words, the defensive conflict remained somewhat structured unless worked with repetitively and in connexion with its effect in various situations, and was not relieved by the momentary abreaction of the central situation (5), (6).

This aspect of *working through* was stressed as essentially of an educative value and was likened to the work of mourning in the gradual and progressive detachment of the individual libido from the organized tensions and aims which permeated the later life.3(1), (10). Fundamental and valuable as this conception was, it possibly became one nucleus in the tendency away from recognizing the importance of the infantile years—and furnished an ingredient for what was to appear more as a *working out*, with repetitive scrutiny of multiple current situations and reactions. Finally it led over to the emergence of the conception (in certain diluted or revised forms of psycho-analysis) of the *corrective experience*. This might occur in the transference and be considered to require there the active participation of analyst and analysand; or, propelled by the encouragement of the basic transference relationship, the patient might be encouraged specifically to undertake new, different, and presumably more favourable experiences in actual life. It is not my purpose here to enter directly into the question of the therapeutic effectiveness of such procedures, but rather to emphasize their tendency to draw therapy more and more into a manipulative and role-playing participation of the analyst and gradually to divorce it from the consideration of the genetic basis of neuroses and character disturbances with which psycho-analysis has traditionally worked.

The rise of ego-psychology has meant the recognition of the need for consistent work with the patterns of defence, as they appear both in the current situations of the patient and are recognized in his memories of the past. This has taken over much of what would previously have been referred to as *working through*. But it has tended to be exploited by some groups of psycho-analysts who do not go much beyond or below the descriptive analysis of current defences and depend largely on repetition of interpretations

3 Fenichel attributes this statement to Rado, but it is not contained in the article he refers to in this journal, 1925. It was, however, stated by Alexander in that same year.

of this kind and the manipulative methods as already indicated. In their most degraded form these repeated interpretations appear much like the slogans of an individual propagandist. From my experience in re-analysing patients who have been treated in this way, I would conclude that the immediate symptomatic effectiveness may depend very much on a transference bondage to the analyst rather than on real understanding.

The emphasis on analysing current defensive patterns has in some instances been further diverted and used in the service of the culturists who would tend to ignore the biological structure of psychic development and see it largely in terms of social reactions. Against this background, then, I would discuss briefly special situations in which the importance of *working through* is pre-eminent.

There are patients, however, who during repeated analyses by competent therapists seem to work well on their therapeutic tasks and to have made consistent improvements thereby, only to be drawn back subsequently into the former neurotic tensions, pressures, and symptoms. This sometimes occurs even without there being any very marked external events to precipitate the relapse, which more frequently occurs rather insidiously. The effect is as though the neurosis acted like a quicksand which treacherously re-engulfed the individual who had not quite sufficiently freed himself. Further analysis revealed in few of these cases at least that the adhesiveness of the neurosis seemed to be due to the persistent effect of severe organizing experiences of childhood, such as have already been referred to. These occurred in patients with markedly disturbed and grossly unresolved oedipal relationships, whether due to pre-oedipal deforming pressures or to essential interferences in the oedipal period itself. What impressed me especially, however, was that such reality experiences occurred most often in the latency period; and that in spite of the relative lateness of these events, they had been almost completely repressed from memory and their contents projected backward on to the infantile years, where they enhanced the brightness of and added elaborations to the early screen memories.

In some cases, at the very beginning of the analysis, the patient had had little memory of any of his childhood until puberty or prepuberty. But when the amnesic gaps began to be filled in, the memories of the infantile years could be more readily reconstructed than those of some silent period of latency. I gradually came to understand that what had happened had been that, still under unduly strong infantile pressures, the child had entered latency with a special cargo for the intense outward exploratory drives of these years. Under these conditions, he had succeeded, during the acting out of his fantasies, in precipitating experiences in reality which sometimes were almost exact reproductions of his earlier fantasies. These were thus corroborated for him, but might involve even more extensive bizarre and painful ingredients than those of his infantile fantasy or experience.

Indeed, the severity of the effect might be due to the fantasy seemingly having got out of control, by the additions to it through the participation of others, frequently adults. In some instances, the experience may seem to validate magic thinking and feelings of omnipotence, which have been incompletely renounced, and its memory has been warded off out of fear, or has bent itself to attempts to deny differences between reality and fantasy. It is striking, however, that under most circumstances, recall of such experiences is repressed with an immediacy and a force which approximates to a denial. I have had a few chances to observe this probably as it occurred, when consulted by pediatricians about young patients who had experienced seduction or rape or been present in peculiarly violent scenes of suicide. They seemed sometimes almost immediately to ignore and then to forget the event.⁴

Yet the fact that the event had been experienced in reality seems to add to the strength of its later impression and to the tendency for it to be unconsciously acted out in part or *in toto* subsequently; thereby furnishing a well-spring for neurotic revivals. It appears that the force of the repression may be due to the fact that the experience has occurred during a time when the super-ego is well developed and some degree of shame or humiliation is frequently involved. There is probably more guilt involved anyway in acts in reality than in those done in fantasy.

This was particularly evident, in its reverse form, in a small group of cases which I studied some years ago and described in a paper on

4 This is illustrated in fictional form in the story *The Innocent Voyage*, by Richard Hughes. Harper, London and N.Y., 1929.

5 The title of this paper is somewhat misleading. The situation probably occurs about equally in boys and girls. At the time of my writing the article, I had encountered it mostly in girls, and thought that it might be more frequent in them than in boys (9).

- 441 -

Pre-puberty Trauma in Girls(9). Among the patients there described, traumatic experience in pre-puberty was especially remembered and announced at the very beginning of the analysis. It was offered as an unfortunate event which had befallen the young girl, and subsequent disturbances were attributed to it. Memories of earlier events were blanched or lacking. It proved a very effective barrier at the outset of analytic work, because it readily permitted the dodging of feelings of responsibility and diminished the sense of autonomy of the patient, who considered herself victimized. It was of particular interest, however, that this pre-puberty trauma could be retained and cherished in consciousness, because it repeated similar experiences of the early oedipal period which had been more severe and more clearly accomplished on the child's own initiative. Consequently in these cases the *later* memory was the retained one, with a brilliant screening and stubbornly defensive function.

There is another group of cases in which the organizing event is of equal importance—viz. those severe neurotic disturbances usually with definite affective colouring which tend to appear in recurrent attacks. I refer especially to neurotic depressions, some phobic and obsessional states, usually with depressive admixtures, and some recurrent states of over-activity, probably essentially neurotic hypomanic states. These 'attack' disturbances, particularly after the first attack, may come on rather abruptly, and seemingly with even less than ordinary provocation in the current situation. They may repeat themselves with an almost photographic fidelity in their course and constellation of symptoms. It is my experience that in some of these cases the hidden organizing and sensitizing experience is exceedingly important as furnishing a trigger area, which after the initial breakthrough needs barely to be touched to set off the series of symptomatic events which follow. Sometimes these can be understood as expanded and disguised repetitions of the childhood experience, which have been endowed with special force because of the preoedipal components which are also invested in them. I doubt whether the susceptibility to recurrence of these states is effectively diminished by reconstruction of the earliest infantile problems and fantasies (even though attacks may be less severe), unless there is also a thorough *working through* of any traumatic events which have organized the earlier preoedipal

disturbances—whether this has occurred in early childhood or in the latency period. The outline of such experiences may sometimes be retrospectively deciphered in the nature of the events which have precipitated the break-through of the initial attack. Unless thorough treatment occurs in this setting, subsequent attacks may occur with less provocation, the disturbance being set off by anniversaries or even assuming the appearance of seasonal variations in susceptibility.

This may be a particularly difficult group of patients, since in the severity of their disturbances they may readily seduce the analyst into too active participation in the therapy, and to manipulative or supportive measures, or to interferences which then vitiate the cleanness of the transference relationship necessary for the *working through* process. It may happen further that such experiences, having been touched on or partly worked with but not thoroughly understood by the analyst and patient, have thereby been more activated by the analysis and appear even in circumscribed symptomatic behaviour after the analysis is over and the basic transference relationship has become attenuated.

It appears then that the process of *working through* is of particular importance in cases in which infantile neurotic drives have been carried over into actual experience in reality, in whatever way or at whatever time this has occurred. The detection of evidence of such experience is, however, not easy, especially if there has been an almost complete amnesia for the experience itself. But there is always some bland representation of it or some vacuole of memory which is a warning, and which may be brought up incongruously again and again when certain fantasies or experiences of the infantile years are being considered. In addition the repetitive appearance in dreams or free associations of some specific age or place seemingly inappropriately but insistently associated with events belonging to another period; the special repetition and content of the dream within a dream; the frequent appearance of dreams which exactly reproduce reality events, but seem at first barren of other associations; the occurrence of isolated and peculiar delusions or hallucinations in the setting of a generally sound

- 442 -

sense of reality; the repetition through a series of dreams (or similarly through a series of symptomatic acts) of some apparently unimportant but realistically embellishing detail; all these are indications of the reality of some experience which is being worked with in the unconscious.

Illustration of some of these clues may help. First regarding the vacuole in memory:

A patient came for his second analysis, a period of a few years having elapsed since his first analysis, which had been helpful to him and had brought many changes into his life. His main symptoms, modified but not fundamentally changed, had gradually reasserted themselves, and he felt miserable and discouraged. I noticed during the first months of our work that there was one member of his family, a brother, whom he did not mention except for infrequent, casual, laughing, and slightly derogatory references. This was the more striking since in the initial consultation he had made it clear that this brother suffered from a disturbance in many ways similar to his own. When after some time I mentioned to him the peculiarity of his apparent blandness to the brother, he laughed off the discrepancy with easy but stubborn rationalizations, and then would revert always to very early primal scene experiences as though offering

these instead. Only the most persistent efforts brought the material of the latency period, in which this brother was primarily involved, into focus so that it could be worked through.

Further, in regard to the incongruous repetitive appearances of certain age periods:

A patient, in his consultation interview with me, reported that he had been much disturbed by having been aware of an abortion which his mother had had when he was 8, and during which she had thought she was dying. I was somewhat surprised, as he had already made clear that his father and mother had been separated and his father in another country from the time he was 3 until he was 10. Later on, when the subject of the abortion came up in the analysis, he always referred to it as having occurred when he was 11, after his father's return. I noticed however that frequently, when this subject came up, the number 8 would appear somewhere in the associations. In the end, it developed that the mother had had a lover at this time, and had also an intimate woman friend who had an abortion. But what was most important was that connected with the stimulation of these events the patient had made sexual approaches to his sister with extremely guilty fears of having impregnated and injured her. Thus there was a deflection of the oedipal problem on to these events and a complete amnesia for them.

The dream-within-a-dream (or its equivalent—the play, or the memory, or the joke within a dream) appears especially significant when it is repetitive in content as well as in its appearance. I have illustrated this in a recent study of the works of Lewis Carroll. Finally, in regard to the insistent and peculiar delusions or hallucinatory experience, two clinical examples may illustrate:

- i. A patient whose obstinately firm sense of reality somewhat stunted his imaginative ability had none the less a recurrent hallucination of a hair in the mouth. This generally appeared during the analytic hour, and was very vivid and uncomfortable. Only after a very long analysis was an especially disturbing fellatio experience of the latency period uncovered. This man had been always ready to bring up his attachment to his mother and his interest in the breast (which was undoubtedly part of the basis of this later experience), but the hallucination of the hair was the tell-tale symptom which could not be so disposed of. Fundamental relief did not come until the working through of this later experience.
- ii. A woman patient had a screen memory that as a child she had been punished by being aroused from sleep at night, brought downstairs, forced to kneel before a punishment chair and to eat asparagus from a platter placed on the seat of the chair. What was striking was not only the bizarreness of this improbable memory, but the patient's complete conviction that it had occurred exactly as she related it. This screen memory was a remarkable piece of condensation, involving several experiences in reality, and was based on the patient's observations of sexual activities between her mother and her psychotic father; and her own re-enactment of these with cousins. Her insistence on the reality of the memory not only bore testimony to the reality of the experiences, but may have been the greater because of her guilty terror of having behaved in a crazy fashion like her father.

These instances are probably sufficient to give some picture of the way in which such *working through* problems may emerge.

It is through alertness to clues such as these that the work of reconstruction and the concomitant process of *working through* is accomplished in patients of these special groups.

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- 444 -



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Pregenital Patterning

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This paper is based on a more condensed presentation of the same material at the meeting of the International Psycho-Analytic Congress in Amsterdam this summer. At that meeting it was striking that the interest in the pregenital development was widespread. Indeed the greater number of papers at the Congress dealt with some aspects of pregenital developmental problems, and one heard occasionally among the unofficial comments some concern that the interest was veering away from the Oedipus complex. My own investigation offends in this respect in so far as it focuses chiefly on questions of pregenital patterning rather than on specific variations of the oedipal period and the fate of the Oedipus complex itself. That the oedipal period is the most momentous era of psychic and emotional organization and the Oedipus complex the most significant network of conflicts throughout the entire life has been amply verified throughout the years. The crossing of this boundary between infancy and childhood is more perilous even, though less dramatic in physical and direct behavioural changes, than the somewhat comparable epochal passing from childhood to young adulthood at puberty. It also has much greater and more lasting resonances throughout the entire life. The interest in the pregenital appears to arise from the generally increasing awareness that the experiences which have already been accumulated may be as important in the fate of the Oedipus complex as the special outer circumstances which are present in the oedipal period itself. It is often the special struggles of the oedipal period, re-enacted in puberty or in the early years of expected social maturity of the twenties, that precipitate the overt psychotic or neurotic break, and the relatively sudden eruption of disturbances which previously may have been more or less concealed though the symptoms themselves will ultimately unfold the hidden preoedipal history.

The description of the infant's organization on the basis of the sensorimotor growth and emotional relationships of the first five years of life in terms of a fairly regular succession of dominant drives was the work of the early years of analysis, and gave rise to the formulation of the libido theory which has been the backbone of analytic understanding, importantly supplemented in later years by study of other aspects of individuation, viz., the development of the ego. It was on the background of the understanding of the libidinal growth of the organism that the concepts of fixation, repression, and regression resulting from traumas, so important in the early work on neuroses, were developed and significant patterns of organization in different neuroses were differentiated. While there has been some displeasure with the libido theory in recent years, since not all symptomatic pictures would fit well into its constructions, still it seems to most of us that the descriptions of the libidinal phases, achieved first wholly through clinical phenomenological studies, has been well supported by later studies of biological maturation of the infant, a basic point of view now used by many pediatricians and psychologists observing children.

Indeed it is of great interest in working on clinical psycho-analytic research problems to check the developmental findings with the observations of students of child behaviour not psycho-analytically trained or interested, and see how well the findings dovetail.

This paper is concerned with further observation regarding these fundamental concepts and is especially based on the scrutiny of certain cases, in terms of their life history, in which the pregenital development has been peculiarly disordered. It has arisen from analytic work, including the study of a large number of unusually severe neuroses, among them some referred to as borderline cases. In such cases, as in many psychoses, the bold outlines of the unresolved and re-aroused oedipal conflict are often presented directly and in undisguised form in the acute symptoms and the stark first dreams of the period of illness. Deeper and longer observation, however, shows how much the Oedipus complex is burdened by or enmeshed

- 410 -

in pre-oedipal problems;—how in some cases it has appeared to develop over-strongly, *sometimes prematurely, and to carry with it the added intensity of earlier struggles which it reflects and temporarily masks.*

That the pregenital history of the relatively unimpaired individual is deposited in the configuration and nature of his forepleasure was of course early described by Freud. The fact that in many instances certain severe pregenital fixations impaired or inhibited genital functioning and that early developmental disturbances were seen as forming certain ætiological nuclei for the psychoses led to a rather pessimistic connotation becoming attached to the term pregenital, somewhat similar to the early ill repute of the term narcissism. It is rather striking, however, that in severe neurotics and even more in psychotics, genital *performance* is unimpaired in a rather large proportion of cases. This has been considered by some as a refutation of the libido theory. This genital performance ability, however, often turns out to be peculiarly fragile and subject to sudden disappearance either by disinterest or actual inability at certain disturbed periods. But often, too, the genital needs appear increased, sharper and more demanding both in the patient's life and in his illness. Genital performance, however, does not imply full genital pleasure.

Careful analytic study has seemed to me to reveal that in these cases *the genital and pregenital drives exist in varying patterns and proportions of fusion*. This results sometimes in an apparent intensification of genital pressure. Again, the genital performance may be used very largely in the service of pregenital aims yet retaining genital form and even a modicum of genital pleasure. The textures of genital pleasure in these cases vary greatly from that occurring in individuals with a more simple and orderly phase development.

Compared with earlier studies, this paper puts more emphasis on the fundamental maturational processes in the infant, while special events of the individual life are examined rather in relation to their effects on its biogenetic unfolding. This is a point of view in harmony with Freud's stressing of the biological foundation of psycho-analysis. It may have been less conspicuous, however, in the writings of earlier investigators, when supporting or corrective data in allied fields were less readily available and when the psychological components of development, the unique carriers of individual developmental processes, were under close scrutiny, as was essential in understanding the psyche in order to make a system of psycho-analytic therapy. At present, when many observations concerning parent-child relationships are more or less taken for granted by the general public, and the interest in child psychology and the physical development of children has found wide support, even in the daily press, we have at our disposal a mass of data concerning behaviour and growth, often valuable for correlating with, extending, and elaborating our observations from direct therapy in childhood or from reconstruction in adults.

It has long been recognized that in evaluating the effect of trauma on the young developing organism, it is important to consider both the maturational phase at which the trauma occurs and whether its specific nature tends to reinforce the libidinization of this dominant phase (i.e. fits in with and accentuates it), to inhibit and interfere with it, or to reinstate an already developed phase, either by direct stimulation (fusing the dominant maturational with the past but now re-aroused phase), or by encouraging regression for adequate satisfaction. This much has long been accepted.

It appears, from certain clinical material, that it may further be helpful to determine whether the specific stimulus calls for a response in accordance with a phase which is *close to maturity* or as yet quite immature. Further, in addition to the specific nature of the trauma in terms of its relation to the expected timetable of libidinal development, the severity and the duration of the traumatic conditions (in a sense, the quantitative factor) is important in shaping the results. Certain fundamental relationships, resulting in characteristic pregenital patterning, have become so impressive to me that they are offered here even without detailed case studies, which would be cumbersome. (Some such clinical reports have appeared, however, in earlier papers, where one or another set of patterns has been conspicuous.) While it may be possible later to study precisely the varying combinations of influences during the pre-oedipal years and their exact effect on the genital development, for the present we must limit ourselves to a few aspects of these problems with the hope that the present statement may furnish some basis for further investigation. Four principles of relationship, culled from multiple observations and here considered, are

- 411 -

as follows: (1) The earlier in life severe traumas occur, the greater are the somatic components in their imprints, owing to the peculiar emotional-somatic plasticity and responsive participation of the infant before the development of the ego, with the

special economizing and discharge functions associated with speech and with the development of conceptual memory. (2) Very severe or very prolonged (chronic) traumas may produce so massive a stimulation as to suffuse the organism. This is particularly true when some ordinary channels of discharge are diminished or prohibited owing to conditions of externally or internally applied restraint, e.g. where severe pain is associated with limitation of motion, or where there is blocking of some regular channel of sensory communication, as vision, etc. (3) The activation of libidinal zones prematurely may produce a precocious but a peculiarly vulnerable development. This occurs either from a specific stimulus calling for a specific, as yet incompletely matured response, or from massive stimulation such that the organism is required to respond with all the channels of discharge at its disposal, including those which are not yet ready. (4) Excessive stimulation, whether massive or specific in origin, results in primitive erotization and ultimately in some degree of genital stimulation long before genitalization in its truer sense is developed, i.e. before the phallic phase. It is possible that further observations along these lines may contribute to our understanding of primary masochism. It is at least suggestive that premature stimulation with primitive erotization culminating in genital arousal under strain might increase the pain component in the pleasure-pain amalgam which is the nucleus of all satisfactions. While much of what is outlined in this paper has been incidentally described previously or at least implied in clinical studies and case reports and may not therefore seem new, I do not know that it has been systematically developed or especially emphasized. It will require much more than the material of the present paper to delineate its wider and specific applications and to test them fully.

Concerning the question of premature stimulation and its relation to later genital development, it is apparent that much will depend on the degree of prematurity of the special stimulus demand. If the gap is not great between the specific response demanded and the corresponding spontaneous maturational phase, a sounder but less striking precocity may ensue. If, however, the gap is considerable, either libido will be drawn from other functions into the specially demanded one which is then established at any price, or the infantile effort at compliance breaks down and a secondary diffusion and state of general stimulation results, even when the initial stimulus has been repeatedly specific. There is some indication that this state may be subjectively comparable to dissolution anxiety of later rage, sometimes with an accompanying sense of bursting from internal primitive instinctual pressures (suicidal panic jumping of the schizophrenic). A few illustrations of premature demands may help. One such direct and common situation is the occurrence of genital masturbation long before the phallic phase. That this may occur even to the point of orgasm is a not infrequent observation, and in my experience, is most common in infants who have been subjected to early stress with resultant increase in tension and susceptibility to an irritable body responsiveness. It has been described as early as the eighth month in an early report by a group of pediatricians. That it may occur as the result of specific genital seduction is also a common observation. Especially noteworthy are those cases in which an overanxious and sometimes unconsciously hostile and envious mother or nurse repeatedly stimulates the baby boy's genital by daily stripping the foreskin and swabbing for purposes of cleanliness. In such cases, there is undoubtedly a precocious development of genital responsiveness, but occurring, as it often does, during the first year of life when the differentiation of the infant from the mother is very incomplete, the genitalization, even with erotization, deforms and degrades the later oedipal relationship to the mother and does not merely intensify it. Such early stimulation of the penis may convert it practically into an umbilical stump.

Other common illustrations of precocious and severe stimulation are forced feeding, the giving of enemas early, or very early toilet training. The local erotization of these procedures is a matter of common analytic observation. The fact that some degree of actual precocity of neuromuscular response can be promoted is clearly evident in the instances of extremely early training to bowel or urinary cleanliness, which may be accomplished in the second six months of life. More striking even than this are the fortunately rare but verifiable

- 412 -

reports of infants taught to perform extraordinary feats of gymnastic skill within the first two to three years of life. Not only is the specific neuromuscular apparatus forced to an entirely premature compliance, sometimes accomplished at the expense of accessory safety measures (over-alertness to feelings of fullness, watchful conditioning to the sight of the chamber-pot, utilization of accessory muscle controls, etc., in the case of early bowel training) but the differentiation of the infant from the environment is so grossly incomplete that the whole significance of the giving up of the excreta is greatly blurred. Indeed when we analyse such children later we find quite often that they react rather as though they had been chronic enuretics or soilers, because the actual performance has been an incompletely perceived one, and because they have had to be so continuously on guard that tension about possible wetting or soiling has developed and formed the substratum of anxiety as markedly as though they had actually been subject to toilet accidents. That a tendency to anxiety accompanies any markedly premature functioning, including the genital, may be true, and establishes a subsequent vulnerability of performance with frequently a later breakdown of the compensated activity. It is obvious, however, that where such specific stimulations have occurred, there will be a distortion of the orderly libidinal development and a linking of the precociously demanded one with the libidinal phase which is naturally dominant at the time. It is probable that changing fashions in child care give rise to distortions of this nature which are paradoxically more misleading to direct observation than to careful analytic reconstruction.

It is a clinically observable fact that massive stimulation or severe and long frustration results in genital stirring even in the very young infant, easily observable in the erection of the male. Later in life, too, any stimulation, if severe enough, may produce genital orgasm. What is less clearly observed is that in such instances there is sometimes a suffusion of the entire orgasm with stimulation, so that all possibilities of relief are tried. In the infant under such conditions, all libidinal zones may be stimulated at once. If this is often repeated, especially in an infant whose discharge capacities are already handicapped, the intensity of the suffused stimulation results in a *conglomeration of zonal sensitivity* and a state of disorganization, in which there is a relative loss of specificity of stimulus and discharge. This is reproduced later in life when one response is substituted too readily and inappropriately for another. It is also observed in peculiar states of confusion with polymorphous interests which are capitalized as defence reactions in some neurotic individuals who have in general a fairly good ego development, but have in infancy been subjected to episodic rather than chronic overstimulation. In some of these children there is a persistence throughout the latency period of a variety of auto-erotic discharges and defences, with enuresis, thumb-sucking, special mannerisms and masturbation occurring concurrently. In others there may be a thin layer or veneer of compensated behaviour which however readily breaks down under new stress, and reveals these polymorphous perverse drives very close to the surface. I have described one such case in considerable detail in a paper on

Prepuberty Trauma, in which the young woman in situations of stress might have an unexpected bowel movement, an involuntary urination, an unexpected vomiting, a genital orgasm, or a severe menstrual flooding without warning and with less than usual relation to the specific precipitating situation. This was the more striking as this patient had a sufficient intellectual and general social development to be able to carry on highly specialized work, although obviously an emotionally handicapped person. It has been my impression that this conglomeration of drives and loss of specificity of stimulus and discharge is discernible in some schizophrenic patients, particularly in those in whom the schizophrenic processes are developed from an impaired state, with gross special handicaps of a constitutional nature, which then form a basis of intra-organismic strain from birth onwards.

Less severe states of this kind are seen in patients who, although other conditions of early life have been relatively favourable, have been subjected to general and repeated stimulations of the primal scene, or to acrobatic handling of being tossed, violently played with and tickled or teased severely early in infancy, or many times repeated anaesthetics or operative procedures. In this same general group are those patients showing peculiar emotional-somatic labilities and confluence of instinctual drives, apparently due to the birth of a sibling within the first year or fifteen months of life. Such

- 413 -

children seem to have been robbed of their infancy and subjected to the continuous torments of bodily discharged jealousy, before speech and locomotion have been securely established. They have been stimulated to precocities in the face of and partly by the constant, generally fruitless regressive pulls together with excessive external demands for progressive behaviour.

It is my opinion further that in all of these cases of increased narcissism due to traumatic stimulations of the first year or two of life, the groundwork for later bisexual identification which is anyway increased may be appreciably further intensified by the constant exposure to siblings of the opposite sex, if the children are bathed and undressed in company and otherwise constantly together. The baby of eight to ten months begins to recognize people individually and certainly responds to the face of the mother. It seems from reconstructions that the infant of this age or at least a little later period also responds to the sight of the genitals of another child and does notice the absence or presence of external genitals at this same period if there is constant exposure and stimulation of this kind. It is possible that vision in general and visual incorporation in particular are very important in the period of about six to eighteen months, and stand in varying relations to orality. The importance of vision increases not only by the maturing strength of the specific musculature belonging to the eye, but it assumes added significance in its rôle in connection with balancing in the process of walking, and increasing precision of motion generally. In the male it takes a part, secondary but special, in the development of urinary control, and in this has a further link to genitality. I cannot unreservedly agree with the earlier belief (1) that the prephallic infant 'takes for granted the likeness of its own sexual organization to that of others, and the genital is a matter of no greater concern than the other erogenous zones, notably the mouth', and that the 'sex of the child is immaterial'. It seems pertinent to raise here certain questions regarding these assumptions. It is worth nothing that ordinarily by the age of three the child knows its own sex (cf. the Binet test). This may be an acceptance of sexual identity due to observations concerning clothing and hair arrangements, but is likewise

based on concern with the genitals if there has been any opportunity for comparisons. One may well question whether there is some primitive endogenously aroused body image which forms the faint foundation of sexual identity. That observation of anatomical differences occurs regularly at two to three years of age is the experience of nursery school teachers and others in daily contact with young children. It is apparent in the almost universal attempts of young girls at this time to urinate as a boy, but with the definite realization in most instances that this cannot be accomplished. That the child may and frequently does go through a period of assumption that others' genital organization is like his own or that his is like that of others is more likely a narcissistic phenomenon following rather than preceding actual observation of the differences, which may again be denied (2). It seems rather that what is important in the earlier stage is the degree of primary identification with others, the way in which this is influenced by early stresses promoting capacity for firmer body illusions, and its relation to later experiences which furnish reinforcements. It has also been my own direct observation that in some girl children awareness of genital differences with the development of unmistakable penis envy may make a strong and sharp impression if the child is already in a state of deprivation and narcissistic hurt.

Returning to the question of increased primary narcissism due to early repeated overstimulation of the infant, such increase implies a prolongation and greater intensity of the tendency to primary identification as noted and impairment of the developing sense of reality in combination with the increased capacity for body responsiveness and registration of stimulus. It may be that this latter is an important factor in the subsequent belief in magic, since the somatic elements in the identification give it greater force and semblance of reality. This may actually be observed in the peculiar recurrence sometimes of highly specific physical illusory or objective symptoms, drawn from an early time in the patient's life and repeated in the course of an analytic situation which again favours their occurrence and their observation.

One such impressive example occurred in a patient of mine who had a younger sibling born when she was twenty-seven months old. This child was badly damaged at birth, forceps injury producing severe head mutilation (later found to cause bilateral deafness). My patient had accompanied her mother to the distant city where this baby was born and had stayed in a hotel with a nurse while the mother was in

- 414 -

hospital. On the trip home, my patient developed a severe mastoiditis which required hospitalization and much traumatic dressing of the wound. The whole area became eroticized, and the subsequent depressed scar was fingered by the little girl in autoerotic fashion. Whether the injury of the baby had any effect on localizing the infection by any process of identification could not be definitely told later, but that the occurrence of this infection and its treatment caused a secondary identification with both mother and infant in which there was a strong somatic pull was clear in the content of the analysis. It was most strikingly reproduced when the patient's mother became ill with a gynaecological condition requiring operation, thus simulating the early birth situation. The patient left the analysis to go to her mother who was at some distance away, actually retracing the journey of her early childhood. Her return was delayed because, it was reported, she had contracted chicken-pox. Her opening remark to me in her first subsequent hour was 'What do you think of my catching a kid illness like that?' On further examination it developed, however, that she had not actually developed chicken-pox but a localized eruption with small blebs, limited entirely to the old mastoid area,

and clearly associated with the reactivated memory. (Other aspects of this case are given in an early article on anxiety (3). Note also the case described in the paper on Respiratory Incorporation and the Phallic Phase.)

Such children may therefore become more than ordinarily prone to strong bisexual identifications reproduced with illusory body compliances. This means an unusual burden at the oedipal period, with evidences of particularly vivid and severe conflicts followed by an incomplete solution of the Oedipus complex in boys and no solution at all in many girls. In severe cases the whole oedipal problem is then deferred until puberty, when the castration problems arise with extreme intensity, according to the marked bisexual identification, under impact with the genital and secondary sexual body changes, and especially influenced by the secondary narcissistic problems of group identifications of this period. In such situations it is glaringly apparent that the main focus is the unresolved oedipal incestuous attachment, but neither the intensity of this nor its stubbornness can be understood in terms only of the specific family constellation and relationships, resting as it does on the nature of the pregenital components and corresponding deformation of the ego development in its early stages. Without analysis of these elements, work with the Oedipus complex as such may be unsuccessful.

It should be noted, however, that such malformation and intensification of the Oedipus complex do not appear to be a precocity of the complex itself; that in fact the greatest contributing disturbance occurring in the first year of life increases and prolongs the introjective and projective mechanisms in which the incomplete differentiation of the infant from mother and surroundings must blur the identity perception but increase potentialities for further disturbance after the development of conceptual memory.

In summary—this paper has attempted to present considerations concerning certain conditions which influence and distort the regular development of libidinal phases in ways which have not previously been clearly emphasized in psycho-analytic studies. The four main sets of considerations which I have myself observed and here attempted to illustrate are (1) that *very* early stimulation increases the somatization of the memories and symptoms arising from it; (2) that massive or very severe stimulation suffuses the infant with excitement which utilizes all possible channels of discharge; (3) that in such overstimulation, drives from phases not yet mature may be aroused as well as those from already matured phases; (4) that genital arousal occurs from an early time in states of frustration or overstimulation, and the nature, extent and timing of such premature genital arousal probably influences the nature of the genitility later, both as to performance and pleasure. I have attempted to suggest and illustrate some of the possible sequelæ of the varying combinations of inter-phasal stimulations occurring in the pregenital era, but most of all would indicate the need for further examination and elucidation of these conditions.

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Delinquent Acts as Perversions and Fetishes¹

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Certain delinquent acts can be classed wholly or partly as perversions or fetishisms. Naturally they are more easily identifiable as such when they fall within the area of sexual offences through the nature of the acts themselves and their similarity to the abnormal sexual acts of the non-delinquent.

Freud's early views, like all ground-breaking discoveries, must be subjected to certain modifications to fit in with current findings. In bringing delinquent acts within the framework of perversions his opinions need to be reexamined. This often-quoted statement that 'neuroses are, so to speak, the negative of perversions' must be clarified. This idea is seemingly to be repudiated since sexual and other types of offenders clearly reveal in analysis many neurotic features, marked ego defences, and conflicts that prevent us from thinking of perversions that arise solely from unmodified id impulses. Gillespie² offers us a convincing explanation of this apparent contradiction by pointing out that Freud went a step beyond his earlier views in later regarding the 'ego as deeply involved in the process of perversion formation'. Gillespie relates the process to the splitting of the ego, 'which is to be found not only in other perversions but in neuroses and psychoses as well'.

Thus we have a rationale for the fact that perversions can dwell side by side with neurotic features. But we are still held up in connecting delinquency with perversions by another of Freud's views which he propounded when discussing looking and touching. As he wrote: 'The desire for looking becomes a perversion (*a*) when it is exclusively limited to the genitals; (*b*) when it becomes connected with the overcoming of loathing (voyeurs and onlookers at the functions of excretion); and (*c*) when instead of preparing for the normal sexual aim it suppresses it.'

There is some ambiguity here as to whether Freud considered that these three points were essential components of every perversion, or that any combination of them could equally well serve for identification. In relating them to delinquent, aside from purely sexual, acts, we find considerable disagreement. A great many delinquent acts are not limited to the genitals, nor are they always connected with the overcoming of loathing (unless we equate moral and ethical feelings with shame). And even as to the last point (c), in the analysis of exhibitionists we find that the perversion covers in certain misguided conceptions of cause and effect, which may be perverse enough to accomplish a normal sexual aim; intercourse with the observer. Many exhibitionists reveal after considerable analytic exploration that by displaying their genitals they hoped so to impress the observer that she would invite sexual relations. Another striking example of this was revealed by a rapist, who after forcing a married woman to submit to him sexually, contacted her by telephone, ostensibly to apologize, but actually because he fully expected that the woman had been so gratified by his potency that she would seek further relations with him on a more normal plane.

As Freud rightly construed, our understanding can be enhanced by contrasting neuroses with perversions, but the comparison must be made on the level of symptoms rather than in the underlying strata. Both the neurotic and perverse symptoms spring to a great extent from similar etiology, which is the subject of another paper and will not be covered here. For a time the same psychic road is travelled until a fork is reached where it opens into two branches, going in different directions. The results are symptoms of two kinds—autoplastic and alloplastic. The neurotic reaction or symptom is autoplastic while the perverse one is alloplastic. Thus

1 Contribution to the *Panel on Perversions*. Presented to the 19th International Psycho-Analytical Congress, 24–28 July, 1955.

2 W. H. Gillespie: 'Notes on the Analysis of Sexual Perversions.' *Int. J. Psycho-Anal.*, **23**, 1952, p. 397.

- 422 -

neuroses are not so much the negative of perversions as a different symptomatic direction. In a certain sense the neurotic symptom is of a more social kind, while the perverse is more anti-social. Thus there is a rather close connection between the sexual perversions and delinquent behaviour, which is by definition anti-social.

Ordinary perversions are usually clearly defined repetitious acts, which vary little in context and pattern from one to another. In fetishism this is very marked, the fixation being on a certain object such as shoes, clothing, or products like tobacco, etc. With perversions the fixation is not on an object but generally on an activity, which also, however, like the fetishes, show a clearly marked pattern fixated along fairly rigid lines. Most delinquent or criminal acts show the same rigidity of pattern. This can be illustrated by some cases I have treated. Lenny, a schizoid youth of 15, was referred to me for treatment after his release from a reformatory. He had been arrested ten times since the age of 7, the charge being always stealing women's underclothing. First he stole such items as panties from five- and ten-cent stores and from clothes lines, but he got more skilful as he grew older. He stole new merchandise by the boxful, and when he was arrested the police found his room filled with boxes of women's underclothing, which he stole and sold for his living. A habitual pickpocket once boasted to me that he

could tell a money-carrying victim merely by looking at him, but when queried more closely revealed that he invariably victimized slim, timid-looking men, of rather feminine appearance.

The Crime Indices or Modus Operandi files of the police department throughout the world (some of these files going back a hundred years) are essentially indices of the fetishes or perversions of the different known criminals. If a certain type of crime, involving a certain item, and perpetuated in a certain definite manner and pattern, is committed, often the first place the police look is in their Crime Index. The Los Angeles police, among others, have perfected a modern electronic machine which can locate individual criminals with their patterns of perversions in a matter of minutes. Many crimes have been solved in this way. Thus we find empiric wisdom pointing the way for scientists, much in the same way that the master playwrights of ancient times intuitively set the patterns for modern scientific psycho-analysis.

Thus perversions cannot rightly be narrowly limited to activities relating to the genitals or directly connected with sexuality, although as we probe deeper into the psychic layers we shall almost inevitably encounter such connections. But therapeutically, unless we have some grasp of the structural manifestations we shall have difficulty in coping with them.

Structurally perversions are similar to acting out in analysis. As in acting out we have the surface manifestation and the underlying dynamics. The surface manifestations are usually ego-involved, with a full consciousness of the activity, together with a complete amnesia of past or early events that gave birth to such activities. But tracing these blotted-out memories in analysis, as a matter of fact, is often much simpler than with the more vague and illdefined traumatic incidents of neurotics. Despite distortions and vicissitudes the area of involvement is fairly identifiable from the activity. Thus it would seem that perversions are easier to treat than neuroses.

And sometimes in the milder cases they are. Sometimes even short analysis proves fruitful. With certain exhibitionist and mildly anti-social shoplifters I have found that this is the case. Alex, a young man sent to me by the courts for exposing himself before a group of young girls in a park, was amenable to such short analysis. Alex was 27 and had been married two years. He was rather short in stature, which was of some significance in the treatment because his wife was a big woman nearly a head taller than he and of about one and a half times his weight. He exposed himself shortly after learning his wife was pregnant.

Alex had no previous history of anti-social behaviour. If anything, he was a mild and weak man, overconscientious and submissive. He was thoroughly shocked by his arrest, and as he stated during the initial interview, it had been unthinkable for him that he should break the law. At first he denied any intention to expose himself. He said he had had an uncontrollable urge to urinate, and for this purpose had entered a dense area of bushes in the park. He claimed to have heard voices coming towards him and in his astonishment turned and accidentally exposed himself. His story, however, was contradicted by the young ladies involved. They reported that he had stood before them with an erection and made some obscene gestures of masturbating. In the second interview, Alex admitted that the girls' version was

- 423 -

the correct one, although he was so mortified that it was hard for him to confess it. He shook his head as he said he could not understand how he could have done such a thing.

Alex's marital life had been a burden on him. His wife, because of her size and stronger personality, ruled the family. She contemptuously exposed his weakness on every hand and was on the verge of crushing him. To make matters worse her family up to several months ago had to make substantial financial contributions to keep up his home. While openly expressing joy at the announcement that he was to be a father, the truth was that he was thoroughly frightened by the anticipated event.

During the course of treatment, Alex related that after a month of marriage he had begun to masturbate, even though sexual relations with his wife were adequate both as to frequency and gratification. He could not understand the compulsion, but it was a secret he was dreadfully ashamed of. He also had frequent conscious fantasies of being unfaithful to his wife. These usually accompanied his masturbation.

Alex recalled that the relations between his mother and father were rather similar to those between him and his wife. His mother, he said, was a domineering woman who ruled his father with an iron hand. But when he was about 5 or 6 the relations in his home took a turn for the better, brought about, he thought, by an event that rather shook the household, causing such a row that even he, a small child, knew what it was all about. His mother had come upon his father in a bedroom with a maid who had been temporarily hired to help with the house cleaning. The father was in his shorts but claimed that he had gone accidentally into the room without knowing the maid was there. Alex did not know all the details, but for a long time afterwards his mother was intensely jealous, so much so that she moderated her behaviour. Alex himself volunteered with a grin that his father had used the same defence as he had. He did not deny that there was a connection between the present offence and his memory of what happened with his father.

There is no room in this communication to present all the details of his case. Alex readily understood that his offence was representative of an effort to assert himself, and end the domination of his wife, just as his father had done with his mother. The indication for a brief analysis in this case was that the patient's personality was not deeply involved in an anti-social pattern. Thus an adjustment was easily achieved, and to this day, three years later, he has not repeated his offence.

But usually the course of treatment does not go as easily as that here described. Perversions inherent in anti-social behaviour, like acting out, indicate an activity which involves others. The patient then must not only cope with his unconscious conflicts, like the neurotic, but further must deal with repercussions of his activities. These do not always conform to his unconscious expectations; in other words they are often beyond his control.

Such is the situation with the majority of delinquents and anti-social personalities. It is well known how difficult it is to obtain a transference of any strength with anti-social personalities. Sometimes the anti-social patient does develop a certain dependence on the analyst, but this should not be confused with transference. The analyst has very little choice in shaping the therapeutic situation with the anti-social patient, at least in the initial stages of treatment. In delinquent behaviour, even such as is not specifically sexual, he is dealing with a type of perversion which is essentially an alloplastic symptom, or a tendency outward rather than inward. While there is a direct route from the perversion to the unconscious material, the approach to the perversion is beset with blocks and detours in the form of involvements in social complications.

The only feasible technique initially is through treatment of the ego, or an ego-psychology approach. With the object in mind of isolating the perversion and then dealing with it intensively, the analyst must concentrate on making contact and

influencing the patient in reality problems before endeavouring to reinforce the transference, which of course is always inherent in the therapeutic relationship. Once some stability in the treatment relationship has been achieved, opportunities will present themselves for analysing the transference, particularly its negative aspects. Then the real analytic work can begin. The key to the whole treatment structure is the recognition that delinquent acts are perversions, which can be approached analytically, but only after adequate and intelligent preparation. Otherwise the treatment of delinquents and anti-social personalities would be aimless, without a beginning and an end, with a never-ending series of retreats and advances, with an interminable dependent relationship, and without an analytic purpose.

- 424 -

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SOME REMARKS ON THE ROLE OF SPEECH IN PSYCHO-ANALYTIC TECHNIQUE¹

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The discovery of the dynamic character of the unconscious, and the realization that most of the psychic processes usually observed in consciousness could be found also to exist preconsciously, led Freud to rely but little upon the presence or absence of conscious awareness in mental phenomena. Indeed, the factor of consciousness or its absence is elusive and deceptive, and the delimitation of the System Cs from the System Pcs cannot always be carried out unambiguously. Thus a conception of the psychic apparatus devised so as to include consciousness among its essential elements could not prove entirely satisfactory.

To these difficulties one might perhaps attribute the fact that Freud, as Ernest Jones reports in the second volume of his biography (19), destroyed his manuscripts devoted to problems of consciousness. At any event, Freud cut through these complications by his fundamental change of the framework on which he proceeded to base the functioning of the mental apparatus. We know that the introduction of the structural approach to psychic phenomena became tremendously fruitful for the development of psychoanalysis. We also know that it permitted an understanding and a description of our technical procedure which before would have been impossible. The concept of the ego, in particular, had the advantage of encompassing conscious as well as preconscious and unconscious phenomena, and of uniting them within a common functional organization. However, it did not dispose of the existence of conscious as opposed to preconscious and unconscious processes, and of problems related to the functional differences between them.

Freud never thought that conscious mental processes should be considered mere epiphenomena of unconscious and preconscious ones (12), and he never relinquished his interest in problems connected with them. In his posthumous Outline of Psychoanalysis (16) he wrote: 'Conscious processes on the (perceptual) periphery of the ego² and everything else in the ego unconscious—such would be the simplest state of affairs that we might picture. And such may in fact be the conditions prevailing in

animals. But in man there is an added complication owing to which internal processes in the ego may also acquire the quality of consciousness. This complication is produced by the function of speech, which brings the material in the ego into a firm connexion with the memory-traces of visual and more particularly of auditory perceptions. Henceforth the perceptual periphery of the cortex of the ego can be stimulated to a much greater extent from inside as well; internal events such as consequences of ideas and intellectual processes can become conscious; and a special apparatus becomes necessary in order to distinguish between the two possibilities—that is, what is known as reality-testing.³

Although less acute, the problem of the curative effect on neuroses being achieved by bringing unconscious phenomena to consciousness still remains. I shall try to contribute to its understanding by approaching it from a limited viewpoint; namely, that of the role of verbalization in the analytic procedure. But first I should like to make a few preliminary remarks about the term 'bringing to consciousness'.

Freud's original formulation of the aim of psycho-analytic therapy—to lift amnesias—was sufficient as long as only the undoing of the effects of repression was considered. But since

¹Based on a paper presented at a meeting of the New York Psychoanalytic Society on 11 March, 1952, and at the Annual Meeting of the American Psychoanalytic Association in Atlantic City on 11 May, 1952. An abbreviated version of the present text was read in the Symposium on 'The Theory of Technique' held at the Centenary Scientific Meetings of the British Psycho-Analytical Society in London on 5 May, 1956.

²Poetzl's work and the recent experimental studies by Charles Fisher (8), (9) indicate the existence of perception without consciousness.

³Freud had discussed these problems previously in *The Interpretation of Dreams* (12), *'The Unconscious'* (13) and *Moses and Monotheism* (15).

- 460 -

psycho-analysis came to consider the results of other defensive mechanisms as well, the need has also arisen to encompass such processes as the re-establishment of connexions, for instance, and the correction of distortions produced by various mechanisms of defence. We refer here to the important role of the synthetic and organizing function in the therapeutic process. Under these circumstances we are justified, I believe, in supplementing the term 'bringing to consciousness' by the more comprehensive one 'gaining of insight' when we wish to designate the results of changes in the ego which make warded-off mental functions available to the conflictless sphere of the ego. This term comprises both the bringing to consciousness and the re-establishment of connexion (Bibring, 3) ; (Fenichel, 7) ; (Nunberg, 25) ; (Kris, 20) ; (Loewenstein, 23).

It is true that the term 'gaining insight' has been submitted to critical scrutiny, and the objection advanced that it is used also in other contexts and thus might lead to confusion or misunderstandings. We know how frequently patients nowadays use a so-called 'insight' to form resistances by intellectualization (A. Freud, 11) ; (Kris, 22). But we also know that a wallowing in emotions may likewise, and at least as frequently, be used as resistance; yet this fact does not lead us to deny the importance of affects in psycho-analytic therapy. Therefore I believe that for lack of a better expression we are entitled to continue our use of the term 'analytic insight' to designate, not only the increase in awareness, but also the dynamic changes encompassed by it. For we know that such insight is gained only after certain dynamic changes have occurred, and that

gaining of insight, in its turn, leads to other dynamic changes (Kris, 20) ; (Loewenstein, 23).

This terminological digression will, I hope, prove useful for our discussion of verbalization. Psycho-analysis is both an investigative and a therapeutic procedure, a long-drawn-out experiment and process taking place entirely in the realm of speech. It is an exchange of particular communications between two people, a kind of dialogue, very different from all other dialogues. The analytic set-up, the fundamental rule and the role of the analyst make it unique. The patient is expected in fact to relinquish, to some extent, the exercise of an essential function of conscious phenomena: the aim-directed character of conscious thinking; the ability of the System Cs to select deliberately, from among all preconscious memories, only those which at the moment suit its aim. In exchange, this controlled regression of the ego (Kris, 20) ultimately brings to the System Cs elements from the preconscious which otherwise would have remained outside the sphere of consciousness. These latter processes are facilitated, to a certain extent, by the protective role of the analyst and also by the fact that in the transference he happens to draw certain affects of the patient on to himself; but mainly by the role he plays in lending the help of his own ego functions to the weakened and restricted autonomous ego of the patient. He supplies the knowledge of mental phenomena, the understanding and objectivity which help the patient to face them.

In this peculiar dialogue the analyst is supposed to devote his entire attention to the mental phenomena of his patient, limiting his thoughts and words exclusively to the understanding of his interlocutor. One can say that in the person of the analyst the patient acquires an additional autonomous ego tending to enlarge the area of his System Cs over his unconscious.

Before going further into some details of the analytic procedure, let us dwell for a moment on the various functions of language.

Ferdinand de Saussure (30) advanced the basic distinction between the two aspects which he designated, in French, by the terms *langue* and *parole*. Translated into English this is the differentiation between 'language', defined as a system of distinctive signs corresponding to distinct ideas, on the one hand, and 'speech', referring to utterances or spoken language, on the other. These two aspects of language are inseparable from one another, each being impossible without the other.

Following de Saussure's formulations, the Viennese psychologist Karl Buehler (4) devised a general classification of the various functions of speech. According to him, speech encompasses three functions between addressor and addressee: they may speak of objects and their relationships; or the addressor may express (i.e. communicate) what is in himself; or he may appeal to the addressee. The act of speech therefore comprises: (1) what Buehler called the *Darstellungsfunktion*, which could be translated as function of representation or, according to Roman Jakobson (18) as cognitive function, since it refers to the knowledge and description

- 461 -

of things or objects and the connexions between them; (2) the function of expression, by which the speaker expresses something about himself; (3) the function of appeal, encompassing all those speech acts which appeal to the addressee to do something or to respond in some way; e.g. imploring, commanding, forbidding, seducing, etc.

In the analytic situation we might expect the patient's speech to be mainly confined to the expressive function and to that facet of the function of representation which deals mostly with the description of events. But experience shows that very soon the patient's thoughts lead him to exercise the third function, too, when his interest begins to centre on the analyst. The latter, in accordance with the rules of analytic technique, has two

tasks. He refrains from responding to the appeal function which manifests itself as transference reactions. Furthermore, he aims at transforming the appeal function of the patient's speech into the expressive function by showing him, through interpretations, how he expresses or describes something about himself when he speaks of persons or things outside himself. In his own speech the analyst will exclude both the function of appeal and the expressive function, limiting himself specifically to the cognitive function in relation to facts concerning his present addressee: the patient. He will thus, in turn, promote the expressive function of the latter, since the interpretation will communicate to the patient knowledge about himself that will favour his recall and expression of hitherto unavailable facts about himself.

But at the same time the patient's knowledge about himself will enhance that aspect of the cognitive function to which we wish to ascribe a particular importance in the curative effect of analysis, the one on which working through is based and which leads to insight.

Indeed, there may exist a difference between the cognitive function in its application to the non-self and to the self. In the latter case, the cognitive and expressive functions might be intertwined in a very significant way.

These three main functions of speech, then, encompass its various secondary ones as they are known to analysts.

The concept of catharsis was based upon the idea that by recounting some hitherto uncommunicated events of one's past one, as it were, gets rid of them. The phrase 'to let off steam' is a colloquial expression of the same idea. In this connexion, the various modalities in which a given patient utters or withholds information might be influenced by trends from the anal and urethral functions, leading to the retention or expulsion of words as though they were matter. A patient's way of talking may reveal that at times he uses speech for either seduction or aggression towards the analyst (Abraham, 1) ; (Fliess, 10) ; (Sharpe, 31).

Nunberg (24) has pointed at two important functions of speech in analysis. First, the magic one (which, by the way, to a certain extent enters into the cathartic function of speech). He stresses that, with words, human beings try to influence the fate of others: they bless or curse them; some try to cling to other persons by means of speech. 'Thus,' he states, 'under the influence of libido, speech is used to perform positive as well as negative magic.' We may say that there is actually no more powerful magic than that of words. This is perhaps the one realm where so-called magic is really operative. The communication of guilty acts or thoughts, confession, has a real psychological effect. It frequently makes an accomplice of the listener, thus determining his future behaviour in an important way.⁴ From the consequences of so much knowledge about the hidden wishes and acts of others, from this role of an accomplice, perhaps only confessors and analysts can remain immune.

The second point emphasized by Nunberg is that speech is a substitute for action. Indeed, speaking involves motor discharge by means of the vocal organs and in this respect plays a role in the therapeutic action of psycho-analysis. Even if one stresses the discharge value of affects in analysis, they have this property only while the memory-contents are remembered, and this only inasmuch as they are being told to the analyst.

Super-ego, id and ego do not equally partake of the action of speech. As far as the super-ego is concerned, the confession of guilty acts or intentions may lead to actual change in the person. The sharing of experience and feelings, which is achieved through communication,

4This is one of the most striking examples showing that it is human language, the communicability of human experience and its psychological consequences for the speaker and the listener, which makes it even more difficult to create a scientific psychology based exclusively on concepts used by the learning theory which describes man in terms of drive—stimulus—response.

- 462 -

might be in the service of the id. Although speech is but a poor substitute for sexual gratification, it plays an important role in the expression of love and in the conquest of a love object. It is most powerful, however, in the service of aggression. Here, words are not merely a substitute for action. Insults and expressions of irony or contempt are often more adequate than deeds, and sometimes hurt more than physical blows. But it is in its function for the ego, which mainly concerns us here, that speech seems to play the most interesting and significant role.

In psycho-analytic practice, we often encounter considerable resistances in our patients to verbalizing certain thoughts and emotions of which they have always been perfectly aware. Some of them, we find, delay for a long time before telling the analyst about some conscious thought or memory, and at times will experience highly painful physical sensations when they finally do so. We all know that this resistance against reporting things which are entirely conscious reappears, time and again, throughout the analytic treatment. Thus we must conclude that a barrier exists not only between the unconscious and preconscious and between the latter and the conscious, but also between conscious thoughts or emotions and their verbalization.

Every analyst knows that this resistance to verbalizing conscious phenomena manifests itself in all kinds of areas. Some patients are reluctant to reveal specific facts of their lives; others, to divulge certain details of their past or present sex life; still others are ashamed of their emotions.⁵ For most of them the telling of their daydreams is a particularly difficult task, and we all know how strong is the resistance in patients to expressing their conscious feelings and thoughts about the analyst. Undoubtedly one reason for the existence of this barrier between conscious experiences and their verbalization is the fear of letting another know one's most intimate secrets, the fear of loss of love and esteem from the analyst, fear of punishment in its various forms.⁶

Indeed, the analyst is a kind of super-ego to the patient. But he is also a witness. He is like an additional memory acting to remind the patient of certain facts when he may want, in periods of increased resistance, to forger or disregard what he had revealed before. At such moments a reluctant patient can sometimes be heard to say: 'I know I told it to you, so it must be true.' This role of a witness and a memory is, in fact, a part of the analyst's functions which we defined as being the patient's additional autonomous ego. But this very fact leads us to consider the resistance against verbalization from yet another point of view. It is not uncommon in analysis that, after reluctantly talking about certain consciously remembered events of his life, the patient will add that now, since he has told them, these events have become more real.

I should like to add here that often the mere fact of communicating such conscious thoughts or memories to the analyst makes hitherto hidden material (or important missing details of other material) easily available to the analysand, so that the latter either reaches some additional insight by himself or becomes ripe to grasp an interpretation.

What makes a memory more real when it is recounted than while it was kept secret? We might think of several explanations. That speech is a substitute for action has already been mentioned; this substitute action may render an experience more real, when it is verbalized, than one that is merely remembered. Another explanation is that

the inner experience may, while being told, acquire an additional reality value through its auditive perception.

Furthermore, spoken words are products of the speech act. The function of objectivation, which Cassirer (5), (6) stressed in language, plays an important part in the analytic process itself, in the assimilation by the ego of hitherto warded-off elements, as pointed out by Bibring (3) and Hartmann (17). But this is not all. It is true that 'unsspoken words are our slaves, and spoken ones enslave us'. The mere conscious awareness of psychological realities still keeps them in the realm of privacy; communicated, they become an objective and social reality.

A particular problem in analytic therapy centres around the verbalization of emotions and affects in the transference situation. Warded-off affects may emerge spontaneously

5In some emotionally charged states, such as grief, awe, or communion with a love object, talking is experienced as a desecration. The same may be true of the reluctance to reveal highly valued beliefs or ideals: a refusal 'to cast pearls before swine'.

6The role of warded-off exhibitionistic tendencies in these resistances is obvious.

7Human beings learn to speak from their mothers. In the transference, the analytic situation with all its emotional over- and undertones might well at times reawaken this remote period of a patient's life.

- 463 -

in the transference or as a result of previous interpretation. But the mere experiencing of affects in analysis must be followed by their verbal expression. Moreover, although in the analytic process such verbal expression may be a necessary step, this process is not completed until the connexions of the affects with specific contents have been re-established. Only thus can the affects be re-integrated as a part of defences as well as of instinctual drives; in other words, in their place within the structural framework of id, ego, and super-ego. The establishment of these connexions is likewise achieved with the help of verbalization. (The difficulty of dealing analytically with the impact of experiences stemming from preverbal stages in the patient's life is well known.)⁷

Affects expressed in words are henceforth external as well as internal realities. The words denoting these affects are now being perceived by both patient and analyst; they have become realities of the outside world in a factual and in a social sense.

Moreover, by analyzing the patient's transference phenomena or acting out, we endeavour to transform his repetitive behaviour in the transference into thinking, into the achievement of insight into his intentions and motivations through their verbalization. This may lead the patient ultimately to remember the conflicts, situations, and traumatic events of his past, which thus far he had been unconsciously repeating.

Resistance against the analysis of the transference situation may manifest itself at each of the points just mentioned. Moreover, resistance against the verbalization of affect can be traced to two types of motivation. One is based on the fear of being carried away too far by such expression of emotions, a fear that the affect might thus reach too much intensity and also have an effect on the analyst. The other motive seems to be of an opposite kind; some patients can indulge in their emotional states as long as they do not talk about them, but to put these emotions into words interrupts their silent gratification; it 'breaks the spell', one might say. To the discharge function through verbalization we must therefore add another, equally important one: the binding, as it were, of affects by speech. To a purely expressive function a reflective, cognitive function is added which may have an inhibiting influence on the discharge of affects. Both the discharge function and the binding function⁸ of verbalization underlie the curative effect of

insight in psycho-analysis. In turn both may at times be used by the forces of resistance for defensive purposes.

Summarizing our remarks about resistance to verbalization, we can say that at the point of verbal expression a last struggle is put up by the ego's defences against bringing the unconscious to consciousness. We must conclude that in the formation of analytic insight, verbalization is an essential step.

Man has the ability, either by concealment or lies or by communicating the truth, to influence or to create social realities through the spoken word. Language plays a decisive role in the formation and the development of thought processes (Sapir, 28), (29). The thought processes that particularly interest us here are those which deal with understanding or knowing oneself. Every analyst has had occasion to observe that a patient may express some idea or affect and then suddenly realize that such thought or feeling was hitherto completely unknown to him. The fact of having expressed it in words makes him recognize its existence. Let me give a recent example of such an incident. One of my patients, a man in his forties, conspicuously presented the consequences of the mechanisms of isolation and repression of affect. It was not until the beginning of his analysis, for instance, that he became aware of ever in his life having been jealous. He was equally unaware that he might ever have wanted to be loved by his mother. All his life he lived, to use his own words, in the illusion of being the preferred child of his parents. When once, in a situation where he imagined that I might take sides with an adversary of his, he brought up the 'illusion of communion' with the analyst and hesitantly spoke of feelings of jealousy, I remarked that his sentence was not complete. Reluctantly, and with a disbelieving chuckle, he finished the sentence which expressed that he wanted to be loved by his analyst. This wish had never occurred to him before uttering these words. (Needless to add that when the patient was

⁸This binding of the affect by words may be a factor in the neutralization of drive energies to which Kris (22) ascribes the therapeutic function of insight.

- 464 -

reminded of this incident a week later, it had been forgotten by him.) Here, one might say, words carried to the surface of conscious awareness a thought and an affect which had been unconscious before. In these instances, language performs the function of a kind of scaffolding that permits conscious thought to be built inside.

Another category of the phenomena based on verbalization, with which we are familiar in psycho-analysis, consists in interpretations given by the analyst. These, too, might to some extent be compared to a kind of scaffolding which the patient's thought can gradually fill. They then play the role stressed by Kris (20), when he spoke of recognition as an important step in the recall of repressed memories.

Not infrequently the interpretations are misused by the patient in the service of resistance. Thus intellectualization may use mere words, instead of insights; the empty scaffolding alone, without a building. This kind of resistance can sometimes be avoided by a judicious attention to tact, timing, and wording of interpretations. When the analyst believes, on the basis of preparatory work, that the time has come, that the patient is ready for it, he lends him the words, so to speak, which will meet the patient's thoughts and emotions half-way. In the peculiar dialogue going on between patient and analyst, their mutual understanding is based on the general property of human speech to create states of mind in the interlocutor akin to those expressed by the spoken words. The function of representation in speech elicits images and representations in the addressee which are similar to those used by the addressor. The expressive function

tends to arouse emotions or states similar to those expressed. The function of appeal potentially creates the reactions corresponding to the appeal. As far as the analyst is concerned, we expect that the patient's speech shall elicit in him only those potential responses which may act as signals⁹ for his understanding of the patient, and which ultimately may be used by him in interpreting the latter's utterances.

Freud advised listening to the patient's words while trying, at the same time, also to understand a second, a kind of coded message conveyed by them. The fundamental rule, since it requires the patient to relinquish the aim-directed character of his thought to some extent, brings this 'coded message' closer into the foreground. This is another way of saying that we observe that the patient's utterances become more obviously influenced by the primary process. We know that in the psychic phenomena which are under the sway of the primary process, the relationship between word representation and object representation—or, to use Ferdinand de Saussure's terms, between the signifying and the signified—is altered as compared to thoughts within the framework of the secondary process. To put it still differently: one might say that next to the usual vocabulary of any human language—i.e. to a definite set of meaningful relations between signs and ideas, 'signifying' and 'signified'—there exists another which is limited in scope, less definite, usually unconscious, and unintelligible, and which gains a partial hold upon the human mind on certain conditions; e.g. in dreams, in neurotic and psychotic thought processes. However, the use of the same kind of vocabulary in wit, jokes, and in actual love life often is conscious, intentional, and perfectly understandable to others.¹⁰

I do not intend to go into a detailed discussion of the various types of altered relations between 'signifying' and 'signified'. Let me give just two examples, out of a countless number common in analytic experience. An aeroplane phobia results from emotional reactions to the fact that, to a given patient, an aeroplane means not only a flying machine, but also a symbolic representation of a penis. In a case of compulsive neurosis, the anxiety created by sitting down in a taxicab was based upon the unconscious meaning of the act for this patient, which centred around the French colloquial connotation of 'sitting on somebody': an expression of contemptuous indifference.

In respect to the primary and secondary processes, the analytic process has a twofold effect. On the one hand, analysis elicits expressions of the unconscious vocabulary. On the other hand, it causes these thoughts to be translated into words of the ordinary language. Being confronted with them, as it were, by means of the speech act, the patient during the analysis is led to a gradual gaining of insight into phenomena that are under the sway of the primary process. By putting them into words, he subjects them to the influence of the secondary process.

⁹A similar idea was expressed by Kris (22).

¹⁰Benveniste (2) attempts to describe these phenomena in terms of well-known figures of style.

- 465 -

In the passage quoted above, Freud (16) ascribed to the function of speech the very fact that 'processes in the ego may ... acquire the quality of consciousness', since it 'brings the material in the ego into a firm connexion with the memory-traces of visual and more particularly of auditory perceptions'; adding that, as a consequence, 'a special apparatus becomes necessary in order to distinguish between ...' (stimulations from inside and from outside) '—that is, what is known as reality-testing.'

The analytic set-up 'creates for the patient a situation where attention and reality-testing are withdrawn from the outside world (the analyst) and shifted on to the inner experience of the patient' (Lowenstein, 23).¹¹ Insight which a patient may gain during analysis widens his capacity for reality-testing in the area of his mental processes and permits a far more differentiated use of it. He may learn to distinguish the role of his own unconscious drives or thoughts in the evaluation of situations involving other people; he may learn to discern the complexity of his motivations where only rationalization was used before; he may learn to understand the mental states of other persons; and he may acquire the ability to differentiate between the past and present of his own experience as well as of outside reality. The latter point is crucial in the therapeutic effects of psycho-analysis. All these acquisitions of reality-testing in the area of the patient's mental processes are acquisitions of the System Cs, and are gained with the help of and by means of speech as it is used in the analytic procedure. Indeed, the use of language permits human beings to give actuality even to events that are remote in time and space, and yet to distinguish them from those which exist here and now.

Why is it that certain psychic phenomena may have a pathogenic effect so long as they remain unconscious, but become harmless after having been brought to consciousness? Freud attempted to account for this peculiar state of affairs when he used the comparison with archaeology to explain the effect of analytic therapy. He compared it with the perennialness of the remnants of antiquity buried in Pompeii, and their speedy disintegration when brought out into the light (14). Their apparent timelessness was due to their being removed from the effects of the outside world; and their disintegration, once brought to the surface, was caused by various physical and chemical factors, by the influences of air and humidity from which they had so long been removed. What is it, then, that corresponds to these physical and chemical influences upon the unearthed Roman relics? What causes our psychic antiquities to disintegrate when they become conscious? In their unconscious state they have a pathogenic effect because, unlike the buried Roman remains, they continue to exert an action in the present: namely, on the personality of the patient. Brought to consciousness, they become harmless because insight and verbalization subject them to reality-testing and thus unravel the effects of the pathogenic intertwinement between past and present.

We know the therapeutic effect of analysis to be a lasting one, even though the insights and recollections achieved during treatment may apparently be forgotten once more. By undergoing conscious experience they have acquired a resistivity to repression, whether or not they remain available to conscious awareness. This resistivity of hitherto pathogenic memories to repression is ascribed by Kris (20) to the fact that, as a result of analytic insight, they have become part of a context. Freud (13) advanced a hypothesis according to which there are two types of memory traces: those deposited by unconscious and those deposited by conscious-preconscious processes. One might then presume that the latter contain elements of having been part of a context, of having undergone insight and reality-testing, which may account for an increased resistivity to both repression and regression.

Before concluding, I should like to discuss certain limitations and qualifications that must be attached to my presentation.

We know that various modes of communication and understanding, other than verbal ones, exist between human beings. Certainly we do not underestimate the importance of the immediate understanding of the unconscious between two people, of the intuitive

grasping of non-verbal forms of emotional expressions; and these important ways of communication might lie quite outside the realm of verbalization. They

11Hartmann recently expressed similar ideas in a Discussion on Defence Mechanisms at the Midwinter Meeting of the American Psychoanalytic Association in 1953.

- 466 -

even may play a part in the analyst's understanding of his patient. However, the essential factor in the investigative and therapeutic function of psycho-analysis is based upon the use of speech between patient and analyst. To be sure, not all relevant processes during an analysis occur on the level of consciousness; nor are all of them ever verbalized. And yet, without verbalization on the part of the patient, without interpretations, without gaining of insight, there would be no analysis and thus no such processes.

Communication may have a considerable and enriching influence on the development of the human personality (Rapaport, 27). However, the importance of verbalization in the therapeutic procedure of analysis should not lead us to assume that communication per se has a title to therapeutic efficiency. First of all, communication is not the whole of either language or speech (Sapir, 28), (29) ; (Piaget, 26). Moreover, people do not change just because they communicate with others. What counts in analysis is, not communication by itself, but what is being communicated on the part of both patient and analyst, what leads to communication, and what psychic processes and changes occur as a result of this communication as such and of its contents.

A most pertinent consideration arises, however, with regard to the therapeutic effects of self-analysis. Most psycho-analysts, I presume, experience its effectiveness only in the form of a continuation of a previous analysis with an actual analyst. As far as I know, it is then usually a solitary continuation of dialogue with the latter or with an imaginary analyst. In this respect it might be viewed as an imaginary dialogue in which the subject is able to play both parts, that of a patient and that of an analyst, and thus to some extent involving inner speech.

Nevertheless, the possibility of a therapeutic self-analysis serves to confirm what we would suspect in any case: that if verbalization and speech play an essential role in the therapeutic effects of the gaining of insight, they are not the only factors to do so.

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- 468 -

**ABRAHAM, K. (1922) MANIFESTATIONS OF THE FEMALE CASTRATION
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**MANIFESTATIONS OF THE FEMALE CASTRATION COMPLEX¹
KARL ABRAHAM**

The psychological phenomena which we ascribe to the so-called castration complex of the female sex are so numerous and multiform that even a detailed description cannot do full justice to them. These questions are made still more complicated by their relations to biological and physiological processes. The following investigation, therefore, does not pretend to present the problem of the female castration complex in all its aspects, but is limited to the purely psychological consideration of material gathered from a wide field of clinical observation.

I

Many women suffer temporarily or permanently, in childhood or in adult age, from the fact that they have been born female. Psycho-analysis further shows that a great number of women have repressed the wish to be male; we come across this wish in all products of the unconscious, especially in dreams and neurotic symptoms. The extraordinary frequency of these observations suggests that this wish is one common to and occurring in all

¹Amplified from a paper read before the Sixth International Psycho-Analytical Congress in The Hague, 1920.

- 1 -

women. If we incline to this view then we place ourselves under the obligation of examining both thoroughly and without prejudice the facts to which we attribute such a general significance.

Many women are often quite conscious of the fact that certain phenomena of their mental life arise from an intense dislike of being a woman; but, on the other hand, many of them are quite in the dark as regards the motives of such an aversion. Certain arguments are again and again brought forward to explain this attitude: for instance, it is said that girls even in childhood are at a disadvantage to boys because boys are allowed greater freedom; or, in later life, men are permitted to choose their profession and can extend their sphere of activity in many directions, and especially that they are subjected to far fewer restrictions in their sexual life. Psycho-analysis, however, shows that conscious arguments of this sort are of limited value, and are the result of

rationalisation—a process which veils the motives lying deeper. Direct observation of young girls shows unequivocally that at a certain stage of their development they feel at a disadvantage as regards the male sex by their poverty in external genitals. The results of the psycho-analysis of adults fully agree with this observation. We find that a large proportion of women have not overcome this disadvantage; or, expressed psychoanalytically, they have not successfully repressed and sublimated it. Ideas belonging to it often impinge with great force, arising in their strong charge of libido, against the barriers which oppose their entry into consciousness. This struggle of repressed material with the censorship can be demonstrated in a great variety of neurotic symptoms, dreams, etc.

The observation that the non-possession of a male organ produces such a serious and lasting effect in the woman's mental life would justify us in denoting all the mental derivatives relating to it by the collective name 'genital complex'. We prefer, however, to make use of an expression taken from the psychology of male neurotics, and to speak of the 'castration complex' also in the female sex; we have good reasons for this.

The child's high estimation of its own body is closely connected with its narcissism. A girl has primarily no feeling of inferiority in regard to her own body, and does not recognise that it exhibits a defect in comparison with a boy's. A girl, incapable of recognising a primary defect in her body, forms then the following

- 2 -

idea, as we have often observed: 'I had a penis once as boys have, but it has been taken away from me'. She therefore endeavours to represent the painfully perceived defect as a secondary loss, one resulting from castration.

This idea is closely associated with another which we shall later treat of in detail. The female genital is looked upon as a wound, and as such it represents an effect of castration.

We also come across phantasies and neurotic symptoms, and occasionally impulses and actions, which indicate a hostile tendency towards the male sex. In many women the idea that they have been damaged gives rise to the wish to revenge themselves on the privileged man. The aim of such an impulse is to castrate the man.

We find therefore in the female sex not only the tendency to represent a painfully perceived and primary defect as a secondary idea of 'having been robbed', but also active and passive phantasies of mutilation alongside each other, just as in the male castration complex. These facts then justify us in using the same designation in both sexes.

II

As was mentioned above, a girl's discovery of the male genitals acts as an injury to her narcissism. In the narcissistic period of development a child carefully watches over its possessions, and regards those of others with jealousy. It wants to keep what it has and to get what it sees. If anyone has an advantage over it then two reactions occur which are closely associated with each other; a hostile feeling against the other person is associated with the impulse to rob that other of what he possesses. The union of these two reactions constitutes envy, which represents a typical expression of the sadistic-anal developmental phase of the libido.²

A child's avaricious-hostile reaction to any additional possession it has noticed in another person may often be lessened in a simple manner: one tells the child that it will eventually receive what it longs for. There are many ways in which such pacifying promises

2The character trait of envy is treated more in detail in an article by the author to appear shortly, 'Ergänzungen zur Lehre vom analen Charakter'.

- 3 -

may be made to a little girl with respect to her own body. Her doubts may be relieved by telling her that she will grow as big as her mother, that she will have long hair like her sister, etc., and she will be satisfied with these assurances; but the subsequent growth of a male organ one cannot promise her. However in this latter case the little girl herself makes use of the method that has often been successful; for a long time she seems to cling to the hope of this expectation being fulfilled as to something that is obvious, as though the idea of a life-long defect were quite incomprehensible to her.

The following observation of a little girl, two years old, is particularly instructive in this respect. The little one saw her parents taking coffee at table. A box of cigars stood on a low cabinet near by. The child opened the box, took out a cigar and brought it to her father. She went back and brought one for her mother. Then she took a third cigar and held it out against the lower part of her body. Her mother put the three cigars back in the box. The child waited a little while and then played the same game over again.

The repetition of this game excluded its being due to chance. Its meaning is clear; the little one grants her mother a male organ like her father's. She represents the possession of the organ not as a privilege of men but of adults in general, and then she can expect to get one herself in the future. A cigar is not only a suitable symbol for the child's wish on account of its form. The child of course has long noticed that only her father smokes cigars and not her mother. The tendency to put man and woman on an equality is palpably expressed in presenting a cigar to her mother as well.

We are well acquainted with the attempts of little girls to adopt the male position in urination. Their narcissism cannot endure their not being able to do what another can, and therefore they endeavour to arouse the impression that their physical form does not prevent them from doing the same as boys do.

When a child sees its brother or sister receive something to eat or play with which it does not possess itself it looks to those persons who are the givers, and these in the first instance are the parents. It does not like to be less well off than its rivals. A girl, who compares her body with her brother's, often in phantasy expects that her father will 'make her a present' of that part of

- 4 -

the body she painfully misses; for the child's narcissistic confidence still leads her to believe that she could not possibly be permanently defective, and creative 'omnipotence' is readily ascribed to the father who can bestow on the child everything it desires.

But all these dreams crumble after a time. The pleasure principle ceases to dominate psychical processes unconditionally, adaptation to reality commences and with it the criticism of one's own wishes. The girl has now in the course of her psychosexual development to carry out an adaptation which is not demanded of boys in a similar manner; she has to reconcile herself to the fact of her physical 'defect', and to her female sexual rôle. The undisturbed enjoyment of early genital sensations will be a considerable aid in facilitating the renunciation of masculinity, for by this means the female genitals will regain their narcissistic value.

In reality, however, the process is considerably more complicated. Freud has drawn our attention to the close association of certain ideas in the child, namely, that the idea of a proof of love is inseparable from that of a gift. The first proof of love, which creates a lasting impression on the child and is repeated many times, is feeding from the mother. This act brings food to the child and therefore increases its material property, and at the same time acts as an agreeable stimulus to its erotogenic zones. It is interesting that in

certain districts of Germany (according to my colleague Herr Koerber) the suckling of a child is denoted 'Schenken' (to give, to pour). The child within certain limits repays the mother's 'gift' by a 'gift' in return—it regulates its bodily evacuations according to her wishes. The motions at an early age are the child's material gift par excellence in return for all the proofs of love it receives.

Psycho-analysis, however, has shown that the child in this early psychosexual period of development considers its faeces as a part of its own body. The process of identification further establishes a close relation between the ideas 'motion' and 'penis'. The boy's anxiety regarding the loss of the penis is based on this equating of the two ideas; the penis may be detached from the body in the same way as the motion is. In girls, however, the phantasy occurs of obtaining a penis by way of defaecation—to make one herself—or to receive it as a gift: the father as *beatus possidens* is usually the giver. The psychical process is thus dominated by the equation: motion=gift=penis.

- 5 -

The little girl's narcissism undergoes a severe test of endurance in the subsequent period. The hope that a penis will grow is just as little fulfilled as the phantasies of obtaining one by herself or as a gift. Thus disappointed the child is likely to direct an intense and lasting hostility towards those from whom she has in vain expected the gift. Nevertheless, the phantasy of the child normally finds a way out of this situation. Freud has shown that besides 'motion' and 'penis' signifying 'gift' there is still a third idea which is identified with both of them, namely, the idea of 'child'. The infantile theories of procreation and birth adequately explain this connection.

The little girl now cherishes the hope of getting a child from her father—as a substitute for the penis not granted her, again as a 'gift'. The wish for a child can be fulfilled, although in the future and with the help of a later love object. The wish therefore signifies an approximation to reality. The child by raising the father to the love object now enters into that stage of libido development which is characterised by the domination of the female Oedipus complex. At the same time maternal impulses develop through identification with the mother. The hoped-for possession of a child is therefore destined to compensate the woman for her physical defect.

We regard it as normal for the libido of a woman to be narcissistically bound to a greater extent than in a man, but it is not to be inferred from this that it does not experience far-reaching alterations right up to adult age.

The girl's original so-called 'penis envy' is at first replaced by envy of the mother's possession of children in virtue of the identification of her own ego with the mother. These hostile impulses need sublimation just as the libidinal tendencies directed towards the father. A latency period now sets in, as with boys, and when the age of puberty is reached the wishes which were directed to the first love object are re-awakened. The wish for the gift (child) has now to be detached from the idea of the father, and the libido thus freed has to find a new object. If this process of development is gone through in a favourable manner, the female libido is from now on attached to the idea of expectancy in connection with the man. Its expression is regulated by certain inhibitions (feelings of shame). The normal adult woman becomes reconciled to her own sexual rôle and to that of the

- 6 -

man, and in particular to the facts of male and female genitality; she desires passive gratification and longs for a child. The castration complex then gives rise to no disturbing effects.

Daily observation, however, shows us how frequently this normal end-aim of development is not attained. This fact should not astonish us, for a woman's life gives

cause enough to render the overcoming of the castration complex difficult. We refer to those factors which keep bringing back to memory the 'castration' of the woman. The primary idea of the 'wound' is re-animated by the impression created by the first and each succeeding menstruation, and then once again by defloration; for both processes are connected with loss of blood and thus resemble an injury. A girl need never have experienced either of these events; the very idea of being subjected to them in the future has the same effect on the growing-up girl. We can readily understand from the standpoint of the infantile sexual theories that delivery (or child-birth) is conceived of in a similar manner in the phantasies of young girls; we need only call to mind, for example, the 'Caesarian section theory' which conceives of delivery as a bloody operation.

In these circumstances we must be prepared to find in every female person some traces of the castration complex. The individual differences are only a matter of degree. In normal women we perhaps occasionally come across dreams with male tendencies in them. From these very slight expressions of the castration complex transitions lead to severe and complicated phenomena of a pronounced pathological kind, and it is with these latter that this investigation is principally concerned. In this respect also, therefore, we find a similar state of affairs to that obtaining in the male sex.

III

In his essay on 'Das Tabu der Virginität' Freud contrasts the normal outcome of the castration complex, which is in accord with the prevailing demand of civilisation, with the 'archaic' type. With many primitive peoples custom forbids a man to deflorate his wife; the defloration has to be carried out by a priest as a sacramental act, or must occur in some other way outside wedlock. Freud shows in his convincing analysis that this peculiar precept has arisen from the psychological risk of an ambivalent

- 7 -

reaction on the part of the woman towards the man who has deflorated her. Living with the woman whom he has deflorated might therefore be dangerous for a man.

Psycho-analytical experience shows that an inhibition of the psychosexual development is manifested in phenomena which are closely related to the conduct of primitive peoples. It is by no means rare for us to come across women in our civilisation of today who react to defloration in a way which is at all events closely related to that 'archaic' form. I know several cases in which women after defloration produced an outburst of affect and hit or throttled their husband. One of my patients went to sleep with her husband after the first intercourse, then woke up, seized him violently and only gradually came to her senses. There is no mistaking the significance of such conduct: the woman revenges herself for the injury to her physical integrity. Psycho-analysis, however, enables us to recognise a historical layer in the motivation of such an impulse of revenge. The retaliation is connected with the recent defloration; this experience undoubtedly serves as a convincing proof of male activity, and puts an end to all attempts to obliterate the functional difference between male and female sexuality. Nevertheless every profound analysis reveals the close connection of the phantasies of revenge with all the earlier events—phantasised or real—which have been equivalent to castration. The retaliation is found to refer ultimately to the injustice suffered at the hands of the father. The unconscious of the adult daughter takes a late revenge for the father's omission to bestow upon her a penis, either to begin with or subsequently; she takes it, however, not on the father in person, but on the man who in consequence of her transference of libido has assumed the father's part. The only adequate revenge for the suffered injustice—the castration—is castration. This can, it is true, be replaced

symbolically by aggressive measures; among these strangling is a typical substitutive action.

The contrast of such cases with the normal issue is evident. The normal attitude of love towards the other sex is both in man and woman indissolubly bound up with the conscious or unconscious desire for genital gratification in conjunction with the love object. On the other hand, in the cases just described we find a sadistic-hostile attitude with the aim of possession arising from anal motives, in place of an attitude of love with a genital

- 8 -

aim. The tendency to take away by force is evident from numerous accompanying psychical conditions. This phantasy of robbery exists in close connection with the idea of transferring the robbed penis to oneself. We shall return to this later.

The woman's wishes for masculinity, as already mentioned, only occasionally succeed in breaking through in this 'archaic' sense. On the other hand, there is a considerable number of women who are unable to carry out full psychical adaptation to the female sexual rôle. A third possibility remains to these women, namely, the way to homosexuality in virtue of the bisexual disposition common to humanity; they tend to adopt the male rôle in erotic relations with other women. They love to exhibit their masculinity in dress, in the way of doing their hair, and in their general behaviour. Other cases approximate to these in which the homosexuality does not break through to consciousness; the repressed wish to be male is here found in a sublimated form, i.e. masculine interests of an intellectual and professional character and other kinds are preferred and accentuated. Femininity, however, is not consciously denied; they usually proclaim that these interests are just as much feminine as masculine ones. They consider it irrelevant to say that the performances of a human being, especially in the intellectual sphere, belong to the one or the other sex. This type of woman is well represented in the woman's movement of to-day.

I have not thus briefly described these groups because I lightly value their practical significance. The phenomena of both types are well known, however, and have been sufficiently treated in psycho-analytical literature, so that I can rapidly pass on to the consideration of the neurotic transformations of the castration complex. There are many of them and they must be described exactly, some of them for the first time, and rendered intelligible from psycho-analytical points of view.

IV

The neurotic transformations originating in the female castration complex may be divided into two groups. The phenomena of one group rest on a strong, emotionally-toned, but not conscious desire to adopt the male rôle, i.e. on the phantasy of possessing a male organ. In the phenomena of the other group is expressed

- 9 -

the unconscious refusal of the female rôle, and also the repressed desire for revenge on the privileged man. There is no sharp line of demarcation between these two groups. The phenomena of one group do not exclude those of the other in the same individual; they supplement each other. The preponderance of this or that attitude can nevertheless often be clearly recognised. One may then speak of the preponderating reaction of a wish-fulfilment type or a revenge type.

We have already learned that besides the normal outcome of the female castration complex there are two abnormal forms of conscious reaction, namely, the homosexual type and the archaic (revenge) type. We have only to recall the general relation between perversion and neurosis with which we are familiar from Freud's investigations in order to be able to estimate the two neurotic types above described in respect to their

psychogenesis. They are the 'negative' of the homosexual and sadistic types; they contain the same motives and tendencies, but in repressed form.

The psychological phenomena which arise from the unconscious wishes for physical masculinity or for revenge on the man are difficult to classify on account of their multiplicity. It has also to be borne in mind that neurotic symptoms are not the sole expressions of unconscious origin which have to concern us here; we need only refer to the different forms in which the same repressed tendencies appear in dreams. As mentioned at the beginning, therefore, this investigation cannot pretend to give an exhaustive account of the forms of expression of the repressed castration complex, but rather to lay stress on certain frequent and instructive forms and especially those which have not hitherto been considered.

The wish-fulfilment which goes farthest in the sense of the female castration complex comprises those symptoms or dreams of neurotics which convert the fact of femininity into the opposite. The unconscious phantasies of the woman proclaim in such a case: I am the fortunate possessor of a penis and exercise the male function. Van Ophuijsen gives an example of this kind in his article on the 'masculine complex' of women. This case of the conscious phantasy from the youth of one of his patients gives us at first only an insight into the patient's still unrepressed active-homosexual wishes, but at the same time clearly demonstrates the foundation of neurotic symptoms which give expression to the

- 10 -

same tendencies after they have become repressed. The patient in the evening would place herself between the lamp and the wall, and then would hold her finger against the lower part of her body in such a manner that her shadow portrayed the form of a penis on her. She thus did something very similar to what the two years old child did with the cigar.

In conjunction with this instructive example I mention the dream of a neurotic newly-married woman. She was an only child. Her parents had ardently desired a son and had in consequence cultivated the narcissism and particularly the masculinity wishes of their daughter. According to an expression of theirs she was to become quite 'a celebrated man'. In her youthful day-dreams she saw herself as a 'female Napoleon'; she began a glorious career as a female officer, advanced to the highest positions, and saw all the countries of Europe lying at her feet. After having thus shown herself superior to all the men in the world a man appeared at last who surpassed not only all men but also herself; she subjected herself to him. Marital relations in real life were accompanied by the most extreme resistance against assuming the feminine rôle; I shall mention symptoms relating to this later. I quote here one of my patient's dreams.

'My husband seizes a woman, lifts up her clothes, finds a peculiar pocket and pulls out from it a hypodermic morphia syringe. She gives him an injection with this syringe and he is then carried away quite weak and miserable.'

The woman in this dream is the patient herself who takes over the active rôle from the man. The possibility for this is afforded her by a concealed penis (syringe) with which she practices coitus on him. The weakened condition of the man signifies that he is killed by her assault.

Pulling out the syringe from the pocket suggests the male method of urinating, which seemed enviable to the patient in her childhood. It has, however, a further significance. At a meeting of the Berlin Psycho-Analytical Society Boehm drew attention to a common infantile sexual theory: the penis originally ascribed to both sexes is thought to be concealed in a cleft from which it can temporarily emerge.

Another patient, whose neurosis brought to expression the permanent divorce between masculinity and femininity in most manifold forms, stated that during sexual excitation she often had

- 11 -

the feeling that something on her body swelled to an enormous size. The tendency of this sensation was obviously to delude herself that she possessed a penis.

In other patients the symptoms do not represent the complete wish-fulfilment in the sense of masculinity, but a corresponding expectation for the near or distant future. While the unconscious in the cases just described expresses the idea, 'I am a male', it here conceives the wish in the formula, 'I shall receive the "gift" one day, I absolutely insist upon that!'

The following conscious phantasy from the youth of a neurotic girl is perfectly typical of the unconscious content of many neurotic symptoms. When the girl's elder sister menstruated for the first time she noticed that her mother and sister conversed together secretly. The thought flashed across her, 'Now my sister is certainly getting a penis'; therefore she herself will get one in due course. The reversal of the real state of affairs is here highly characteristic: the acquisition of the longed-for part of the body is put in place of the renewed 'castration' which the first menstruation signifies.

A neurotic patient in whom psycho-analysis revealed extraordinary narcissism one day showed the greatest resistance to treatment, and manifested many signs of defiance towards me which really referred to her deceased father. She left my consulting room in a state of violent negative transference. When she stepped into the street she caught herself saying impulsively: 'I will not be well until I have got a penis'. She thus expected this gift from me, as a substitute for her father, and made the effect of the treatment dependent upon it. Certain dreams of the patient had the same content as this idea which suddenly appeared from her unconscious. In these dreams being presented with something occurred in a double sense (to receive a child or a penis).

Compromises between impulse and repression occur in the sphere of the castration complex as elsewhere in the realm of psychopathology. In many cases the unconscious is content with a substitute-gratification, in place of the male organ and the full wish fulfilment by present or future possession.

A condition in neurotic women which owes one of its most important determinants to the castration complex is enuresis nocturna. The analogy to the determination of this symptom in male neurotics is striking. I mention, for example, a dream of a patient fourteen years old who suffered from this complaint. He

- 12 -

was in a closet and urinating with manifest feelings of pleasure when he suddenly noticed that his sister was looking at him through the window. When a little boy he had actually demonstrated with pride before his sister his masculine way of urinating. This dream ending in enuresis shows the boy's pride in his penis, and enuresis in the female frequently rests on the wish to urinate in the male way. The dream represents this process in a disguised form and ended with a pleasurable emptying of the bladder.

Women who are prone to enuresis nocturna are regularly burdened with strong resistances against the female sexual functions. The infantile desire to urinate in the male position is associated with the well-known interchange of urine and sperma, and of micturition and ejaculation. The unconscious tendency to wet the man with urine in sexual intercourse has its origin here.

Other substitute formations show a still greater displacement of the libido in that they are removed some distance from the genital region. When the libido for some reason or other has to turn away from the genital zone it is attracted to certain other erotogenic

zones, the particular ones being chosen as the result of individual determinations. In some neurotic women the nose achieves the significance of a surrogate of male genital. The not infrequent neurotic attacks of redness and swelling of the nose in women is conceived in the unconscious phantasy as an erection in the sense of masculinity wishes.

In other cases the eyes take over a similar rôle. Some neurotic women get an abnormally marked congestion of the eyes with every sexual excitation. In a certain measure this congestion is a normal and common phenomenon accompanying sexual excitation. However, in those women of whom we are speaking the condition is not simply a quantitative increase of the phenomenon for a short period, but a redness of the sclerotics accompanied by a burning sensation, while swelling persists for several days after each sexual excitation. In such cases we are justified in speaking of a conjunctivitis neurotica.

I have seen several women patients, troubled by many neurotic consequences of the castration complex, in whom this condition of the eyes was associated with a feeling of a fixed stare which they conceived to be an expression of their masculinity. In the unconscious the 'fixed stare' is often equivalent to an erection. I have already alluded to this symptom in an earlier article dealing

3See 'Über Einschränkungen und Umwandlungen der Schaulust usw.' Jahrbuch der Psychoanalyse, 1914, Bd. IV, or the same article in 'Klinische Beiträge zur Psychoanalyse', 1921, S. 168f.

- 13 -

with neurotic disturbances of the eyes.³ In some cases the idea exists that the fixed stare will terrorise people. If we pursue the unconscious train of thought of these patients who identify the fixed stare with erection we can then understand the meaning of their anxiety. Just as male exhibitionists among other things seek to terrify women by the sight of the phallus, so these women unconsciously endeavour to attain the same effect by means of their fixed stare.

Some years ago a very neurotic young girl consulted me. The very first thing she did on entering my consulting room was to ask me straight out whether she had beautiful eyes. I was startled for a moment by this very unusual way of introducing oneself to a physician. She noticed my hesitation and then gave vent to a violent outburst of affect on my suggestion that she should first of all answer my questions. The whole conduct of the patient, whom I only saw a few times, made a methodical psycho-analysis impossible. I did not succeed even in coming to a clear diagnosis of the case, for certain characteristics of the clinical picture suggested a paranoid condition. Still I was able to obtain a few facts concerning the origin of a most striking symptom, which in spite of their incompleteness offered a certain insight into the structure of the condition.

The patient told me that she had experienced a great fright when a child. In a small town where she then lived a boa constrictor had broken out from a menagerie and could not be found. On passing through a park with her governess she thought the snake suddenly appeared before her. She became quite rigid with terror and ever since had been afraid that she might have a fixed stare.

It could not be decided whether this experience was a real one or whether it was wholly or partially a phantasy. The association, snake = rigidity, is familiar and comprehensible to us. We also recognise the snake as a male genital symbol. Fixity of the eye is then explicable from the identification, fixed eye = snake = phallus. The patient, however, protected herself against this masculinity wish of hers, and its place was taken by the compulsion to get every man to assure her that her eyes were beautiful,

- 14 -

i.e. had feminine charms. If anyone hesitated to answer her question in the affirmative we have to assume that she was exposed to the danger of becoming overwhelmed by a male-sadistic impulse which was repressed with difficulty, and so fell into a state of anxiety at the rising tide of her masculinity.

I should like to point out here that these various observations by no means do justice to the great multiplicity of the symptoms belonging to this group. I supplement these examples, which illustrate the vicarious assumption by various parts of the body of the male genital rôle, by adding that objects which do not belong to the body can also be made use of for the same purpose, provided their form and use permits in any way a genital-symbolical utilisation. We may call to mind the tendency of neurotic women to use a syringe and to give themselves or relatives enemas.

There are numerous points of contact here with the normal expressions of the female castration complex, especially with typical female symptomatic acts. For example, thrusting the end of an umbrella into the ground may be mentioned; the great enjoyment many women obtain from using a hose for watering the garden is also characteristic, for here the unconscious experiences the ideal fulfilment of a childish wish.

Other women are less able or less inclined to find a substitute-gratification of the masculinity wishes in neurotic surrogates. Their symptoms give expression to a completely different attitude. They represent the male organ as something of secondary importance and unnecessary. Here belong all the symptoms and phantasies of immaculate conception. It is as though these women want to proclaim through their neurosis: 'I can also do it alone'. One of my patients experienced such a conception while in a dreamlike, hazy state of consciousness. She had had a dream once before in which she held a box with a crucifix in her hands; the identification with Mary is here quite clear. I constantly found the anal character traits particularly pronounced in neurotic women who showed these phenomena. In the idea, 'to be able to do it alone', is expressed a high degree of obstinacy which is also prominent in these patients. They wish, for example, to find everything in the psycho-analysis alone, without the help of the physician. They are as a rule women who through obstinacy, envy and self-overestimation destroy all relationships in their environment, even their whole life.

- 15 -

V

The symptoms we have described up to the present bear the character of positive wish-fulfilment in the sense of the infantile desire to be physically equal to the man. The last-mentioned forms of reaction, however, already begin to approximate to the revenge type. For in the refusal to acknowledge the significance of the male organ there is expressed, although in a very mitigated form, an emasculation of the man. We therefore arrive quite easily at the phenomena of the second group.

We regularly meet two tendencies in repressed form in these patients: the longing for revenge on the man, and the desire to take by force the longed-for organ, i.e. to rob the man of it.

One of my patients dreamed that she in common with other women carried round a gigantic penis which they had robbed from an animal. This reminds us of the neurotic impulse to steal. The so-called kleptomania is often traceable to the fact that a child feels injured or neglected in respect of proofs of love—which we have equated with gifts—or in some way feels disturbed in the gratification of its libido. It procures a substitute pleasure for the lost pleasure, and at the same time takes revenge on those who have caused it the supposed injury. Psycho-analysis shows that in the unconscious

of our patients there exist the same impulses to take forcible possession of the 'gift' which has not been received.

Vaginismus is from a practical point of view the most important of the neurotic symptom serving the repressed phantasies of performing castration on the man. The tendency of vaginismus is not only to prevent intromission of the penis, but also in case of its intromission not to let it escape again, i.e. to retain it and thereby carry out castration on the man. The phantasy therefore culminates in robbing the man of his penis and appropriating it to oneself.

The patient who had produced the previously-mentioned dream of the morphia syringe showed a rare and complicated form of refusal of her husband at the commencement of their marriage. She suffered from an hysterical adduction of her thighs whenever her husband approached her. After this had been overcome in the course of a few weeks a high degree of vaginismus developed as a fresh symptom of refusal; the vaginismus only completely disappeared under psycho-analytic treatment.

- 16 -

The same patient, whose libido was very strongly fixed on her father, once had a short dream previous to her marriage, which she related to me in very remarkable words. She said that in the dream her father had been run over and had thereby 'lost some leg or other and his power'. The castration idea is here not only expressed by means of the 'leg' but also by the 'power'. Being run over is one of the most frequent castration symbols. One of my patients whose 'totem' was a dog dreamed how a dog was run over and lost a leg. The same symbol is found in a phobia that a definite male person may be run over and thereby lose an arm or a leg. One of my patients was the victim of this anxiety with reference to various male members of her family.

For many years and especially during the late war I have come across women who take particular erotic interest in men who have lost an arm or a leg by amputation or accident. These are women with particularly strong feelings of inferiority; their libido prefers a mutilated man rather than one who is physically intact; the mutilated man has also lost a limb. It is obvious that these women feel themselves physically closer to the mutilated man, they consider him a companion in distress and do not need to reject him with hate like the sound man. The interest of some women in Jewish men is explicable on the same grounds; the circumcision is looked upon as at any rate a partial castration, and so makes possible a transference of libido to the man. I know cases in which mixed marriages were contracted by women chiefly as a result of an unconscious motive of this nature. The same interest is also shown in men who are crippled in other ways and have thereby lost the masculine 'superiority'.

It was the psycho-analysis of a girl seventeen years old that gave me the strongest impression of the power of the castration complex. In this case there was an abundance of neurotic conversion phenomena, phobias, and obsessive impulses, all of which were connected with her disappointment at her femininity and with revenge phantasies against the male sex. The patient had been operated on for appendicitis some years previously.⁴ The surgeon had given her the removed appendix preserved in a bottle of spirit, and this she now treasured as something sacred. Her ideas of being castrated centred round this specimen, and

⁴The removal of the vermiform appendix in men also often stimulates their castration complex.

⁵Another patient imagined she had a brother and had to remove his appendix.

- 17 -

it also appeared in her dreams with the significance of the once possessed but now lost penis.⁵ As the surgeon happened to be a relative of the patient it was easy for her to connect the 'castration' performed by him associatively with her father.

Among the patient's symptoms which rested on the repression of active castration wishes was a phobia which can be called dread of marriage. This anxiety was expressed in the strongest opposition to the idea of a future marriage, because the patient was afraid 'that she would have to do something terrible to her future husband'. The most difficult part of the analysis was to uncover an extreme refusal of genital erotism, and an extraordinary accentuation of mouth erotism in the form of phantasies which appeared compulsively. The idea of oral intercourse was firmly united with that of biting off the penis. This phantasy, which is frequently expressed in anxiety and phenomena of the most varied kinds, was in the present case accompanied by a number of other ideas of a terrifying nature. Psycho-analysis succeeded in removing this abundant production of morbid phantasy.

These kinds of anxiety prevent the person from having intimate union with the other sex, and thereby also from carrying out the unconsciously intended 'crime'. The patient is then the only person who has to suffer under those impulses, in the form of permanent abstinence and neurotic anxiety. This assumes a different form as soon as the active castration phantasy has become somewhat distorted and thereby unrecognisable to consciousness. The modified appearance of the phantasies makes possible stronger effects of these tendencies externally. Such a modification of the active castration tendency can take such a form as that the idea of robbing the man of his genital is abolished and the hostile purpose is displaced from the organ to its function; the aim is now to destroy the potency of the man. The wife's neurotic sexual aversion often has a repelling effect on the man's libido so that a disturbance of potency occurs.

A further modification of the aggressive tendency is expressed in an attitude of the woman to the man that is seen fairly frequently and which can be exceedingly painful to him; it is the tendency to disappoint the man. Disappointing signifies to excite

- 18 -

expectations in a person and not fulfil them. In relations with the man this can occur through response up to a certain point followed by refusal. This behaviour is most frequently and significantly expressed in frigidity on the part of the woman. Disappointing other persons is a piece of unconscious tactics which we frequently find in the psychology of the neuroses and is especially pronounced in obsessional neurotics. These neurotics are unconsciously impelled towards violence and revenge, but on account of the contrary play of ambivalent forces these impulses are incapable of effectually breaking through. Because the hostility cannot express itself in actions these patients excite expectations of a pleasant nature in their environment which they do not subsequently fulfil. In the sphere of the female castration complex the tendency to disappoint can be represented in respect to its origin as follows:

First stage: I rob you of what you have because I lack it.

Second stage: I rob you of nothing: I even promise you what I have to give.

Third stage: I do not give you what I have promised.

In very many cases the frigidity is associated with the conscious readiness to assume the female rôle and acknowledge that of the man. The unconscious striving has in part the object of disappointing the man who is inclined to infer from the conscious readiness of his wife the possibility of mutual enjoyment; while there also exists in the frigid woman the tendency to demonstrate to herself and her partner that his ability signifies nothing.

If we penetrate to the deeper psychic layers we recognise how strongly the desire of the frigid woman to be male dominates in the unconscious. In a previous article I have attempted to demonstrate in conjunction with Freud's well-known observations on frigidity⁶ that this condition in the female sex is the exact analogue of a disturbance of potency in the man, namely, 'ejaculatio praecox'.⁷ In both conditions the libido is attached to that erotogenic zone which has normally a similar significance in the opposite sex. In cases of frigidity the pleasurable sensation is as a rule situated in the clitoris and the vaginal zone has none. The clitoris, however, corresponds developmentally with the penis.

⁶Drei Abhandlungen zur Sexualtheorie, 4. Aufl., S. 83f.

⁷'Über Ejaculatio praecox'. Internationale Zeitschrift für Psychoanalyse, 1916–17, Bd. IV, S. 171.

- 19 -

Frigidity is such an exceedingly wide-spread disturbance that it hardly needs description with examples. On the other hand, it is less well-known that the condition appears in varying degrees. The highest degree, that of actual anæsthesia, is rare; in these cases the vaginal mucous membrane has lost all sensitiveness to touch, so that the male organ is not perceived in sexual intercourse, and its existence is therefore actually denied. The common condition is a relative disturbance of sensitivity; contact is perceived but is not pleasurable. In other cases a sensation of pleasure is felt but does not go on to orgasm, or, what is the same thing, the contractions of the female organ corresponding with the acme of pleasure are absent. It is these contractions that signify the complete and positive reaction of the woman to the male activity, the absolute affirmation of the normal relation of the sexes.

Some women desire gratification along normal paths but endeavour to make the act as brief and formal as possible. They refuse all enjoyment of any preliminary pleasure; especially do they behave after gratification as if nothing had happened that could make any impression on them, and turn quickly to some other subject of conversation, a book or occupation. These women thus give themselves up to the full physical function of the woman for a few fleeting moments only to disown it immediately afterwards.

It is an old and well-known medical fact that many women only obtain normal sexual sensation after a child has been born. They become, so to speak, only female in the full sense by way of maternal feelings. The deeper connection of this is only to be comprehended by the castration complex. The child was even at an early period the 'gift' which was to compensate for the missed penis. It is now received in reality, and thus the 'wound' is at last healed. It is to be noted that in some women there exists a wish to get a child from a man against his will; we cannot fail to see in this the unconscious tendency to take the penis from the man and appropriate it—in the form of a child. The other extreme belonging to this group is represented by those women who wish to remain childless under all circumstances. They decline any kind of 'substitute', and would be constantly reminded of their femininity in the most disturbing manner if they had children.

A relative frigidity exists not only in the sense of the degree of capability of sensation, but also in the fact that some women are frigid with certain men and sensitive with others.

- 20 -

It will probably be expected that a marked activity on the part of the man is the most favourable condition to call forth sexual sensation in such relatively frigid women. This, however, is not always the case; on the contrary, there are many women in whom

a humiliation of the man is just as essential a condition of love as is the humiliation of the woman to many neurotic men.⁸ A single example may be given in illustration of this by no means rare attitude. I analysed a woman whose love-life was markedly polyandrous, and who was constantly anæsthetic if she had to acknowledge that the man was superior to her in some way or other. If, however, she had a quarrel with the man and succeeded in forcing him to give in to her, then her frigidity disappeared completely. Such cases show very clearly how necessary acknowledgement of the male genital function is as a condition of a normal love-life on the part of the woman. We here arrive at a source of the conscious and unconscious prostitution of women.

Frigidity is a necessary condition of the behaviour of the prostitute. Full sexual sensation binds the woman to the man, and only where this is lacking does the woman go from man to man, just like the continually ungratified Don Juan type of man who has constantly to change his love-object. The Don Juan avenges himself on all women for the disappointment which happened to him once on the part of the first woman in his life, and the prostitute avenges herself on every man for the gift she had expected from her father and did not receive. Her frigidity signifies a humiliation of all men and therefore a mass castration in the sense of her unconscious; her whole life is given up to this tendency.⁹

While the frigid woman unconsciously strives to diminish the importance of that part of the body denied her, there is another form of refusal of the man which strives for the same aim with the opposite means. In this form of refusal the man is nothing else than a sex organ and therefore consists only of coarse sensuality. Every other mental or physical quality is denied him. The effect is that the neurotic woman imagines that the man is an inferior being on account of his possession of a penis. Her self-respect

⁸See Freud, *Beiträge zur Psychologie des Liebesiebens*, sections I and II, 'Kleine Schriften zur Neurosenlehre', Bd. IV.

⁹The remarks of Dr. Theodor Reik in a discussion at the Berlin Psycho-Analytical Society have suggested this idea to me.

- 21 -

is thereby enhanced, and she may even be pleased at being free from such inferiority. One of my patients who showed a very marked aversion to men had the obsessing hallucination of a very big penis at the sight of any man and in any situation. This vision brought to her mind again and again that there is nothing else in men than their genital organ, from which she turned away in disgust, but which at the same time represented something that greatly interested her unconscious. Certain phantasies connected with this vision were of a supplementary nature. In these the patient represented herself as though every opening of her body, even the body as a whole, was nothing else than a receptive female organ. The vision therefore contained a mixture of overestimation and depreciation of the male organ.

VI

We have already shown that the tendency to depreciate the importance of the male genital underlies a progressive sexual repression, and often appears outwardly as humiliation of men as a whole. In neurotic women this tendency is often shown by an instinctive avoidance of men who have pronounced masculine characteristics. They direct their love choice towards passive and effeminate men, and by living with them can daily renew the proof that their own activity is superior to the man's. Just like manifest homosexual women they love to represent the mental and physical differences between man and woman as insignificant. One of my patients when six years old had

begged her mother to send her to a boy's school in boy's clothes; 'then no one will know that she is a girl'.

Besides the inclination to depreciate men there is also found a marked sensitiveness of the castration complex towards any situation which can awaken a feeling of inferiority, even if only remotely. Women with this attitude refuse to accept any kind of help from a man, and show the greatest disinclination to follow a man's example. A young woman betrayed her claims of masculinity, repressed with difficulty, by declining to walk along a street covered in deep snow behind her husband and make use of his footsteps. A further very significant characteristic of this lady may be mentioned here. When she was almost a child she

- 22 -

had had a strong desire for independence, and in adolescence she was very jealous of the occupations of two women in particular: the cashier in her father's office, and the woman who swept the street in her native town. The cause of this attitude is obvious to the psycho-analyst. The cashier sweeps together money, the crossing-sweeper dirt, and both things have the same significance in the unconscious. There is here a marked turning away from genital sexuality in favour of the formation of anal character traits, a process which will be mentioned in another connection.

A characteristic behaviour of some children shows the strength of the disinclination to be reminded of one's own femininity by any impression. In little girls it not infrequently happens that they give up in favour of the stork fable knowledge they have already obtained of procreation and birth. The rôle bestowed upon them by nature is distinctly unwished-for. The stork tale has the advantage that in it children originate without the man's part being a more privileged one in respect of activity.

The most extreme degree of sensitiveness in the sense of the castration complex is found in certain cases of psychical depression in the female sex. Here the feeling of misfortune on account of their femininity exists wholly unrepressed; these women do not even succeed in working it off in a modified form. One of my patients complained about the complete uselessness of her life because she had been born a girl. She considered the superiority of men in all respects as obvious, and just for this reason felt it so tormentingly. She refused to compete with men in any sphere, and also rejected every feminine performance. In particular she declined the female erotic rôle, and equally so the male one. In consequence of this attitude all conscious eroticism was entirely strange to her; she even said that she was unable to imagine any erotic pleasure at all. Her resistance against female sexual functions assumed grotesque forms. She transferred her refusal to everything in the world that reminded her, if only remotely, of bearing fruit, propagation, birth, etc. She hated flowers and green trees, and found fruit disgusting. A mistake which she made many times was easily explicable from this attitude; she would read 'furchtbar' ('frightful') instead of 'fruchtbar' ('fruitful'). In the whole of nature only the winter in the mountains could give her pleasure; there was here nothing to remind her of living

- 23 -

beings and their propagation, but only stones, ice and snow. She had the idea that in marriage the woman was quite of secondary importance, and an expression of hers clearly showed that this idea was based on the castration complex. She said that the ring—which was to her a hated female symbol—was not fit to be a symbol of marriage, and she suggested a nail as a substitute. The over-emphasis of masculinity here evidently developed from the penis envy of the little girl which appeared strikingly undisguised in the patient's adult age.

In many women the incapability of reconciling themselves to the lack of the male organ is expressed in neurotic horror at the sight of wounds. Every wound re-awakens in their unconscious the idea of the 'wound' received in childhood. Sometimes a definite feeling of anxiety occurs at the sight of wounds, and sometimes this sight or the mere idea of it causes a 'painful feeling in the lower part of the body'. The patient whom I mentioned above as having a complicated form of vaginismus spoke of her horror of wounds at the commencement of the psycho-analysis and before there had been any mention of the castration complex. She said that she could look at large and irregular wounds without being particularly affected. On the other hand, she could not bear to see a very small and somewhat open cut in her skin or on another person if the red colour of the flesh was visible in the depth of the cut; this gave her an intense pain in the genital region coupled with marked anxiety, 'as though something had been cut away there'. Similar sensations accompanied by anxiety are found in men with marked fear of castration. In many women it does not need the sight of a wound to cause phenomena of the kind described, but they also have an aversion, associated with marked affects, to the idea of surgical operations, even to knives. Some time ago a lady who was a stranger to me and who would not give her name rang me up on the telephone and asked me if I could prevent an operation that had been arranged for the next day. On my request for more information she told me she was to be operated on for a severe uterine haemorrhage due to myomata. When I told her it was not part of my work to prevent a necessary and perhaps life-saving operation she did not reply, but explained with affective volubility that she had always been 'hostile to all operations', adding, 'whoever is once operated on is for ever afterwards a cripple for life'. The senselessness of this

- 24 -

exaggeration is comprehensible if we remember that that operation carried out in phantasy in early childhood makes the girl a 'cripple'.

VII

A tendency with which we are well acquainted and which has already been mentioned leads in the sphere of the female castration complex to modifications of the aversion, to conditional admission of that which is tabooed, and to compromise formations between impulse and repression.

In some of our patients we come across phantasies which refer to the possibility of a recognition of the man and to the formulation of conditions under which the patient, after their fulfilment, would be prepared to reconcile herself to her femininity. I mention first of all a condition I have met with many times; it runs: 'I could be content with my femininity if I were absolutely the most beautiful of all women'. All men would lie at the feet of the most beautiful woman, and the female narcissism would consider this power not a bad compensation for the defect so painfully perceived. It is in fact easier for a beautiful woman to assuage her castration complex than for an ugly one. However, the idea of being the most beautiful of all women does not have this effect in all cases. We are well-acquainted with the expression of a woman, 'I should like to be the most beautiful of all women so that all men would adore me; then I would show them the cold shoulder'. In this case the craving for revenge is quite clear; this remark was made by a woman of an extremely tyrannical nature which was based on a wholly unsublimated castration complex.

However, the majority of women are less blunt, they are inclined to compromise and to satisfy themselves with relatively harmless expressions of their repressed hostility. In this connection we can understand a characteristic trait in the conduct of many women. Let us keep in view the fact that sexual activity is essentially associated with the male organ, that the woman is only in the position to excite the man's libido or respond to it,

and that otherwise she is compelled to adopt a waiting attitude. In a great number of women we find resistance against being a woman displaced to this necessity of waiting. In marriage these women take

- 25 -

a logical revenge upon the man in that they keep him waiting on all occasions in daily life.

There is another condition related to the above mentioned 'If I were the most beautiful woman'. In some women we find readiness to admit the male activity and their own passivity connected with the idea that the most manly (greatest, most important) man should come and desire them. We have no difficulty in recognising here the infantile desire for the father. I have previously mentioned an example of a phantastic form of this idea from one of my psycho-analyses. I was able to follow the development of a similar phantasy through different stages in the psycho-analysis of another patient. The original desire ran: 'I should like to be a man'. When this was given up, the patient wished to be 'the only woman' (at first 'the only woman of the father' was meant). When also this wish had to give way to reality the idea appeared: 'As a woman I should like to be unique'.

Certain compromise formations are of far greater practical importance, and though well-known to psycho-analysts nevertheless merit special consideration in this connection. They concern the acknowledgement of the man, or to be more correct, his activity and the organ serving it, combined with definite limitations. Sexual relations with the man are endured, even wished-for, so long as the woman's own genital organ is avoided, or is, so to speak, considered to be non-existent. A displacement of libido to other erotogenic zones (mouth, anus) takes place, and a mitigation of feelings of discomfort originating in the castration complex is associated with this turning away of sexual interest from the genital organ. The body openings which are now at the disposal of the libido are not specifically female organs! Further determinants are found in the analysis of each of this kind of cases; one only need be mentioned, namely, the possibility of active castration through biting by means of the mouth. Oral and anal perversions in women are therefore to a considerable extent explicable in the light of the castration complex.

Among our patients we certainly have to deal more frequently with the negative counterpart of the perversions, i.e. with conversion symptoms which occur in relation to the specific erotogenic zones, than with the perversions themselves. Examples of this kind have already been mentioned above. I referred among other cases to that of a young girl who had the phobia of having to

- 26 -

do something horrible to her husband in the event of her marriage. The 'horrible thing' turned out to be the idea of castration through biting. The case showed most clearly how displacement of the libido from the genital to the mouth zone gratifies very different tendencies simultaneously. In these phantasies the mouth serves equally for the desired reception of the male organ and for its destruction. Such experiences warn us not to be too ready to overestimate a single determinant. Although in the preceding presentation we have estimated the castration complex to be an important impelling force in the development of neurotic phenomena, we are not justified in over-valuing it in the way Adler has done when he one-sidedly represents the 'masculine protest' as an essential *causa movens* of the neuroses. Experience that is definite and is verified every day shows us that neurotics of both sexes who loudly proclaim and lay emphasis on the masculine tendency frequently conceal—though only superficially—intense female-passive desires. Psycho-analysis should constantly remind us of the over-determination

of all psychical ideas; it has to reject as one-sided and fragmentary every psychological method of working which does not take into full account the influence of various factors on one another. In the present work I have collected material belonging to the castration complex from a great number of psycho-analyses. I expressly mention here that it is solely for reasons of clearness that I have only occasionally mentioned the expressions of the female-passive impulses which were lacking in none of my patients.

VIII

Women whose ideas and feelings are influenced and governed by the castration complex to an important degree—no matter whether consciously or unconsciously—transplant the effect of this complex on to their children. These women may influence the psychosexual development of their daughters either by speaking disparagingly of female sexuality to them, or by unconsciously giving them indications of their aversion to the man. The latter method is the more permanently effective one, because it tends to undermine the heterosexuality of the growing-up girl. On the other hand, the direct method of depreciation can evoke real effects of

- 27 -

a shock, for instance, if a mother says to her daughter who is about to marry 'What is coming now is disgusting'.

There are in particular those neurotic women whose libido has been displaced from the genital to the anal zone and who give expression to their disgust of the male body in this or similar manner. These women produce serious effects on their sons without foreseeing the result of their attitude. A mother with this kind of aversion to the male sex injures the narcissism of the boy. A boy in his early years is proud of his genital organs, he likes to exhibit them to his mother and expects her to admire them. He soon sees that his mother ostentatiously looks the other way, even if she does not give expression to her disinclination in words. These women are especially given to prohibiting masturbation on the grounds that it is disgusting for him to touch his genital organ. Whereas touching and even mentioning the penis is most carefully avoided by these women they tend to caress the child's buttocks, and cannot speak enough of the 'bottom', often getting the child to repeat this word; they also take an excessive interest in the child's defaecatory acts. The boy is thus forced to an altered orientation of his libido. Either it is transferred from the genital to the anal zone, or the boy is impelled towards his own sex, his father in the first instance, and feels himself bound to his father by a bond which is quite comprehensible to us; at the same time he becomes a woman-hater, and later will be constantly ready to make very severe criticisms of the weaknesses of the female sex. This chronic influence of the mother's castration complex seems to me to be a cause of the castration-fear in boys of greater importance than occasionally uttered threats of castration. I can produce abundant proofs of this view from my psycho-analyses of male neurotics. The mother's anal-erotism is the earliest and most dangerous enemy of the psychosexual development of children, the more so because the mother has more influence on them in the earliest years of life than the father.

To everyone of us who are practising psycho-analysts the question occurs at times whether the trifling number of individuals to whom we can give assistance justifies the great expenditure of time, labour and patience. The answer to this question is contained in the above exposition: If we succeed in freeing such a person from the defects of her psychosexuality, i.e. from the burdens of her castration complex, then we obviate the neuroses

- 28 -

of children to a great extent, and thus help the coming generation. Our psycho-analytic activity is a quiet and little recognised work, and for this reason all the more attacked, but its effect on and beyond the individual seems to us an aim worthy of much labour.

- 29 -

ABRAHAM, K. (

FENICHEL, O. (1930) THE PSYCHOLOGY OF TRANSVESTISM. INT. J. PSYCHO-ANAL., 11:211 (IJP)

**THE PSYCHOLOGY OF TRANSVESTISM1
OTTO FENICHEL**

I

All authors who have dealt with the subject of transvestism are agreed that the mysterious behaviour of the victims of this perversion has points of contact with various other perverse practices. It was not until 1910 that this manifestation of psychopathia sexualis was, rightly, described by Hirschfeld as a specific form of perversion.² Earlier authors had classified cases of the sort on the basis of their points of contact with other perversions. This affinity leads us to hope that the psycho-analytical elucidation of transvestism may contribute something of importance to the explanation of the psychology of perversions in general. Again, in so far as the allied perversions have already been exhaustively studied by analytical methods, the fact that it is akin to them will enable us to understand the phenomenon of transvestism.

The behaviour of many transvestists gives an entirely masochistic impression: we call to mind, for instance, the figure which is the ideal of many such perverts—Hercules clothed in woman's garments and serving his mistress, Omphale. We know, too, that many who practise this perversion obtain gratification only when they are seen in the clothes of the opposite sex, i.e. strictly speaking, they are exhibitionists. But there are other, far more obvious, points in which transvestism is related to fetichism and homosexuality, and these points have already been the subject of scientific controversy. I refer to the over-estimation of clothing and body-linen, and to many purely fetichistic traits in cases of the sort, e.g. a particular preference for shoes or ear-rings. These characteristics have led writers on the subject to conceive of transvestism as a specific type of fetichism. Hirschfeld³ and Ellis, ⁴

¹Read at the Eleventh International Psycho-Analytical Congress, Oxford, July 31, 1929.

2M. Hirschfeld, Die Transvestiten, Berlin, 1910.

3M. Hirschfeld, Die Transvestiten, Berlin, 1910.

4'Eonism.' Studies in the Psychology of Sex, Vol. VII, Philadelphia, 1928.

5Jahrbuch für sexuelle Zwischenstufen, 1923.

6'Zum Kapitel der Transvestiten,' Archiv. für Kriminalanthropologie, Bd. XVII.

7Cf. 'Der Fetichismus' and 'Onanie und Homosexualität.'

- 211 -

on the contrary, rightly emphasize the fact that the transvestist has one characteristic which is foreign to fetichism proper. To him the fetich becomes a fetich only when brought into relation with the person of the patient, not (or at any rate only in a very modified degree) as an object in itself. But transvestists want not only to wear women's clothes but to live altogether like women; that is to say, they are effeminate. This fact afforded sufficient reason for their being frequently grouped with passive homosexuals, a view energetically controverted by Hirschfeld, who demonstrated that transvestists in general are erotically attracted exclusively to persons of the opposite sex. Later, he⁵ and Näcke⁶ classified transvestists according to their sexual aim as the heterosexual, homosexual, narcissistic and asexual types. To psycho-analysts there is no meaning in such a classification, because it is based solely on the manifest expressions of instinct and completely disregards the unconscious instinctual processes. In this connection Stekel⁷ is of opinion that transvestism should be construed simply as a mask for homosexuality. But the problem which then confronts us is to find out under what conditions this mask in particular is selected.

To sum up: the point which the transvestist has in common with the fetichist is the over-estimation of feminine clothes and body-linen, while he shares with the passive homosexual (and the feminine masochist) the feminine psychic attitude. The point of difference between him and both these other types of perverts lies in his specific sexual wish to assume the dress of the opposite sex. Psycho-analysts will suspect that where there is this manifest agreement, there will be a corresponding resemblance in the fundamental unconscious mechanisms. And the analysis of transvestists entirely confirms this suspicion.

Fetichism and passive homosexuality in men have been so exhaustively studied analytically that the results of the investigation can be reduced to certain short formulæ. According to Freud⁸ castration-anxiety prevents the fetichist from accepting the fact of the lack of the penis in women, and he can love only when he has supplied his female

8Freud: 'Fetichism,' INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, IX, p. 161.

9Cf., for instance, 'Drei Abhandlungen zur Sexualtheorie,' Ges. Sch., Bd. V, S. 18, footnote.

10Cf., for instance, 'Drei Abhandlungen zur Sexualtheorie,' Ges. Sch., Bd. V, S. 18, footnote.

- 212 -

love-object with an illusory penis. The cause of the feminine homosexual's abnormality is, likewise, castration-anxiety. He is incapable of loving a being who lacks the penis; castration-anxiety (and, of course, also constitutional factors) have led him to solve his Oedipus complex by substituting identification with his mother for his love of her. He is now himself the mother, the woman, and in this rôle he seeks for new objects, whether it be the father or a representative of his own self.⁹ The transvestist, who is akin to both these types of pervert, seems to be the one to whom both formulæ simultaneously apply: he has not been able to give up his belief in the phallic nature of women and, in

addition, he has identified himself with the woman with the penis. Identification with the woman, as a substitute for, or side by side with, love for her, is so plain in the manifest clinical picture that Ellis, as we shall hear presently, regarded it as the essence of transvestism.¹⁰ But the woman with whom the transvestist identifies himself is conceived of by him as phallic, and this is the essential feature in the situation—a feature which, since it is unconscious, could not have been discovered but for psycho-analysis.

In the act of transvestism both object-love and identification are present, the forms in which each manifests itself being modified by the castration-complex and the patient's obstinate retention of his belief in the woman's possession of the phallus. The act has a two-fold significance: (1) object-erotic (fetichistic), and (2) narcissistic (homosexual). (1) Instead of coitus with the mother or her substitute the patient enters into fetichistic relations with her clothes, which he brings into as close contact as he can with his own person, and particularly with his genital organs. This is the explanation of the 'condition of love,' frequently met with, that the garments or body-linen in question should have been used and, if possible, should still retain something of the warmth and odour of the woman's body. This intercourse is conceived of in typically sadistic terms. (2) The patient himself represents a woman with a penis. A woman: he shouts that abroad. A woman with a penis: that is revealed by analysis. Here we have a two-fold representation of the penis: (a) in the patient's genital, actually present under the woman's clothes (one transvestist had recurrent phantasies of the amazement of a lover who, approaching

- 213 -

him under the impression that he was a woman, discovered the penis when the woman's clothes were removed); (b) in the garment, which is a symbolic substitute for the penis and which the transvestist (even if he indulges his passion only secretly and onanistically) always wants to display—a form of displaced exhibitionism which, like true exhibitionism, is designed to refute the idea of castration. In order to make the clinical picture of transvestism intelligible in terms of psycho-analysis we must expand these formulæ by a description of the way in which the transvestist, like the homosexual, proceeds to fresh object-choices, having completed his identification with the woman. In these choices we shall again find an element both of narcissism and of object-erotism. With regard to the former we must note that only in a subject of a peculiarly narcissistic disposition is it possible for object-love to be so extensively replaced by identification. It is a fact that the narcissistic regression manifested in this identification goes far beyond that which we are accustomed to observe in homosexuals. Love for the subject's own self—phantasies that the masculine element in his nature can have intercourse with the feminine (i.e. with himself) are not uncommon. Love for the phallic mother is often transformed into love for the ego in which a change has been wrought by identification with her. This is a feature in the psychic picture which has struck even non-analytical writers, who have described a narcissistic type of transvestist besides the heterosexual and homosexual types.

On the other hand, patients are influenced by their feminine identification in their choice even of real objects; they want to be looked upon and loved as women or, alternatively, where the primal sadism has been turned against the ego, to suffer masochistic tortures. (Here again we note in the passive sexual aim, which, in spite of the phallic character of the illusory woman, dominates the picture, the introduction of the narcissistic factor.) Analysis demonstrates that this object-tendency of the transvestist is directed (1) in the deeper mental strata towards the father. In this point the transvestist resembles the passive homosexual, but the former is seldom conscious

of the homosexual character of this object-choice. He says in effect to the father: 'Love me, I am just as beautiful (in the phallic sense) as my mother.' Or, more correctly: 'Love me as you love my mother; it is not true that this wish of mine places my penis in jeopardy!' But the tendency of which we are speaking is also directed (2) towards the mother. This is the more superficial and obvious relation, and it was this which justified Hirschfeld, who did not include the unconscious in his purview, in

- 214 -

denying the homosexuality of the transvestist. Perverts of this type consciously take a special interest in feminine homosexuality; they want to be loved as women by women, to be in the relation of the slave to her mistress. The analytical explanation is to be found in the most important accidental factor in transvestism, namely, that, as a rule, contemporaneously with the identification with the mother, there exists in another, more superficial, psychic stratum, a similar identification with a little girl. This is designed to secure for the subject all the advantages of a regression into early childhood. (For example, a patient of this type who had handled a female infant during the day, dreamt the following night that he put on women's clothes and during the dream he wetted his bed.) This second process of identification may occur when, as seems often to be the case, a sister has at an early period to a great extent become a mother-substitute. Then the transvestist not only addresses the father as we have already described, but at the same time says to the mother: 'Love me, I am just as beautiful (in the phallic sense) as my sister.' Or, more correctly: 'Love me as you love my sister! It is not true that this wish of mine places my penis in jeopardy.'

II

I think it now behoves me to cite some analytical material in proof of these propositions. I will confine myself to putting before you the most important points in a case which was subjected to a thorough analysis, and I hope that they will illustrate the meaning of transvestism as I have tried to present it to you.

The patient was a married man forty years old, who, in spite of his neurosis, was successful in his professional life and was the father of several children. He suffered from obsessional neurosis and hypochondria with certain paranoid symptoms. He loved his wife deeply and was very considerate and affectionate to her, but sexual intercourse with her left him unsatisfied. He could obtain gratification only in onanism; this he practised with the accompaniment either of transvestist phantasies, or, more often, of actual transvestist behaviour—dressing himself in his wife's clothes. The content of the accompanying phantasy was simply: 'I am a woman.' Of the details which he communicated in analysis I may mention the following: he indulged in an additional important phantasy, whose content was: 'And I am seen to be a woman,' and, further, gratification was conditional upon the wearing of women's clothes being a matter of everyday occurrence

- 215 -

i.e. he experienced the most lively excitation when he imagined that he was putting on women's clothes not for the purpose of stimulation but because it was natural for him to be dressed so. He had, in addition, various masochistic phantasies of the type in which the female slave serves her mistress, and he entertained the desire to be a woman, quite apart from any actual sexual situation.

From the history of the patient's childhood I may communicate the following facts. His mother died early and his father soon married again. His father was a man of a petty, fault-finding, anal character, while the step-mother was domineering, quarrelsome and very strict with the children. Evidently there must have existed a very strong sensual (probably passive-anal) bond between the father and the step-mother, but at the same

time the former kept up a kind of cult of the memory of his first wife. In everything the step-mother ruled the house (here we have the type of 'the feeble father'), so that the patient had plenty of opportunity to believe in her phallic nature. His attitude to her was ambivalent throughout, but both in his hatred (fear) and his love he remained entirely passive. There emanated from her a strong atmosphere of prohibition; the castrating figures in his dreams proved to be screen-figures standing for her. When the patient was a little boy, she had forced him to wear gloves and had bound his hands to prevent his practising masturbation (or possibly to prevent his scratching himself at a time when he was being treated for worms). (This binding gave rise later to masochistic phantasies.) Moreover, as a little boy he suffered from prolapse of the rectum and, every time he defecated, she pressed back the rectum with her finger. In analysis the patient could still recall the tremendously pleasurable feeling which this gave him. His principal sexual object in childhood was a sister three years older than himself, with whom he indulged in all manner of sexual games, mutual masturbation, etc. Probably this elder sister originally played the part of seducer, and this seduction caused a similar disturbance in his sexual development as is recorded in that of the Wolf-man.¹¹ There certainly was a period in which he assumed the active rôle in their mutual relations; for example, he remembered that on one occasion he had purposely wetted her with urine. This relation, like his relation with his step-mother, was highly ambivalent. He not only loved his

¹¹Freud, 'The History of an Infantile Neurosis,' Collected Papers, Vol. III.

- 216 -

sister, but hated her as a rival. This hatred combined with the sensual element to produce a markedly sadistic attitude (possibly to cancel the seduction). One day this attitude vanished, and the patient became purely passive in his relation to his sister. We shall return to the question of this later passive attitude, and discuss when it developed and why. During analysis it was still recognizable in a certain apprehensiveness of an obsessional nature and, further, in an important screen-memory in which the patient professed to have pulled one of his sister's arms from its socket. Otherwise, the passive attitude was repressed, and the underlying tendency, having been diverted towards the subject's ego, had been converted into masochism.

It was from his relation to his sister that the patient developed his transvestism. His sister used to play at 'dressing dolls', and she would dress up the living doll—her little brother—putting clothes of her own on him. This used to happen when the patient was about four years old, and at first he disliked it, because it degraded him into a doll. After some repetitions, however, he began to enjoy the game, because he derived sexual pleasure from the smell of his sister, which clung to things she wore, especially to her hair-ribbon and pinafore. In his eighth and tenth years the children used to act little plays, in which they changed clothes with one another. They went on doing this in their games, and the patient, when he imagined he was a girl and especially that others regarded him as a girl, experienced pleasure which was unquestionably sexual, and was accompanied by sensations resembling orgasm. Presently his sister became bored with the game, and he had to be more and more artful in persuading her to play it. Finally he took to putting on her clothes in secret, when he was alone, and the pleasure this gave him roused a lively sense of guilt. At the age of about thirteen he forgot this game, but in his seventeenth year he recollected it and began it again with unmistakable sexual excitement. From that time on, dressing-up in women's clothes became associated with manual masturbation, and the beginning of the perversion dates from this. It is noteworthy that for a long time the patient made use of his sister's clothes and, later,

those of sister-substitutes. The idea of putting on garments belonging to his step-mother or to women resembling her did not stimulate his imagination in the least.

What then is the meaning of this perversion? The object-erotic factor is the easier and simpler to understand from the case-history. The pleasure which the patient derived proceeded in the first instance

- 217 -

from the smell of the clothes: a hair-ribbon and, above all, a pinafore, represented parts of the body of his sister, with whom he was in the habit of masturbating. This practice sometimes took the form of his sister's sitting on his knee and sliding backwards and forwards. When he wore her pinafore he used to move it about in a similar way. The pinafore represented his sister's body, Later, when he made use of her clothes instead of her person, he had the advantage of ceasing to be dependent, for his sexual enjoyment, on the caprices of his sister, who was not always inclined to gratify him. Another circumstance was that, originally, using the same bed or the same bath-water as she had the same significance as wearing her clothes. How came it about that the sister herself gradually lost her sexual significance for him, whilst 'symbols' (her clothes) were substituted for her? Analysis revealed the answer unmistakably. It was because the brother discovered that she had no penis. We mentioned the remarkable screen-memory of his pulling his sister's arm from its socket. This memory 'screened' their mutual onanism and especially the patient's sadism. Once, when he and his sister were having a bath together in the bath-room, he caught sight of her genitals, and this reactivated a still earlier, repressed recollection of his step-mother's genitals. It happened that at the same period his sister was having electric treatment for enuresis (the patient himself used for a time to wet his bed) and used to scream dreadfully when the treatment was in process. There could then, he reasoned, be only two possibilities: either the electric treatment was the punishment by castration for sexual naughtiness; in that case he was threatened with it, after his sister. Or it was a medical remedy for the lack of the penis, which had fallen a victim to his own sadism. In that case it was but just that the talion punishment of castration should await him. In this anxiety he desisted altogether from his sadistic behaviour and turned the tendency against himself. He wanted to have nothing more to do with his sister, who reminded him of the mischief he had done, and he substituted for her her clothes, which did away with the dreadful nakedness. The bath (and, later, water in general) remained a situation of terror. We shall have to discuss the fact that his anxiety took the form that the water in running out might carry off one of his fingers or his whole body and that the dread became displaced to the water-closet, where the flush might wash away the whole child as well as his motion. So far, the patient's mental processes followed the scheme which Freud has worked out for fetichism.

- 218 -

The patient, however, became a transvestist because his retention of the idea of the female penis was reinforced by his identification with the woman. In later years it became transparently clear that he himself was enacting the rôle of the sister, whom he desired to be. In imagination he lived her life, and in the same way, after his marriage, he would feel unwell during his wife's period of menstruation. This has a significance in connection with the question of punishment. It meant: I harboured the wish to do my sister an injury, so now I am forced to become like her, so as to submit to suffering. From the point of view of his instinctual life he had sufficient reason to envy his sister. She was the elder, and both parents evidently made a favourite of her. He was especially jealous of her relation to their step-mother, who talked 'feminine secrets' with her. Later he developed a neurosis, when his parents were about to arrange a marriage

for his sister. Analysis revealed the jealous thought: 'Why do they arrange for her to marry and not for me?' The patient had also a recollection, important in connection with the deeper mental strata, of a fit of envy which overtook him one Christmas, when his mother with much ceremony presented his sister with a particularly beautiful doll. Such ambivalent feelings indicated that, in obedience to the inner prohibition by which his castration-anxiety prevented his entering into an object-relation with his sister, he had regressed to identification.

Now this identification with the girl was bound to come into direct opposition to the most intense castration-anxiety. The influence of this made itself felt in the aim which the patient set before him: 'I want to be my sister and yet to retain my penis.' When indulging in his perverse practices, it was his custom, as soon as ejaculation had taken place, to tear the borrowed clothes off as quickly as possible. In connection with this he had the association that he had been warned that, if one made faces and the clock struck, one's face would stay so. Thus he was afraid that he might actually 'remain stuck' in his feminine rôle, and this would involve his forfeiting his penis. His transvestist behaviour was designed to counter his castration-anxiety. We have evidence of this in a recollection that, when on one occasion he caught sight of a crippled boy, he felt an impulse to change clothes with him. The implication was a denial that the boy really was a cripple. The patient combined his femininity with a naïve, narcissistic love for his own penis, upon which he bestowed a number of pet-names, as though it were a child. Moreover, the girl's name, which he chose to be known by when enacting the rôle of a girl, had a striking

12The female genital, when thus caught sight of, becomes an object of fear not simply because of the lack of the penis but because it is regarded as a menacing weapon. (The waste-pipes of the water-closet and the bath are thought of as devouring mouths.) Cf. my article: 'Zur Angst vor dem Gefressenwerden', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928, S. 404.

- 219 -

resemblance to one pet-name for the penis. The first time he had sexual intercourse with a woman, he did not know where to find the vagina and looked for it on the upper part of her thigh. Even at the time when I knew him, he always had a feeling during coitus that he must look for something which he could not find. At one of the dramatic performances, in which he acted the part of a girl, he represented an Easter Hare. He recollected being troubled because he thought the hare's ears and tail were not stiff enough. Here we have a proof of the phallic nature of the woman whose rôle he assumed—a matter which becomes more intelligible to us when we picture the overwhelming castration-anxiety under which the patient laboured. We have mentioned that his step-mother represented to his mind the person who castrates. From the innumerable screen-memories connected with the idea of castration I will quote a single example. An obsessive action of the patient's was that of clutching at his penis (analytically interpreted: to see if it was still there) and of counting his toes (to see that none was missing). Analysis revealed that he had dreaded that his mother, in pressing back the prolapsed rectum, might rob him of the intestine, and at that time he was haunted by the fear that it might fall into the lavatory-pan. The uncanny thing about the water-closet and the bath was that the fæces and the water simply disappeared—were no longer there—just so, he feared, had his sister's penis vanished. Further, this idea of being 'gone' was his conception of death. And in his mind the whole terrifying mystery of castration was intertwined with the terrifying mystery of his mother's death. The content of his unconscious anxiety was not simply: 'My sister's penis vanished because

of some sexual act, ' but also, 'My own mother died because of some sexual act.' Accordingly, particularly during the period of his subsequent hypochondria, the patient suffered from the most intense dread of death (and especially the dread of infection, as I will show later). Detailed analysis of this anxiety led us first of all to ideas about the colour 'black' and of 'hair'. (As a child he himself had long hair and dreaded its being cut. He treasured up the locks which were cut off. His step-mother wore false hair, i.e. hair which could be taken off. The hair of the head stood for pubic hair.) These ideas led back to dreams of the primal scene and to occasions, long before his experiences with his sister, when, with anxiety and a feeling of protest, he became aware of the nature of his mother's genitals.¹²

- 220 -

Thus, the patient's transvestism was evidently an attempt to allay these various anxieties. The content of the perversion was: 'Phallic girls do exist; I myself am one'. Let us now examine his search for fresh love-objects, when once the identification had been completed, and let us consider the relation to the mother which underlay that to the sister.

The factor of narcissism was transparently clear. Not only did he love himself in the rôle of a girl (acting a woman in plays, posturings before the looking-glass, a preference for a girl's long hair), but this love took an active form, such as he longed for from his sister. Thus he dreamt that he was embracing a little boy, saying to him tenderly: 'My little brother!' In passing on to consider his actual choice of new love-objects, we will again begin with a dream. This was as follows: 'My wife had a disease of the lungs. A stout woman stabbed her in the back from behind. Thereupon I found myself in a theatre, with the upper part of my body naked.' The exhibition-situation at the end prepares us for the fact that the dream relates to transvestism. Actually the patient, who was a hypochondriac, suffered from a dread of lung affections. In the dream, he is the woman whom another woman stabs from the rear. His associations to this stab were as follows: the uvula, phantasies of poisoning by way of the anus and, finally, enemas which his stepmother had given him as a child. Before going to sleep on the night of this dream, the patient had indulged in his perverse practices. Hence we arrive at the interpretation: 'When I am in women's clothes I should like my step-mother to stick something into my "behind", but at the same time I dread it'. The passive-anal desires implied in the patient's femininity had become abundantly clear: the recollections of enemas and the prolapsed rectum showed that these wishes had reference to the mother whom he conceived of as phallic. This is where the phantasies of the female slaves come in, the meaning being: 'I want my step-mother to treat me like a little girl, but there is no need for me to fear castration'. In correspondence with this wish the patient cherished in his mind two types of female imagos between which he strictly differentiated: the 'little

- 221 -

girl' and the 'Amazon', i.e. the sister and the step-mother. The women whose clothes he desired to put on belonged to the first type only; on the other hand, he wished to enter into masochistic relations only with women of the second, masculine type.

Having discovered this anal dependence on women it seemed obvious to reason as follows: The patient's Œdipus complex was normal in so far as he, like other males, wished to take his father's place with his mother. Only, the real father's attitude to his second wife was of a passive-anal nature; similarly, the patient wished to enter into a passive-anal relation to the phallic mother. In actual fact the step-mother tended the father in connection with his anal functions and this did really rouse in the patient the wish that his father would die.

But the child had not always seen his father in such a helpless and passive guise. Once he too had been strong and active, and it was to him that in the deepest mental strata the patient's feminine attitude had reference.

Analysis of his social inhibitions revealed that his passivity and anxiety related, fundamentally, not to women but to men. Again, his exhibitionist tendency—the craving to be admired as a woman by people in general—had reference to men. When we were investigating this subject of the father of his infantile days, the first thing that emerged in his memory was a long-forgotten figure which was a 'screen-figure' for his father: a carpenter, who had done some work in the patient's home and whose admiration he had solicited. Next, he felt an urgent impulse to change into women's clothes in front of his father's portrait. Finally, there came recollections of excitation, obviously sexual and accompanied by anxiety, which he experienced when lying in bed with his father. But the most striking thing about this part of the analysis was the way in which the patient suddenly grasped the meaning of many inhibitions from which he suffered in his real relations with men! The picture was then blurred once more by a recollection of his later childhood: 'I wanted to thrust something into my father's "behind".' We found that this implied: 'I want to love you, father, in just the same way as my step-mother does.' But we were obliged to conjecture that, before he felt the desire to stick something into his father, he must have wished his father to stick something into him. Quite in accordance with this interpretation was the fact that he had not identified himself with his step-mother; on the contrary, behind the identification with his sister lay the first identification of all—that with his own mother. His heart cried out to his father: 'Do not put

13 Deeper analysis of the narcissistic mental strata finally revealed that the identification with his dead mother (her 'spirit') was performed by means of introjection (inhaling) and that in the unconscious the introjected mother was equated with his own penis. Thus we arrived at the following symbolic equation: patient in women's clothes = the mother with a penis = the penis in general. We recollect the similarity between the girl's name by which he so much wished to be called and his pet-name for the penis.

- 222 -

away the memory of your first wife. Remember her; she lives still, in me. Love me, your first wife, more than my step-mother!' And the content of the fearful anxiety which came into conflict with these wishes was this: 'Did not death overtake my mother because she let my father love her? Then I, too, shall have to die'. It now becomes clear that the overwhelming castration-anxiety, which the transvestism was designed to eliminate, was at bottom a dread of impregnation by the father. This was the meaning of the dread of infection, poison and water and also of a number of screen-memories in which the patient envied the act of parturition. As a child he must have phantasied that his mother perished through pregnancy and must have evolved the theory that having children meant losing the penis. In his transvestism he was trying to repudiate this dread also, saying to himself: 'I may wish to be a woman and capable of bearing children—and yet keep my penis!'¹³

III

We have adduced analytical material in proof of all the hypotheses we put forward in Section I. If, now, we are in search of a pathognomonic aetiology of the patient's transvestism, we are obliged to admit that we have not discovered one. We must in any case assume that he had a special bisexual disposition, for otherwise the desire to bear children, for example, could never have acquired such importance. But we do not know whether, if life had brought him different experiences, his strong sadism might not have

enabled his masculine side to develop satisfactorily. But this mental make-up is common to homosexual and transvestist alike. Again, the series of experiences: the primal scene—castration-anxiety—flight into femininity, based on narcissism, occurs in other clinical pictures, and we do not know what circumstances cause the belief in the phallic woman to be retained with the specific perversion of transvestism, since the above series is present in other forms of nervous disease as well. It is true that we frequently

14Alexander, *Psycho-analyse der Gesamtpersönlichkeit*, VII Vorlesung.

- 223 -

find transvestism combined with precisely these diseases: narcissistic neuroses, hypochondria (cf. the case quoted by Alexander¹⁴) and other perversions. Over and above all this, the case we are examining seems to have been determined by specific environmental factors: the characters of his father, mother and sister, and their interplay, seem to have thrust the patient's rôle upon him. But, again, similar specific environmental conditions appear by no means rare, for all writers on the subject tell us of transvestists whose mothers had a very great desire for a daughter! Ellis goes so far as to cite this circumstance as a proof of the purely hereditary ætiology of transvestism, but in this he is in error.

Such communications about this perversion as are to be found in analytical literature bear a remarkable resemblance to our own conclusions. It is only thanks to the writings of Freud which have appeared since Sadger¹⁵ and Boehm¹⁶ discussed the question that it has been possible for me to give a greater coherence to my account. Sadger evolved the following formula as summing up the transvestist's train of thought: 'As a female I should be loved more by my mother and, indeed, by everyone. When I put on my mother's dress I feel as if I were she herself and so could arouse sexual feeling in my father and possibly supplant her with him. And, finally, a third person derives as much pleasure from a woman's clothes as from herself and looks on the putting-on of her frock as a sexual act.' This formula is correct, but in my opinion it leaves out the phallic factor, which is so important and which Sadger does mention accidentally elsewhere, though there are yet other passages in which he contradicts this by asserting that it is the vulva which is the fetish. Boehm, again, lays stress in isolated instances on precisely this phallic character of the transvestist's perversion ('In the clothes which they put on they represent the mother with the penis'),¹⁷ and on the sadistic nature of the wishes which originally related to the mother. Stekel contents himself with the incomplete

15Sadger, *Die Lehre von Geschlechtsverirrungen*, Vienna, 1921.

16Boehm, 'Bemerkungen zum Transvestitismus,' *Internationale Zeitschrift für Psychoanalyse*, Bd. IX, S. 497.

17Dr. Boehm has been kind enough to tell me that further analyses of transvestists have confirmed this view. He had one patient who used to turn a bottle upside down on his penis and then to put on women's clothes and dance in front of a looking-glass and so, finally, to masturbate.

18Die Transvestiten, Case V.

19Die Transvestiten, Case V. Ss. 63 et seq.

20Die Transvestiten, Case V. S. 108.

- 224 -

statement that transvestism is based on homosexuality and mother-fixation. Pre-analytic literature gives but a meagre account of the matter to analysts, nevertheless, even the manifest material of such cases as are described in it contains all sorts of data

which go to prove our hypothesis. We note, side by side with the transvestism, fetichistic, masochistic and exhibitionistic tendencies, narcissism, phantasies of the mistress and the female slave, identification with the mother, histories of seduction by elder sisters, aversion from physical sexuality and especially from nakedness, the naked female body and from homosexuality, the 'retour a l'enfance' (Ellis), but also a passion for women of a masculine type (Hirschfeld). One of Hirschfeld's cases gave rein to his transvestist tendencies by joining in a display of trick-shooting in the guise of a woman, thus publicly courting admiration as an 'armed woman'.¹⁸ Ellis quotes one case which seems to contradict our view, because the patient's sexual aim was quite obviously castration, but this same man used to put on women's shoes and ear-rings, which indicates that, although he wished for castration, he was always impelled to cancel it again.¹⁹ Cases of actual self-castration by transvestists or of disgust felt by them for the male genital and longing for that of the female would have to be examined analytically before we could make any pronouncement about them. Ellis's theory is as follows:—All normal love contains an element of identification; in the perversion of transvestism this element is hypertrophied: 'He has put too much of "me" into the "you" that attracts him'.²⁰ This theory is, in our view, correct but incomplete. We think that we have been able to predicate something about the nature and causes of this identification. Just as correct and just as incomplete is Ellis's formula about the relation of transvestism to homosexuality; they are, he says, "two allotropic modifications of bisexuality." But it is possible to differentiate the characteristics of these modifications.

IV

We have recognized that the specific factor in the perversion of transvestism is its relation to the castration-complex. It remains for us to ask whether this conclusion contributes anything to our understanding

21'Zur Genese der Perversionen, ' Internationale Zeitschrift für Psycho-analyse, Bd. IX, S. 172.

22Freud, 'The Passing of the Œdipus Complex, " Collected Papers, Vol. II.

- 225 -

of the psychology of the perversions in general. Sachs, in an article in which he examines the latter question, demonstrates that what characterizes the pervert is his capacity to transfer part of his infantile sexuality over to the ego, to permit himself to indulge it and by this very means to hold in repression those infantile sexual impulses which still remain (i.e. the Œdipus complex).²¹ The riddle we have to solve is how this process is possible, under what conditions can perverse component instincts retain or acquire the capacity to produce orgasm. As we now know that all perversions, including transvestism, are so intimately connected with the castration-complex, we can at least reply with the following hypothesis: Normally, what conditions the disappearance of infantile sexuality (the passing of the Œdipus complex) is the dread of castration.²² Now the homosexual has no regard for any human being who lacks the penis, the fetichist denies that such beings exist, while the exhibitionist, the scopophilic and the transvestist try incessantly to refute the fact. Thus we see that these perverts are endeavouring to master their anxiety by denying its cause. In so far as they succeed in maintaining the illusion that there is no such thing as a lack of the penis, they save themselves anxiety and can indulge in infantile sexual practices because, just in proportion as they can effectively deny the grounds for it, their castration-anxiety, which otherwise would act as a check on such sexual behaviour, is diminished. We must, however, qualify this statement by saying that this process succeeds only up to a certain point. That is to say, such infantile activities are bound up

with a simultaneous, incessantly renewed denial of the reason for anxiety, and it is this denial which is represented in the perverse practice. The behaviour of the pervert implies: 'You have no need to be afraid' and, so long as he believes himself, his infantile sexual activities can produce orgasm, which signifies the gratification of his Oedipus wishes.

It is true that this hypothesis makes the feminine perversions and the whole subject of the castration-complex in women all the more problematic. Indeed, one does receive the impression that they are to some extent different in character from, though akin to, perversions in men. This strikes us, for instance, when we think of female exhibitionists and recall Hárník's work on the differences between masculine and feminine narcissism.²³ Female fetichists are extremely rare, and female transvestists seem to be simply women who covet the penis and, out of desire to possess it, have identified themselves with men.

²³Hárník, 'The Various Developments undergone by Narcissism in Men and in Women,' *INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS*, V, p. 66.

**SACHS, H. (1929) ONE OF THE MOTIVE FACTORS IN THE FORMATION
ON THE SUPER-EGO IN WOMEN. INT. J. PSYCHO-ANAL., 10:39 (IJP)**

**ONE OF THE MOTIVE FACTORS IN THE FORMATION ON THE SUPER-
EGO IN WOMEN¹
HANN SACHS**

The material from which I have derived the impressions and gleaned the facts which I propose to put before you in this paper has a certain peculiarity: it is not a mixture of various different feminine types, but, as is natural in that my work is to train analysts, it consists almost exclusively of women who had adopted so-called 'masculine' professions or were preparing to do so, and who were undoubtedly not only above the average in intelligence, but whose characters also had attained a considerable degree of development. Possibly this fact may be regarded as a source of error, and you may be inclined to surmise that what I have taken to be feminine characteristics are really masculine qualities not to be found amongst women in general, but only in women of this special type. To this objection I would reply that, in selecting my material, I have taken into consideration only those amongst the women I have analysed in whose nature and mode of life there was nothing markedly masculine and in whom there was no considerable departure from the norm of the modern civilized human being; either in the form of a neurosis or perversion or, above all, in the degree of their unconscious homosexuality. I have laid special stress on the fact that the love-life of the women whom I have in mind was, in every instance, characterized by normal feminine affective reactions. So I think I am justified in assuming that the peculiar nature of my material is not to be regarded as a source of error, but rather that it affords a specially good opportunity—a better one than usually falls to the lot of other analysts—for studying the feminine super-ego in subjects in whom it is better developed and therefore more open to investigation than in neurotics or even in the average normal woman.²

¹Read before the Tenth International Psycho-Analytical Congress Innsbruck, September 1, 1927.

2My observations link up at one point with Helene Deutsch's account of feminine sexuality. Rank has described the relation between the development of genitality and that of oral erotism ('Zur Genese der Genitalität', Internationale Zeitschrift für Psychoanalyse, Bd. XII, 1926), but my view differs from his in one notable respect. He holds that this relation is equally important in boys and in girls, whereas my contention is that it affects girls much more deeply and is of peculiar significance in the formation of their character. Moreover, my description has reference mainly to the period in which the Œdipus complex is passing, and not to the primal period which Rank reconstructs. Müller-Braunschweig has written on the same subject (Internationale Zeitschrift für Psychoanalyse, Bd. XII, 1926), but his work and mine have scarcely any points in common.

- 39 -

From the various cases which have contributed to my findings I will select a single representative one as a typical example. I have chosen this particular case because in it the phenomenon in question was not only so plainly discernible but appeared in a concentrated form at the very end of the analysis, which enables me to describe it with a clearness and comprehensiveness rare under the conditions of our analytic technique. The patient was a young woman under thirty, above the average in intelligence and gifted in many directions; she had also exceptionally fine traits in her character. One very noticeable characteristic was her singularly unassuming nature and the modesty of her demands on life. She did not desire beautiful clothes or finery or a comfortable home; she was perfectly indifferent to the quality of what she ate and drank. In fact, she was content with anything so long as it sufficed to enable her to carry on her remarkably strenuous work without injury to her health. She looked upon this self-denial as entirely natural and a matter of course; there was no necessity for a mental struggle or victory over herself. She adopted this attitude without affectation or superciliousness and without adverse criticism of others whose behaviour was the reverse of her own. As regards her family history, the only point of interest here is that she had a sister two years and two months and a brother about five years younger than herself. My account of the contribution to our problem made by her analysis turns exclusively upon a dream which she had the night before the last analytical hour and upon the previous and subsequent history of this dream.

On this particular day she found early in the morning that her appetite was good and that she was noticing, in a way quite unusual for her, the quality of her food. She was dissatisfied with what was set before her and several times gave decided expression to this feeling, though she disguised it under a joking manner. She was particularly annoyed at the preference given in the matter of food to a lady living in the same house, who had a baby of a few weeks old whom she was feeding at the breast. Naturally my patient did not put this envy

- 40 -

into words, but she distinctly felt it and was surprised at herself. In the evening she and her husband and this same lady were invited to the house of a married couple who also had a young baby; this baby, however, was being bottle-fed. Naturally the two mothers talked chiefly about the feeding of their children. On this occasion my patient again felt very hungry and ate more than usual, as she specially enjoyed the food there. When she reached home, she had an action of the bowels; she looked at the stool with unusual interest and a satisfaction in the quantity, consistency and colour of the fæces. Directly afterwards she mentioned this satisfaction to her husband. At this point I must say that in this patient there was an unusually strong repression of anal material; her feeling of shame in speaking of anything relating to it was so great that, if an association of that

sort occurred to her and she had to tell me of it in the analysis, there was invariably a very great struggle. On the evening of which we are speaking this powerful reaction-formation suddenly ceased to function. In the night she had the following dream:

'I was in a room in which I remember that there was something like a large table, rather long in shape. This table was between me and my mother. At any rate I saw only the upper part of my mother's body, probably because she was sitting at the table. I saw too that she had on a kind of shirt-blouse, such as people used to wear, but with a turned-back collar, so wide open that I could see her neck and part of her breast. Or rather I could not see the breast very clearly, but the region of the breastbone. In the dream I seemed to be quite little—not grown up. I said to her: "Give me some milk", and so saying, I had a vague vision of something like a bottle with milk in it. But at any rate I knew quite well that the milk in question was for my younger sister. My mother refused my request, saying that the milk was for my sister. I immediately flew into a tremendous rage. I began to call her names, all the time with the distinct feeling that I was working myself up into a passion. I made the most of my anger and tried consciously to fan the flame. "What! So she's to have everything, is she?" I said (or words to that effect). "I didn't really want the milk myself at all, I only wanted to see if you were a good mother. Now I know. Everything is crammed down her throat, though she is fat enough already. And I, who work so hard and need something to keep me going, am grudging a drop of milk". Scolding her thus, at the top of my voice and with the greatest energy, I became more and more indignant and had the feeling that I was in the right and that I had caught my mother out in some despicable meanness. Finally I

- 41 -

seized the first thing I could lay hands on and hurled it at her with all my force. I don't know what it was: some heavy object. But I know that it hit my mother somewhere near her stomach and that that part of her body was uncovered. I was quite pleased at having done this and not in the least sorry at the thought that I might have hurt her. On the contrary, I was very glad'.

On waking up, my patient had pains in the stomach, which she put down to having eaten too much on the previous evening. She resolved to fast that day or, at any rate, only to take liquid food. She thought she would drink a glass of rum to relieve the feeling of flatulence, but in pouring it out she upset the greater part of it on her clothes. She had no better luck with a liqueur chocolate. She then went out walking and suddenly thought she would buy cream instead of milk as usual. This she did and brought it home, but once more, when she was pouring the cream into her coffee, she was clumsy and upset most of it.

At first sight the dream seems to be simply a 'confirmatory' one, giving perfectly clear and frank expression to what we had long ago laboriously brought to light. But a closer examination shews that the process of distortion was in fact at work upon the most important element in it, for the oral disappointment which it contains and the affects associated with it have reference ultimately to the father and not to the mother.

The strongest evidence of this is that the dream occurred just before the last analytic hour and undoubtedly represents the patient's reaction to the termination of her analysis. This is identified with an oral disappointment in the period of early childhood. During the whole analysis, which lasted for over two years, the patient had manifested an unusually clear and unmistakable father-transference. We cannot suppose that on the last day a fundamental change of attitude can have occurred. Moreover, the form of the transference hitherto had revealed plainly the decisive part played in it by oral wishes having reference to the father. Amongst various tender transference-phantasies there

was one specially distinct one, which consisted in the patient's being taken on the analyst's knee, laying her head on his breast and hiding it between his coat and waistcoat. At times in the analysis, when the affectionate transference-feelings were specially strong, she had not been able to force herself to observe the analytic rule and tell her thoughts, but had often lain silent for a while in order to give herself up to a pleasant sensation which she could describe

- 42 -

only in the stereotyped words 'warm and sweet'. Obviously, this description indicates oral desires for the mother's milk. Sometimes, too, the wish to be fed by the analyst had occurred to her as an association of an 'unreal' sort. It was specially noteworthy that in the last analytic hour the patient produced a final 'dramatization' which really terminated the analytic work. Unfortunately I cannot go into this dramatization in detail here: subsequently the patient interpreted it herself. I will only say that it culminated in her feeling that she had hurt the analyst by her behaviour and that the thought gave her satisfaction. In the dream she vented her desire for revenge upon her mother: in real life she was obviously impelled to gratify it by revenging herself on the analyst who stood for the father. But, apart from the transference, there were facts in the patient's life which proved that it was in relation to the man that she had experienced oral desires and their disappointment during a most important period of her childhood. Above all, this was the explanation of her choice of a love-object. As a student she was being coached by a fellow-student for her examination, when a quarrel arose which led to his declaring that he would have nothing more to do with her. From that moment this girl, who was much sought after by other men, fell violently in love with the man who had rejected her and succeeded, after overcoming much resistance in him, in bringing him to reciprocate her love and to marry her. He was a man of extraordinarily strict principles which forbade many forms of enjoyment commonly held to be quite harmless. He constantly imposed further self-denial upon his wife, who was already the most modest of persons in her requirements. For instance, he said that she was not to wear shoes, only sandals, and that her clothes were to be of very coarse material. In general she yielded to him, and if she did oppose his wishes, it was done calmly and without emotion. On one occasion only there was quite unexpectedly a violent scene. Her husband had tried to force her to content herself with some inferior food in a small and unappetizing eating-house. She sprang to her feet indignantly and went rapidly out, and he had to hurry after her to appease her. As I have already said, she was generally perfectly indignantly and went rapidly out, and he had to hurry after her to appease her. As I have already said, she was generally perfectly indifferent to what she ate: obviously it was the oral frustration imposed on her by her husband which so incensed her.

In her analysis a disappointment in connection with her father had long played an important part. She had constantly dramatized it in her behaviour, and we had made use of the details then observed to reconstruct the original experience. There had been, moreover, certain

- 43 -

direct recollections. But, right up to the end of the analysis, the most important link had been missing, and it was supplied only on the interpretation of this dream.

I have already mentioned that the phenomenon which is the subject of this paper has its origin in the infant's sucking at her mother's breast, or perhaps rather in the trauma of weaning. We see from the details which I have related to you that it is not a question of a complete regression to the mother: on the contrary, the libido remains quite unmistakably attached to the father, in accordance with the normal positive Œdipus

complex, and (impelled by the frustration imposed upon it) employs as its mode of expression a regression to that earliest and most impressive experience—oral frustration. In the case which I have described this reactivation of the oral phase, with the father as sole object, is particularly clear, and I think it is entirely typical, for it occurs regularly in women and has a peculiarly powerful influence on the development of their character.

Over and over again in normal women I have come upon these persistent and passionate oral desires directed towards the father. Nearly always they have been deeply buried through repression, and only analysis could bring them to light. The line of development seems to be invariably the same. The little girl has had to accept the fact of castration and therefore finds masturbation of the clitoris unsatisfactory. Next, her genital desires, the object of which is the father, or the child which she wants him to give her, are frustrated. She then makes a final effort to cling to the Œdipus complex, i.e. to her fixation to her father, and to this end she transfers to him with passionate intensity the oral desires which were originally gratified at the mother's breast. This phase is, of course, specially clear in cases like the one I have described, where, just in this critical period, a younger brother or sister appears on the scene and is breast-fed by the mother. The sexual object of this oral regression is, in any case, not the mother, but the father. Of course we must remember that differences in sexual constitution and in infantile experience here, as always, influence the situation greatly and determine the degree to which other (especially anal) components enter into it. Probably the 'alimentary orgasm', postulated by Radó, also plays an important part. Hence the unconscious phantasies which form the outlet for this phase may take very different forms. I have found that sometimes there is the phantasy of sucking the father's penis or of biting it off, occasionally of swallowing the semen, while, in one case, the

- 44 -

phantasy was clearly that of eating his fæces and in another (it is true, that of a neurotic girl) of drinking his urine. Of course, the other component-instincts play their part and produce the most manifold modifications and variations of the oral phantasies: indeed, these may be entirely ousted by some particular one of them, generally by the desire to give the father a child. My thesis is simply that in women this regression to the oral level, without relinquishment of the Œdipus object, is often an exceedingly profound process and may be of crucial importance in the development of their character. It would seem natural to conjecture that the deep-seated tendency to incorporate the father orally is a consequence of the vaginal sensations, now dimly felt for the first time and displaced to the mouth because they can find no satisfaction in the region of the vagina, which the child has not yet discovered. Possibly this is a phase of development corresponding to a part of the phallic phase in boys which cannot be shared by girls because of their lack of the penis. Whether these conjectures are correct or not, the fact on which they are based has been proved over and over again, namely, that in women these oral desires are a regular stage in their development through which men do not necessarily pass. I have never met with these passionate oral instinctual aims, and the phantasies embodying them, in men who were approximately normal, but only in those of considerable abnormality, whether in the form of neurosis or perversion. They were most marked in a masochist whose masochistic (i.e. his passive-feminine) attitude was overthrown by analysis, whereupon he fell at times into a kind of oral transport which constituted a sudden irruption into activity of unconscious oral phantasies. In this phase he once endeavoured to derive sexual gratification by swallowing his semen and, on another occasion, his fæces.

In girls the formation of the super-ego is linked up in an important manner with these oral wishes whose object is the father. It is in them that the Œdipus complex dies out, and therefore they can come to represent all the affects contained in that complex. The father, who frustrates the little girl's desires, is introjected, and thus, after all, gratification is achieved of the desire to receive him into herself. In this way she contrives to detach herself from the real father. Hence we see that no true super-ego can be formed until frustration has been experienced and has resulted in the final renunciation of the father. In the case I have described this was very clear, for, while the patient had retained her intense affective relation to her mother, with all its ambivalence, she had become perfectly indifferent to her father and

- 45 -

felt incapable of affection or hatred towards him. It is true that in the transference during analysis the Œdipus complex revived and so proved to be to that extent still in existence. But, as you will recognize from what I have told you, its chief aim was not genital, but oral, gratification. It often happens that the Œdipus complex is not destroyed by this frustration, but that the daughter remains throughout life fixated to the father. When this is so, an independent super-ego cannot be formed. In such women the super-ego is often highly developed and very powerful, but their ego-ideal is not really their own, but one acquired through identification with the father and copied from him. It must be admitted, however, that a good copy may be worth more than a bad original.

One essential difference between this factor in the formation of the super-ego in women and the analogous process in men is this: the man's super-ego has its origin in the threat of castration and therefore always has something of a menacing command about it ('thou shalt' or 'thou shalt not be like the father, or else ...!'). The woman's super-ego, on the other hand, is based rather on the ideal of a renunciation. It is true that the difference is rather a subtle one, for it is a renunciation that the threat behind the male super-ego is intended, after all, to enforce. Later I shall instance certain social phenomena which seem, if not to prove, at least to illustrate, this distinction.

Now let us go back to my patient. Very early in life, from about her fifth year, her character had become formed on the lines which I have just described: she developed a leaning towards self-denial. When presents were given to her and her brothers and sisters, and she, as the eldest, was told to choose which she would like, she would gladly give up this privilege. Or when the others quarrelled over the possession of a toy she was always ready to waive her claims to it. At a time when her parents were in financial difficulties she secretly used the money given her for her lunch to buy exercise-books. As I have said, this all seemed to her a matter of course, and this was the spirit in which, almost before she had grown up, she dedicated her whole life to following out one idea, namely, that she should renounce not only all the amenities of life, but even the praise and recognition which would otherwise have been accorded to her many gifts.

Again, in the matter of remuneration for work she acted on the principle of never asking more than just enough to live upon. This woman whose whole life was one long renunciation, self-imposed and

- 46 -

willingly borne, manifested in her analysis a most importunate and exacting form of transference, very much of the kind described by Freud as open to no other argument but that of 'broth and dumplings'. No greater contrast could be imagined than that between her behaviour in real life, which was controlled by her super-ego, and her reaction in analysis, which had its origin in the unconscious. The transference, with its

passionate demands, made its appearance soon after the beginning of the analysis and lasted to the very end, with a few short intervals during which there was a fruitless endeavour to convert her unreciprocated love into hate.

Although it seemed as though the influence of the super-ego was completely excluded from the transference, there were two points where it was clearly in evidence. On the one hand, however passionate her feelings and desires might be, the patient refrained entirely from any sort of importunity and, in general, differed from the type described by Freud in that, even when she was in the grip of the most powerful affects, she never lost her insight and was always accessible to analysis. On the other hand (and this is probably more important), these phantasies, which occupied her mind almost without intermission for two years, remained quite vague and without any clear content which could be consciously grasped. The single exception was the phantasy I mentioned, that of resting her head on the analyst's breast. Otherwise everything was indistinct, only one thing emerging into consciousness, namely, that what was desired was not the sexual act, but certain forms of tenderness belonging to childhood, such as being caressed, taken on the beloved person's knee and kissed.

In order to make my point clearer I will now pass on to an exactly opposite type of character. So far I have been dealing with the type of woman whose ego-ideal is developed to a degree above the average. I want now to contrast with this type that in which the ego-ideal is peculiarly undeveloped, having remained arrested at its initial, primitive phase. I have never actually analysed a woman of this type, but I have had opportunities of observing several at close quarters over a considerable period of time and at critical moments in their lives. The women of whom I am thinking are almost always remarkably charming in appearance and exceptionally attractive socially—at least, to men; they do not usually form any satisfactory relations with other women. A woman of this sort has the power of entering into the idiosyncrasies and interests and ideas of the particular man with whom she happens to be talking, so that he feels she thoroughly

- 47 -

understands him and is accordingly greatly attracted to her. We are astonished to see how such women, although they have never followed out any course of mental training or pursued any serious studies, know quite a lot about a number of, often very difficult, subjects. But a finer ear soon detects that what they say is not original, but simply an echo of some man or other whose knowledge and views they have borrowed. All the subjects on which they talk—science or art, sport or religion—can be assigned to particular periods in their lives and to particular men, from whom they have derived their views. They do not even try to reflect upon and reconcile the various points of view: they simply treasure up the individual utterances of different men and actually do not hesitate calmly to advance quite opposite opinions, taken from different sources. So far there is nothing remarkable about this type of woman; one comes across men also, though perhaps more rarely, whose views can similarly be traced without difficulty to various authorities. But I do not think that a man ever feels the need of entering into sexual relations with someone who constitutes such an authority for him, even when it happens to be a woman. With women, on the other hand, this occurs with convincing regularity. We shall be perfectly safe in assuming that a woman of this type has either been seduced by all the men who have subsequently contributed to her composite and imperfect super-ego, or, if this was impossible, that she seduced them. We cannot account for this by saying that such women have specially strong sexual desires, for they are nearly always frigid. Formerly I believed their narcissism demanded this form of recognition, but even then I had to admit that this explanation was not satisfactory,

because the performance of the sexual act is by no means with all men a proof of their regard for a woman, in fact it sometimes indicates the exact opposite. I think that the true explanation is that the development of these women has been arrested at a primitive stage of super-ego formation and that evidently they can exalt a man to the position of the super-ego only when they have in actual fact incorporated him through the vagina (probably a substitute for oral incorporation). Naturally a super-ego of this sort remains for ever on a low level: it never becomes impersonal, and it exercises no real influence upon the ego.

I will now try to shew what is the bearing of the view here put forward upon our previous psycho-analytical knowledge. My view certainly accords well with the fact that the obsessional neurosis, in which so prominent a part is played by the process of desexualization

- 48 -

as the result of a regressive shrinking from the menace of castration, is essentially the form of neurosis to which men are liable, while conversion-hysteria might be termed the true feminine neurosis. We know that conversion-hysteria presupposes in the subject an almost complete attainment of the genital organization. Here it joins forces with the demand of the woman's super-ego for renunciation, which prevents her going the whole way in her development to the final experience of genital pleasure. The libido then remains, as it were, wedged tight, for on the one side the possibility of regressing to the anal-sadistic stage is already cut off, while, on the other, the peculiarity of the feminine super-ego hinders its progress to the complete genital organization.

My theory may also help to demolish a hitherto unresolved contradiction. As we know the average woman is more narcissistic than the average man.³ It is difficult to see why, if a woman's organization is more narcissistic, the loss of love should lead to neurosis in her more often than in men.⁴ We should expect the opposite, namely, that she would be more able to tolerate the loss of love. We shall understand better how this can be if we assume that, where the boy's Œdipus complex is shattered by the menace of castration, the little girl endeavours to cling to the father, whether it be in her desire for a child or (as I have shewn) by means of oral regression. Only in those women who have accepted the denial of the love-object as the essential factor in the formation of their super-ego can their firmer hold on their narcissism outweigh the effects of the deprivation.

On the other hand, the super-ego's demand for renunciation results in an inhibition of sexuality far more marked, as we know, in women than in men and often amounting to complete frigidity. The attitude of many women to this abnormality is thoroughly characteristic; they are quite indifferent to it and are contented to submit to the sexual act as something neutral or even unpleasant and to lack all their lives the experience of complete sexual gratification.

The difference between the feminine and the masculine ego-ideal is hard to detect in the observation of individuals. It can perhaps best be illustrated by certain social phenomena and types. Here again two contrasting types are the most instructive: that of the woman revolutionary and that of the saint.

³Freud: 'On Narcissism: An Introduction'.

⁴Freud: Inhibitions, Symptoms and Anxiety.

- 49 -

From Robespierre to Lenin all the great revolutionary theorists and organizers of revolutions have been men. But when the time has come for a revolution to be actually launched and for the masses to be convinced that the time of renunciation and self-

denial is over, when the moment has arrived to strike the blow and break the bonds, then a woman (or more than one) has always stood in the front rank. Thus it was in the French Revolution, when, as Schiller, with unconscious understanding of the oral factor, says, 'Da werden Weiber zu Hyänen' (Women turn into hyenas); thus it was during the Commune in Paris with Louise Michel; thus it was with the so-called Nihilists in Russia (Vera Figner); and thus it will be in all the revolutions of the future. Turning now to the religious type, I will not cite tedious historical instances, but I will remind you of Anatole France's portraits in that masterpiece of genius, *Thais*. On the one hand he describes Paphnuce and his companions who strive after holiness by way of the severest self-martyrdom, scourging, living on the top of pillars and other deliberate tortures. How different is the asceticism practised by women, whether they belong to the group of Marthas or of Marys! With them there are no frightful mental crises, no implements of torture; their self-mortification consists simply in renunciation, extended, it is true, to all the good things of life and gently informing their whole existence. In the later history of the Church we meet with many female saints and mystical nuns of this type.

In conclusion I must point out that in the sphere of psychology the concepts 'masculine' and 'feminine' are extraordinarily uncertain in content (Freud) and that in anything so complicated as the super-ego we can never satisfactorily discriminate masculine and feminine forms. But, in justification of the points that I have made in this paper, I may remind you that they do correspond to the organic differences between men and women. The man's super-ego has its origin in the fear of losing a member of his body which his narcissism prizes highly; the woman, on the other hand, does not attain a superego at all unless the necessary renunciation of her claim to the penis leads to her accepting deprivation as a life-long ideal.

- 50 -

**FLIESS, R. (1956) PHYLOGENETIC VS. ONTOGENETIC EXPERIENCE—
NOTES ON A PASSAGE OF DIALOGUE BETWEEN 'LITTLE HANS' AND
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**PHYLOGENETIC VS. ONTOGENETIC EXPERIENCE—NOTES ON A
PASSAGE OF DIALOGUE BETWEEN 'LITTLE HANS' AND HIS
FATHERFN001**

ROBERT FLIESS, M.D.

1. FREUD'S HYPOTHESIS OF PHYLOGENETIC INHERITANCE

The assumption of phylogenetic inheritance of 'dispositions' (i.e. modes of reaction) and 'content' (i.e. memory traces of experiences of past generations) was to Freud 'an unavoidable boldness, without which we cannot advance a single step' (1). If the priority for this hypothesis belongs to Jung, if Freud was slow in adopting it, it was because he regarded it as 'a methodological error to seize upon a phylogenetic explanation before the ontogenetic possibilities have been exhausted', and because 'obstinately disputing the importance of infantile prehistory while at the same time freely acknowledging the importance of ancestral prehistory' (2), as did Jung, seemed to him arguing against reason.

Phylogenesis is with Freud, methodologically speaking, a remainder. 'It is only, ' he sums up, 'in the prehistory of the neuroses that we see the child lay hold of this phylogenetic experience where his experience fails him. He fills in the lacunae in individual truth with prehistoric truth; he puts the experience of his ancestors in the place of his own' (3). In other words, the hypothesis is necessitated by clinical observation. 'In studying reactions to early traumata we often find to our surprise that they do not keep strictly to what the individual himself has experienced, but deviate from this in a way that would accord much better with their being reactions to genetic events and in general can be explained only through the influence of such' (4). This phylogenetic event, however, the 'motives' issuing from it and the 'productions' elaborating upon it, 'show themselves in need of elucidation which in a number of instances they can obtain from the individual's childhood' (5). The 'primal phantasies' upon which we find the child act and which the neurotic perpetuates in his symptoms, are those that his ancestors have perpetuated in their mythologies and have acted

upon—so we are forced to assume—in their collective childhood. Thus the 'phylogenetically inherited schemata, which, like the categories of philosophy, are concerned with the business of "placing" the impressions derived from actual experience' become 'precipitates from this history of human civilization'. And 'wherever (the actual) experiences fail to fit in with the hereditary schema they (i.e. the experiences) become remodelled in the imagination' (6).

It is a curious experience to present these profound ideas to students of psycho-analysis, and to find them rather unreceptive. It does not seem to occur to them that the hypothesis of phylogenetic inheritance deserves consideration if for no other reason than that it was conceived by the man who had exploited ontogenetic acquisition to the limit. They appear little impressed by the fact that it is the originator of a method for the removal of the amnesias of childhood, and the discoverer of the repetition compulsion, who declares himself, even when satisfied with the removal of those amnesias, nevertheless dissatisfied with the explanation that childhood experiences are repeated unless childhood itself is looked upon as, in the last analysis, a repetition. One is likely to fail in persuading them that it is necessary to learn the method, to become able to trace repetition, and to have reduced much of the present to the past, before one can possibly share in this dissatisfaction.

Although it is true that the hypothesis is supported by typical and easily available data,

- 46 -

such as, e.g. intense sibling rivalry in an only child, or symbols lacking all admixture of picturization, as e.g. wood for the mother, these data become evidence in its favour only after one has done much analytic work, and has learned that more does not furnish the missing explanations.

2. THE TRANSCRIPT OF AN 'ARCHAIC' EXPERIENCE

In at least one place in Freud's clinical papers an archaic experience has, to my ear, been transcribed. It is a portion of dialogue between Little Hans and his father. To read it for its word-by-word meaning one needs not only German, of course, but also the Austrian vernacular of the time. My retranslation, besides occasionally exchanging American for British English, is an attempt to approximate the original somewhat more closely at certain points than does the text in the Collected Papers. I have italicized the decisive words or phrases, and when resorting to substitution or circumlocution, I have given the German in brackets. The parentheses are the father's as they occur in the original text.

The passage loses much of its pregnant and affective quality in translation. The reader, acquainted with Freud's 'Analysis of the Phobia of a Five-Year-Old Boy' (7) is familiar with the protagonists and the action. The sensitive and affectionate father, with a remarkable understanding of analytic thought, is the first 'child analyst', and in 'supervision' with Freud. The son, frank, vivacious, and original, as are all unintimidated children, is questioned, and answers or recounts, spontaneously in many small 'sessions' at home or on the occasion of walks. The dialogue under consideration consists altogether of questions and answers. It follows an attack of fear suffered by the child while he observed a carriage passing in front of the house; he was afraid 'because the horses are so proud, that they will fall down'. The background: Little Hans, in his oedipal excitation, wants, apparently, to castrate both parents: the father in order to hold him at bay while he takes his place with the mother; and the mother in order to exchange her phallus for the castrated genital by whose virtue she can, in his imagination, be sexually possessed. The passage I have in mind is flanked by the admissions of these two castrative desires: the former concealed in the fear of the falling of the 'proud' horses, and the latter in the playful application of the knife 'that Mamma has had' to the doll (8).

This is the passage proper (*italics mine*):

I asked him who it really was that was so proud.

He:

You are, when I come into bed with Mummy.

I:

So you want me to fall down?

He:

You should as a naked one (he means: barefoot, as Fritzl had been at the time) knock up against a stone, and there blood must flow, and at least I can be alone with Mummy a little. When you come up into the apartment I can quickly run away from Mummy, so that you don't see it.

I:

Can you remember who it was that knocked up against the stone?

He:

Yes, Fritzl.

I:

When Fritzl fell down, what did you think?

He:

That you should (stumble and) hurl yourself against the stone. [Das du am Steine hinfliegen sollst.]

I:

In other words, you would like to go to Mummy.

He:

Yes!

I:

Actually, why do I scold you?

He:

I don't know that. (! !)

I:

Why?

He:

Because you scold me so hard. [Weil du eifern tust.]

I:

But that is not true!

He:

Yes, that is true, you do so get excited, and scold [du tust eifern]. I know it. That must be true.

My explanation that only little boys come into bed with their Mummies and that big ones sleep in their own beds had, evidently not impressed him very much.

3. PRELIMINARY REMARKS

With regard to its form the texture of Hans' language changes abruptly at the point of his second answer. While preserving the homely idiom of a child as warp, it acquires a woof, a cross-threading that is almost biblical so forceful, original and adult is it. The father is pronounced 'proud' (*stolz*), and is compared to a strutting horse where he ordinarily would be named as angry, grouchy, or cross. Instead of 'barefoot' (a simple word which the child either knows or could easily circumlocute) he is imagined as 'a naked one' (*als Nackter*), and subjected to a punitive, gravely declaimed,

- 47 -

command (9). The latter gains by its repetition; it becomes more violent, and more injurious. The father is finally accused of 'eifern'—an untranslatable verb which in

adjectival form is also Luther's for the 'jealousy' of the Lord. ('Ich Dein Gott bin ein eifriger Gott.')

With regard to its content, the text is both illogical and inconsistent. It does not quite follow that Hans can be with his mother if the father, like Fritzl, stubs his bare foot on a stone; and the child who had, a moment before, all but admitted that the father's displeasure with him is a posteriori, a consequence of his getting into the mother's bed, maintains suddenly that it is a priori and that he is ignorant of the reason. When the father reminds him that the jealous scolding is not true, the boy opposes him with 'Yes, that is true, you do "eifern", I know it.' And, most enigmatically, 'That must be true.'

I believe that one hears him speak under the impact of phylogenetic experience.

To support this belief I can only attempt the analysis of the passage, and through reducing manifest content to latent thought perhaps raise a 'reasonable doubt' in the reader's mind with regard to a purely ontogenetic origin for the ideas which forced the child to such unusual forms of expression.

Not that the ontogenetic material is lacking; it covers practically every single point. 'Proud' horses had actually been on the street. 'The coachman, ' Hans' father explains, 'was reining (them) in tight, so that they were trotting with short steps and holding their heads high—they had really a proud gait'; and their 'falling', displaced upon them from the father's desired death and the mother's observed pregnancy and anal 'delivery' on the toilet, has been elucidated by Freud. Hans' playmate Fritzl had actually run barefoot and bled when he hit a stone, giving Hans the idea that the same fate might be his father's. When the mother took Hans into bed the father had actually objected and the parents had argued. As for the rest of it and the subsequent play with the doll, Freud has made it clear that Hans' observation of his parents' intercourse, while unconfirmed, is not necessarily excluded; and, one may add, neither is that of his mother's menstruation.

It is simply that this material does not either explain the unusual choice of expression, restore logic, or resolve the apparent contradiction.

In order to do that, one is forced to supplement individual with collective experience, historic with prehistoric material. This requires that one has absorbed what of it Freud has discovered, that one has gained in addition one's own impressions, some distinct and some indistinct, and that one is unafraid of sounding fantastic. It is characteristic of phylogenetic vestiges that they tax the imagination, and while they certainly should not be believed 'quia absurdum', they should be acknowledged in spite of appearing absurd. The relation of ontogenetic material to phylogenetic experience is comparable to that of the material of the dream to the wish in it. In either instance the latter expresses itself in the medium of the former. In the dialogue quoted above the ontogenetic material seems, however, at certain points insufficient for such an expression, and it is here that the speech of the child becomes particularly enigmatic.

I append the analysis of the passage.

4. THE ANALYSIS OF THE BACKGROUND

The horse is not only, as Freud has found, a totemistic representation (10) for the parent but, as one finds in analysis, a symbol for him or her: either parent can be symbolized by the horse; and Hans' transference of them upon it is supported by a symbolization. The proud, erect horses drawing the carriage are the phallic parents in the primal scene. (The symbolization of the phallus through the body is so familiar to the analyst that it need not be pointed out.) Yet the scene is tinged by the preceding anal-sadistic wish of little Hans to beat his mother with the carpet beater (Cf. notes of 17 April), i.e. to beat the dirt ('Lumpf') out of the mother. There is, consequently, the coachman who rules the horses, holds them back, cracks the whip, and, so it seems, makes them defaecate

while making them trot (11). Pregnancy finds in the scene a double allusion expressible by the double meaning of 'carriage': the horses' gait alludes to the lordotic carriage (i.e. the posture) of pregnant women, which is why they 'are so proud that they (will) fall down' (= so pregnant they will give birth); and the carriage (i.e. the vehicle), by being a wagon, alludes to the 'boxcars, furniture vans, and coal wagons' of which Hans had declared, immediately after wanting to beat the mother, that they were 'storkbox wagons'. Yet both coachman and horses are further overdetermined: the former, onlooker at the primal scene, represents Hans himself in the father's rôle;

- 48 -

and the latter are a symbolization of the mother.

These overdeterminations and the excessive condensation to which they contribute require a few remarks.

Freud has made us aware that little Hans' phantasy, during the period in question, creates in the sign of Verkehr, i.e. that its products are concerned with transportation, traffic, and intercourse, all of which are denoted by the one German word. The Verkehr in the passage is at first vehicular (carriage), then pedestrian (Fritzl and father) and in the end sexual (coming to Mummy); but in each instance Freud's remark, made on the occasion of another phantasy, that the father partakes in the boy's imaginary gratification, applies in some measure. I believe that the condensation in the figure of the coachman, of the passive onlooker to the primal scene and the active partner to it, is indicative of a typical identification of the oedipal child with the father for the purpose of an incestuous gratification. Freud formulates: 'I would like to do something with Mama, something forbidden, I do not know what, but I do know you do it too'. It appears that one may continue: 'And I could do it if you would teach me, lend me your faculties, have me be you'. This is equivalent to an introjection of the father into the ego, a collateral to that into the superego. It is not, however, the same as the 'putting oneself in a masculine fashion in the place of the father' of Freud's description (12), for in the latter instance the father is, as Freud words it, 'soon felt as an obstacle'; in the former he is imagined as of assistance. One may regard this identification as a prerequisite to normal puberty where masturbation, so apt to retain the mother object unconsciously at the price of objection by the super-ego (guilt feelings), and the conviction of castration by the parent (physical damage) (13), is eventually exchanged for sexual intercourse, with the result that the boy is, as it were, the father in spite of his renunciation of the mother.

The symbolization of the mother through two categorically identical individuals (two men, two women, two strangers, etc.) is rather common, and the knowledge of it affords not infrequently the immediate grasp of an unconscious idea (14). It is here two horses that represent the mother engaged by the coachman, the father. That they move a carriage (i.e. that the mother is pregnant) is expressive of the idea, so consistently found in the child, of the production of a full-blown pregnancy during and simultaneous with the act.

So much for the background.

5. THE ANALYSIS OF THE PASSAGE PROPER

(a) The Body as Phallus

Proud, etc. The father is 'proud' because he has an erection, both competitively and assistively (cf. above) when Hans comes into his mother's bed.

As a naked one, etc. A symbolic representation of the phallus through the body. All symbolization proper is, as Freud has pointed out, phylogenetic; to explain it as ontogenetic is, one might add, reducing it to allusion or picturization. While the symbolized element and the symbol may separately be explainable on the basis of

individual experience, the sameness of their unconscious equation in everybody is not. In the present instance the symbolic interpretation restores logic and justifies the choice of expression. The paternal phallus ready to act is a 'naked one' (15), and 'there' blood would flow, i.e. if the father were injured there the mother, ready for him, would instead receive Hans 'a little', i.e. for a sexual span of time.

Knock up against ... The act of knocking bears much overdetermination. I have once tried to demonstrate, in an only partially successful study (16) of the ritual of 'knocking on wood', that 'knocking' may discharge in attenuation, libidinal ('knocking up') and aggressive ('knocking down') strivings directed against the mother. An extensive comment is here out of place; for the present material does not either permit a convincing verification nor compel one to resort to phylogenetic assumptions.

(b) The Enigma of the 'Stone'

A stone and there ... must flow: This is different both with regard to the 'stone' and the 'flowing'. The connection between these two elements and the element 'horse' is so typical yet so puzzling that it would be difficult to be intelligible about them were we not at least in the possession of the analysis of 'Bismarck's dream' (17).

Bismarck's dream: This analysis is Hanns Sachs'; its significance lies in Freud's approval; he quoted it in its entirety and verbatim. Besides remarking upon a symbol, Freud points to the dream as 'an excellent example of the

- 49 -

representation of thoughts, serious and far removed from anything sexual, through infantile sexual material'. The present task is to support the impression that this material is, in part, phylogenetic. The reader, interested in the subject, will familiarize himself with the dream and its analysis in order to understand the following comment, which is confined to the few pertinent parts. In spite of the fact that the dream-text alone cannot render my comment intelligible, I will quote it:

'I dreamt (as I related the first thing next morning to my wife and other witnesses) that I was riding on a narrow Alpine path, precipice on the right, rocks on the left. The path grew narrower, so that the horse refused to proceed and it was impossible to turn round or dismount, owing to lack of space. Then, with my whip in my left hand, I struck the smooth rock and called on God. The whip grew to an endless length, the rocky wall dropped like a piece of stage scenery and opened out a broad path with a view over hills and forests, like a landscape in Bohemia; (" auf Hügel und Waldlandschaft ", a grammatical ambiguity with the plural not necessarily implied. It could mean: "upon hill and woodland as in Bohemia"). There were Prussian troops with banners, and even in my dream the thought came to me at once that I must report it to your Majesty. This dream was fulfilled, and I woke up rejoiced and strengthened. ...'

Ad: Bismarck's dream. There is the rock (the 'stone') and the 'horse'; the latter 'refusing' (to proceed) while 'turning round and dismounting ... are impossible' i.o.w. bridling and assuming a posture closely resembling that of the 'proud' horses of Little Hans. The smooth rock is struck (knocked against) with the riding whip and God is called (for assistance) whereupon the whip grows to endless length, the rock tumbles and the Bohemian landscape behind it ('hills and woodlands') is seen and entered.

Ad: Sachs' analysis of the dream. It is the missing element 'flowing' that the interpreter has—in Freud's opinion correctly—supplied. Sachs divides this interpretation, schematically, into that of three layers. In the most superficial one the fulfilment of a 'logistic' wish from the present: the invasion of Austria by the Prussians. In the deepest layer: a pleasurable infantile masturbation (the use of the riding whip in the hand and its elongation), practised against its prohibition as sin (the 'left' hand) and in secret ('In the manifest content God is called on as though to deny, as ostentatiously as possible,

any thought of a prohibition or secret'). In the middle layer: an identification of the dreamer 'who came from a Bible-loving Protestant family' with the leader Moses. 'The whole process of the miraculous liberation from a need through the striking of a rock with its simultaneous drafting of God as a helper bears a conspicuous resemblance to the Biblical scene in which Moses struck water from a rock for the thirsting Children of Israel.' The connection between middle and deepest layer: on the one hand, the similarity between Bismarck's situation at the time of the dream, and that of Moses in the Biblical story; on the other, the fact that 'the Bible passage contains several details very well employable for the masturbation phantasy: seizing of the—in the dream unambiguously phallic—rod against God's prohibition, the production of fluid from its flow (and) the threat of death (announced to Moses by God)'. Furthermore: 'Of the two prophecies made by God to Moses—that he should see the Promised Land but that he should not enter it—the first is clearly represented as fulfilled ("the view over hills and forests"), while the second, highly distressing one was not mentioned at all. The water was probably sacrificed to the requirements of secondary revision (cf. p. 488ff), which successfully endeavoured to make this scene and the former one into a single unity; instead of water, the rock itself fell.' Finally: 'A dream such as this of victory and conquest is often a cover for a wish to succeed in an erotic conquest; certain features of the dream, such as, for instance, that an obstacle was set in the way of the dreamer's advance but that after he had made use of the extensible whip a broad path opened out, might point in that direction, but they afford an insufficient basis for inferring ... a definite trend of thoughts and wishes running through the dream.'

Revisory Comment. Sachs' paper was published in 1913; the last statement is, in the light of present-day knowledge, invalid. The 'trend of thought and wish running through the dream' is the sexual conquest of the mother, the instinctual object of masturbatory gratification. But the mother, reduced to her sexual parts (18), finds a double representation in the dreams, as does consequently the masturbation. Once she is represented as path (vagina), hill (mons veneris), and woodland (region distinguished by pubic hair) which are seen (cf. Abraham's

- 50 -

remark on the incest prohibition in the Bible as an exhibitionist-scoptophilic injunction), and entered (by proxy). The masturbation concerned with this partial object is undoubtedly puberty masturbation. Yet there is, simultaneously, another representation of partial object and masturbatory gratification which belongs to the phallic phase. The path narrows, it is no longer negotiable; riding the horse (incest object, see above) becomes impossible, as does dismounting or turning back. Here the dreamer meets with an impasse, flanked by rock and abyss. The meaning of the second of these two elements is familiar; it represents the maternal vulva, qualified by the phallic ignorance of the vagina and the phallic knowledge of childbirth: it threatens the dreamer with falling down (niederkommen —see above) in identification with the mother object. The significance of the first element poses the problem (19). Since the aggregate to which it belongs is phallic, the original vaginal path impenetrable and narrow, the symbolic allusion to childbirth excretory (see above), and since water issues from it, one is prepared to find its nature urethral-erotic.

Familiar with the circuitous course of analytic investigation, the reader will bear with me if I interpolate at this point two descriptions: (i) one of a piece of evidence published by Freud, and (ii) the other of the experience of a patient of my own.

(i) Freud, in discussing the sexual abstinence dominating Leonardo da Vinci's life and work, reproduces by way of a footnote a sexual drawing of the artist and its discussion by Reitler (20). He calls the drawing, unique in the artist's work, a 'representation of the

sexual act in sagittal cross section' and the discussion as containing some 'strange (remarkable) errors', bearing out his characterization of Leonardo. I abstract Reitler's comment, which of course must be examined while viewing the drawing itself:

- a. The male body is drawn in its totality, the female only in part.
- b. The man's head with its long wavy locks appears female.
- c. The female breast has two defects: it is 'ugly' and 'pendulous'; and the mamilla has only one milk duct, extending far into the abdominal cavity (cysterna Chyli?) and 'perhaps having some kind of connection with the sexual organs'. The latter error, Reitler points out, might be explained by the prohibition against dissection in Leonardo's time and possibly by an intention on the draughtsman's part to represent anatomically the coincidence of the beginning of lactation with the ending of gestation.
- d. This, however, hardly explains the selectively neglectful treatment of the female genital: 'while the vagina and an intimation of the portio uteri are discernible the womb itself is drawn in utterly confused lines'. (The male genital is, in contrast, represented much more correctly and in detail.)
- e. It is 'extremely strange' that the 'coitus is performed' standing up. 'A particularly strong sexual repression must be believed to have caused this singular (solitären), almost grotesque representation.' Reitler opposes the lying to the standing position as expressive of a wanting to enjoy.
- f. The features of a man's feminine head show unwillingness and rejection. He 'frowns, glances sideways with an expression of (shameful) timidity, the lips are compressed and their corners drawn downwards'. The countenance, far from conveying pleasure or transport, expresses but reluctance and disgust.
- g. The feet of the two partners are exchanged: the male has a left, the female a right foot—which is the opposite of what their position in the drawing requires.

Freud confines himself to remarking that Reitler's presentation was criticized because it has been held inadmissible to draw such serious conclusions from a cursory drawing and because it was not even certain that its fragments really belong together.

Revisory Comment. The 'remarkable errors', i.e. those not due to the lack of dissective practice, become understandable when one frees oneself from the prepossession engendered by Freud's caption. The drawing does not represent a cross section of the 'sexual act', but of masturbation. The man is standing, seen in profile from the left; the cross-section, confined to neck and trunk, relieves the (left-handed) draughtsman of the necessity of revealing arm and hand. The man's countenance is a guilty one and his posture befits the shy, sideward glance. The fragment of the female, restricted almost completely to pelvis and breast, is a representation of the 'partial object' mentioned above, i.e. of the (mother) object, reduced to her

- 51 -

sexual parts. The representation, however, is here again in part genital and in part phallic. The vagina, mature and easily passable, is combined with a youthful, attractive breast. (Reitler's description of it as 'ugly and pendulous' must be due to an affective interference with his judgement indicative of an emphatic unconscious recognition of the female as the mother.) The complete lack of anal as well as urethral apertures has apparently struck no one; noticing it, one is inclined to regard it as allusive to a continence problem and the 'error' in the drawing of the mamilla as the result of a displacement upon the latter of the clitoris in the state of erection. Tracing the course of the vagina, one finds the 'path' actually becoming narrow and impassable at precisely the point where the phallus impinges upon ('knocks' against) the phallic cervix. (This is achieved by a shading of the shorter fornix anterior so that only the longer posterior continues the vaginal tract.) Of the uterus proper, in contrast to portio and vagina, it

appears that the 'utterly confused lines' render it as a twin of the bladder, with the result that the woman, instead of having two breasts and one bladder, has two bladders and one breast. This formulation is justifiable on the grounds that the presence of the breast is gratuitous in the first place; the 'mamma' should not, of course, be visible in a median section. Standing up, facing each other, I have always found to be representative in dreams of an oral-erotic activity between the two partners. Whether or not the legs of the latter belong to the drawing is immaterial. If they do, Leonardo in drawing has exchanged right and left; if they do not, someone else has emphatically done so in joining. The exchange is in either instance symptomatic of an 'anal reversal' (21) ; which in its turn is symbolic of a cathectic displacement from the genital to the anal zone (Abraham) for the purpose of preserving continence in the face of an imminent urethral-erotic discharge of phallic libido.

I need not append a comparison of the dream with the drawing. The equivalence of all essential details cannot have escaped the student. It is merely the 'stone' that appears in the dream and does not appear in the drawing.

Freud's Dream: Is it an accident that this stone is suppliable if one looks for a dream treating the subject of the drawing? Freud, in one of his own (22), after dissecting his own pelvis, rides through a passage with a sharp turn at its end (association: lobby of his house with baby-carriages) and walks subsequently 'with an Alpine guide ... through a changing landscape' on 'swampy' and 'slippery' ground, arriving eventually at a 'small wooden house ending in an open window'. The dream concludes with an elaborate 'bridge symbolism': two boards put on the window sill in order to bridge a chasm, provide a narrowing of the path pursued by the dreamer, but change subsequently into two benches with two men and two children lying on them. In the dream hut, boards and benches are of wood (the mother in the mentality of the genital phase); in the association hut and benches become stone, a narrow vacated Etruscan burial chamber with two stone benches. ('The inside of the wooden house in the dream looks exactly like it, except that stone is replaced through wood.') I refrain from pointing to the many details in which this dream resembles Bismarck's (both dreamers are, e.g. carried through Alpine territory; one by a horse, the other by a Führer —guide and leader, etc.) and the drawing by Leonardo (e.g. two stone benches instead of two bladders where the path narrows, etc.). But I venture upon the opinion that the stone belongs to the phallic phase and to the representation, in the urethral-erotic mentality of this phase, of the mother.

(2) A woman patient found herself on a walk in a beautiful semicircular little bay filled with water and rocks. Wanting to urinate, she went about looking for a 'secret place', felt a mounting excitement, and became aware that both urge and search were of a sexual nature. For a fleeting moment she imagined an older woman friend as an onlooker to the impending urination, but was soon seized by the phantasy of her mother to whom she was showing herself squatting and urinating most forcefully as though the stream had the power of penetration. She had the choice, her report continues, between two kinds of rocks filling the inlet, split rocks with crevices underneath which 'one could hear the water rumble' and whole rocks with a smooth surface; she selected eventually one of the latter and describes it as of granite, 'so that it could not be hurt'. She squatted and indulged in a forceful and sexually pleasurable urination on the rock with the afterthought of exhibiting towards the sun which might burn the area, not ordinarily so exposed. The episode was concluded by an only partly enjoyable masturbation, accompanied by one fleeting and

- 52 -

one extensive phantasy. She imagined at first, while sitting on the stones, a little boy urinating proudly into the wide open ocean giving him, as it were, her maternal blessing, and subsequently, a certain man doing so most forcefully and with a tremendous stream, while she intensely watched him and the spray whipped up by the surf, 'looking for the best vantage point to observe him in profile'. The report on this incident was followed abruptly by another about some intensely emotional experiences with horses, which had at no other time been of concern to the patient. In these experiences both the masturbation and the phantasy with it were repeated symbolically. The dissection (cf. Bismarck's opening up of the landscape, Leonardo's median section, Freud's dissecting his pelvis) was supplied in her association to the phantasy about her mother. When the mother prepared, as she frequently did, a chicken by cutting it up via the anus in order to take out its intestines, the child, by way of a standing joke, used to commiserate with 'the poor chicken' as though 'it were still alive'.

One cannot, in view of the greater import and the longer persistence of the pre-oedipal sexuality in the female, expect to be able to show the phallic behind the genital representation of the mother-object as clearly as in the previous examples concerning males. Yet I believe it is present. The sea, in particular with a concave coastline and often a promontory (which was in this case not missing), is a genital representation; the small boy with the rumbling water and the secret place, allusive to the typical phallic ignorance of from where urine issues in the girl (23), appears phallic. It is the latter representation that here, again, employs the 'stone'.

Concluding argument in re 'stone': I have never been able to obtain associations to this element, typical in a phallic urethral-erotic representation of the mother object. I assume that the element is a 'mute' one, i.e. a symbol. I believe that symbols, in the psycho-analytic sense of the term, represent in the last analysis 'sexual' parts or functions (24). If the 'stone' is a symbol, what does it symbolize? Is the symbolized element nameable; and if not, where is one led in the search? The material presented above suggests a bladder stone, i.e. a stone in the bladder as the phallic urethral-erotic precursor of the child in the womb (25). While rejecting this as absurd one remembers that the oath bearing the name of Hippocrates juxtaposes the prohibition of lithotomy and that of abortion (26). Cutting a stone from the bladder is equivalent to aborting a child from the womb. The oath, as is so much Greek writing of the period, is 'modern'; it still graces the physician's office; its commands and injunctions are still valid, except for the prohibition to cut those 'labouring under the stone'. It is here that one is reminded of the Orphic origin of the oath (27). Orphic rites, Webster says, 'include ceremonies of great antiquity and probably savage origin'; for the mysterious injunction against lithotomy one is thus referred to the early or earliest history of mankind. Since this history and the individuals figuring in it are unknown, we can hardly expect to be in the position of interpreting an occasional vestige.

The analytic argument leads to the same point as the historical one (28). An element, symbolized by a symbol, is an element of the (pleasure-physiological) body-ego. Yet even if a bladder stone were to represent itself in the latter (29) in such a fashion that it could be endowed with the phallic meaning rendered above (30) it would not in so doing assist the solution of the mystery of the 'stone'. For both symbols and symbolized elements are ubiquitous; and the latter are normal parts of the body-ego; even those belonging to infantile sexual organizations (phallus, cloaca) are, e.g. under the impact of an unconscious infantile dream-wish, revivable in the normal adult. The bladder stone is of limited incidence, and pathological. It would therefore demand that one postulate the case of a symbol ('stone') that, by being ubiquitous, does, and of a symbolized element (bladder stone) that by being infrequent and abnormal, does not, fulfil the

conditions present in symbolization. Since this is arbitrary and not supportable by observation, I refuse so to postulate. Instead I am led to assume that the missing element, symbolized by the stone, is unknown and unimaginable because it belongs to a prehistoric ancestor of unknown and undividable constitution.

(c) The Bleeding to be Limited

And there blood must flow, etc. It is evidently not much blood that flows, for it gives Hans only a little time with his mother; and it does not prevent his father from coming up into the apartment (= entering her, cf. e.g. Freud's analysis of his 'Dream of the Staircase'). Some

- 53 -

will be satisfied that this limitation of bleeding is a compromise between a wish and its rejection; others, without doubting this, will want more of an explanation. I believe that the limitation is a typical element in the primal phantasy of castration.

Unable to prove this I can only illustrate it, abortively by way of a few hints; two, (i) and (ii) from a patient's associations and two others, (iii) and (iv), from the literature of the world.

i. The archaic reaction to defloration, described by Freud (31) found a symbolic expression in the parapraxia of a patient who, in depicting it, employed several elements of the phantasy of Little Hans. After her first intercourse, during which she had been anaesthetic, both she and her partner were standing in the nude ('as a naked one') when she inadvertently smashed a glass. Splinters hit the man's foot (cf. Fritzl, 'barefoot'), making it bleed. The scene struck her as ludicrous, and she insisted that the man leave the home (cf. Hans' father) after the wound had been bandaged. Her report ends with the gratuitous information, rendered in a peculiarly factual, and yet wistful tone: 'It was only a little blood. ...'

ii. A male patient when the analysis had, for the first time, restored his full potency, told of a parapraxia of his wife which was understandable only if one considered it as a reactive symbolic action. Before going to bed the next time with the intent of having intercourse, she stubbed her toe (Fritzl!) on the bathroom door so that it bled somewhat. He reported this with the same words: 'Oh, it was just a little blood. ...'

iii. Rashi (32) has Abraham, who is forbidden to kill his son Isaac, suggest instead, no less gratuitously, a symbolic castration:

(Abraham to the Angel:) 'I shall make him a wound and draw forth from him a small amount of blood.'

(The Angel to Abraham:) 'Do not do anything to him, (that is) do not make in him a defect. ...'

iv. Conversely, the sleepwalking Lady Macbeth's initial attempt to 'undo' Duncan's murder by hallucinating the conversation with her husband previous to it (33):

Fye My Lord, fie, a Souldier and affear'd? What need we feare? Who knoes it, when None can call our powre to accompt ...

breaks down with her sudden awareness of the bleeding without limitation:

Yet who would have thought the olde man to have so much blood in him.

One wonders, is the limitation of bleeding a mark, distinguishing castration from murder?

(d) A Symbolic Modulation

'... you should (stumble and) hurl yourself against the stone'. Here castration has become murder. The transformation is brought about by an employment of symbolism, reminiscent of what the musician calls 'enharmonic' modulation. In the ambiguous 'as a naked one' as well as in the unambiguous 'coming up into the apartment' ('Wenn du in

die Wohnung heraufkommst' = if you enter the mother) the paternal phallus is symbolized by the father's body. By retaining this symbolization while changing the 'knocking' [anstossen into the allusively fatal 'hurling' (hinfliegen)] the parricide is achieved.

(e) The Inconsistency is Explained

" I don't know that. " (! !): The father's double exclamation mark expresses evidently his astonishment at the apparent inconsistency, mentioned above (cf. p. 48). How is it possible in the present context that the child, without lying, declares himself ignorant why he is scolded? Had he not been explicit a moment before as to why the father is 'proud'? The inconsistency disappears when one appreciates that the 'pride' of the father is mute, and his 'scolding' is vocal; and acknowledges that the disapproval expressed in the former is not the same as the disapproval expressed in the latter. One is externally, the other internally, real; one belongs to the father, and the other is projected upon him: the reproachful gesture is that of the actual father, the reproachful voice is the 'voice of the superego'.

Before entering on the discussion of this concept it is convenient to consider the rest of the conversation and to explain, introductorily, three German expressions translatable only in approximation: (i) eigentlich, (ii) schimpfen, (iii) eifern. (i) Eigentlich is closely approximated by 'actually', except that it seems somewhat stronger; for it denotes a reference to the very core of the matter. (ii) Schimpfen is to scold, except that its relation to an object is looser. One usually, in present usage, scolds someone (German— Jemanden ausschimpfen) while one may, in contrast (e.g. when one is drunk) just stand there, or walk around and 'schimpfen'. (iii)

- 54 -

Eifern is untranslatable. Eifrig is eager; eifer is zeal; eifersüchtig is jealous (cf. p. 48 above). In circumlocuting the verb one would have to use a definition listed by Webster under 'zeal', and designated as both Biblical and obsolete. Eifern is the vocal and verbal expression of 'ardor of feeling taking the form of jealousy, indignation, or the like'; whereby jealousy besides its current meaning has the obsolete one of a 'wrathful' or 'ireful' state. In the Viennese vernacular of the time the word was apparently not exclusively Biblical but enjoyed an infrequent colloquial use. The boy could, for instance, have picked it up from a maid (34). However, in view of the content of the passage and the fact that the father does not employ the word anywhere while the boy uses it only in this one place and, finally, in view of the boy's emphatic conviction that it explains the imaginary, synonymous 'schimpfen' I do not believe that this invalidates any of my comment. On the contrary, it confirms, in the case of a particular word, what was said in general of the stylistic texture of the passage (cf. p. 47 above) as a whole, with its warp of idiom, and its woof of style soutenu.

The father used 'eigentlich' twice in the fragment of dialogue under consideration and each time in the course of a question. The first question is rational and a product of forethought; the father had learned from Freud that his person had been displaced by the son on to the horse, and he tries to undo the displacement. In so doing he is successful, and by the standards of an analysis we would call his procedure correct. The second question is irrational and asked on the spur of the moment. There has been no previous talk of schimpfen ; the subject is injected into the conversation precipitately and from nowhere by the father who a moment later denies categorically that it even exists. ('But that is not true!') He is unsuccessful, gains from his patient but an irrational answer which he does not understand ('Because you do " eifern "') and by the standards of an analysis I would call his procedure symptomatic of a sudden, although transient, 'counter-identification'. I have suggested (16) this term for the—unconscious and

technically undesirable—identification of the analyst with a constituent part of the patient's ego; I shall now explain what I believe to be expressed on the basis of other clinical observations, in this last, irrational part of the conversation between Little Hans and his father.

(f) A Superego in Statu Nascendi

Hans is in the process of developing a superego. He is about to introject the father and to equip the new structural part of his ego thus gained with the aggression directed against the father, in response to the latter's demand to inhibit strivings towards the mother. However, the process is not completed. The situation is therefore most instructively complicated by the fact that the father's person in the outside world is simultaneously still the object of the aggression. It is thus necessary, although confusing, that the subsequent discussion reflect this simultaneity by treating the establishment of a superego as both accomplished and impending.

Anticipating, interpersonally as it were, Freud's formula (35) for the intrapersonal superego-ego relation 'If I were the father and you the child I would treat you badly', Hans subjects (in phantasy and in exaggeration) the father to a punishment suffered originally by little Fritzl, a child. In so doing he identifies with the father. The question raised by the excess of his aggression is: Does he not identify with an archaic father, an inherited father-*imago*? Freud thought so. 'One may also say', he writes (35) 'that when a child reacts to the first great instinctual deprivations with an excessive aggressiveness and a corresponding strictness of his superego, it is thereby following a phylogenetic prototype, unheeding of what reaction would in reality be justified. For the father of primitive times was certainly terrifying, and one may safely attribute the utmost degree of aggressiveness to him.'

It is certainly in response to this identification, whatever its nature, that Hans' father relinquishes under the impact of the fury of the parricidal incestuous '*petit sauvage*'—for a moment and at one point—reality, and counter-identifies with the superego, in *statu nascendi*, of his son. The response of the son to this counter-identification is a projection of the nucleus of his superego, as far as it has been formed, upon the father. The result of both counter-identification (14) and projection (36) is what it always is, a delusion: the father disregards reality by implying that he '*schimpft*', and the son by maintaining that he '*eifert*'. In other words, a delusion—for a brief moment one in a transient '*folie à deux*'—about the existence of a wrathfully scolding voice.

(g) The Voice of the Superego

In order to justify having called this voice the

- 55 -

'voice of the superego' it is necessary to adduce several observations made by several observers; Freud himself and two of his students.

a. Hans gives two different answers to the twice repeated, unrealistic question as to why he is scolded: 'I don't know that' and: 'because you do *eifern*'. In so doing he illustrates clinically Freud's observation, made many years later (37) that 'in the individual ... the aggressions of the superego become, in the case of tension, most clamorously perceptible as reproaches whereas the demands themselves remain frequently unconscious in the background.'² In other words, Hans experiences a vociferous scolding projected upon the father but he is ignorant of its content. 'If one brings them (i.e. the demands) to conscious recognition, ' Freud goes on to say in the place quoted above, 'it becomes evident that they coincide with the prescriptions of the prevailing superego' (i.e. the 'superego of a cultural epoch'). This is illustrated by the father's concluding remark that the son had evidently remained 'unimpressed' by the

demand to relinquish the mother, i.e. by the incest-prohibition, upon which civilizations are based.

b. Isakower (38) has observed linguistic phenomena of a mixed motor and perceptory character in the process of falling asleep, that is, during the period before the superego has shrunk to whatever reappears, if it does, in the course of the re-differentiation of ego, as the 'censor'. He describes these phenomena as distinguished, at first, by 'an almost exaggeratedly elaborate grammatical and syntactic structure', where 'the speech flows along in complex phrases with strongly accentuated sentences of animated and changing form'. Subsequently, however, it 'loses clarity' until at last 'there remains only an impression of lively and complicated periods without any verbal elements which can be clearly grasped; and it finally ends in a murmur. He concludes that it is here 'not so much content that is characteristic of the superego but almost exclusively the tone and shape of a well-organized grammatical structure. ...' In waking up, these phenomena are 'much briefer and more succinct' but have 'often a superego-tinge, sometimes threatening, sometimes criticizing', and elicit 'an inexplicable respect' from the individual, 'although they are very often a quite unintelligible jargon'.

The observation is confirmable, and equivalent to a clinical illustration of Freud's statement. In my experience, the phenomenon is not, however, confined to hypnagogic and hypnopompic conditions. I remember, for instance, a compulsive patient in whose daydreams it prevailed at times; he spoke and heard silently what he described as emphatic but senseless arguments, full of incisive oratory but void of all content. In a schizophrenic patient the phenomenon appeared at first as a disturbing, often frightening, 'noise', that became later identifiable as a 'scolding'; violent, verbal, but again without signification.

The superego-phenomenon here described is easily identifiable with the father's illusory schimpfen, incomprehensible to the son; and it is evidently the superego manifesting itself after the fashion of the phenomenon that compels the son to insist, projectively, that the father does eifern.

It is not so easy to reconcile the existence of the 'phenomenon' with the fundamental remarks of Freud about the substratum of the superego. But I believe that it can be done. After raising the question (39) whether the unconscious superego consists—as does the ego—in preconscious, originally acoustic, word-images or in what else it does consist, Freud gives the 'modest answer' that the superego 'cannot possibly disown its origin from auditory perceptions; it is, after all, part of the ego and remains by way of these word-images (concepts, abstractions) accessible to consciousness. Yet the cathectic energy of these contents of the superego is not supplied by auditory perception, instruction, reading, but by sources of the Id'.

The 'phenomenon' contradicts this 'answer' inasmuch as its nature is the opposite of that of 'concepts' and 'abstractions'; in the latter content prevails over form, in the former form over content. I would find the contradiction unresolvable, were it not for the fact that long clinical observation has convinced me of the correctness of a certain remark made by Freud about the constitution of the superego, although he made it but once (40) and omitted it from his last summing-up of the subject (41). The superego, as far as it represents identifications with the parents, is 'determined by the earliest parent-images' only; identifications with the later parents, however important for the formation

2My italics.

- 56 -

of character, 'concern ... only the ego, are without influence upon the superego ...' If that is so, does it not imply that the parent, nuclear to the superego, is 'pre-verbal'? The phenomenon would become understandable as a combination of auditory revival and motor-imitation of the earliest parent's speech, perceived intensely but not, of course, understood. One could look upon it as symptomatic of a regressive re-identification, as it were, with this parent who spoke to the infant's ear merely in 'lively and complicated periods' and strongly accentuated sentences of animated and changing form'. Thus the speech of the 'earliest parent' would indeed become the 'voice of the superego'.

This observation complements Freud's finding that the superego remains accessible to consciousness by way of word images denotative, singly or in combination, of concepts and abstractions; but it does not contradict it. After all, the child understands and speaks before it forms a superego; and the 'earliest parent', of a somewhat later phase, is therefore undoubtedly 'verbal'.

However, the voice of the superego is but incompletely understood if one does not add, in applying Freud's tenet, that the cathectic energy of this voice likewise is 'supplied ... by sources in the Id'. In fact without such supposition one could not explain either its intensity, its power and sometimes punitive nature, or how it ever became the voice of the superego. The conviction of 'Little Hans', and for a moment of his father, of the existence of a wrathfully paternal voice, is reactive to the preceding aggression against the father. Freud contends that the ultimate explanation for the feeling of guilt lies in the 'primal ambivalence of the filial feeling' ('uranfängliche Gefühls-ambivalenz gegen den Vater'), in other words, in a quality of the Id. '... After the hatred, ' he writes (35), 'had been gratified through (the) aggression, (the) love became manifest in the remorse about the deed of (parricide), set up the superego by identification with the father, giving it the father's power quasi as punishment for the deed of aggression committed against him. ...' While Freud presents here a reconstruction of the childhood of the human race, Little Hans illustrates it with an episode in his own personal childhood: it is immediately after the violent—one is almost tempted to say Euripidean—phantasy of hurling the father to death, that he finds himself under the spell of the punitive 'voice of the superego'. That the remorse, linking crime and punishment, remains latent may be due to the precipitate interference of the counter-identifying 'analyst'-father with spontaneous self-expression. This is not, of course, the only possibility. The analyst witnesses almost daily the belated supply of such missing links in a dream after the hour, in associations in the next hour, or even at a much later time.

(3) As a third contribution towards justifying the term 'Voice of the Superego', I may add the observation (36) that individuals characterized by a sado-masochistic relation between ego and superego, and the ability to produce autohypnotic states, prove themselves dependent upon a voice. The characteristics of this voice, except for the prevalence of the form to the exclusion of content, are antithetic to those of the wrathful scolding experienced by Little Hans. The voice—their own, or somebody else's, the analyst's, the announcer's on the radio—is monotonous, conversational, lacking all affect. It is experienced as pleasant, not frightening; a libidinal, not an aggressive voice. Yet it is, nevertheless, the voice of the superego. Freud has taught us in his study on humour (42) that, under certain conditions the superego manifests its origin, not from the 'bad' and malevolent parent, but from the 'good' and benevolent parent as well. It is the vocal representation of this parent that induces the individuals mentioned above to indulge in the hypnotic submission to an archaic father-imago. The concept of the nature of the hypnotic reaction as, in the last analysis, a phylogenetic remnant, is Freud's. I am merely distinguishing between the hypnotic reaction and the hypnotic condition because the case of what Ferenczi has called 'mother-hypnosis' shows that the

reaction can be induced by the voice of a libidinal parent while the condition, result of the reaction, constitutes, as Freud has shown, the submission to an aggressive parent. It is the latter that I have observed (36) as projected, by the patients mentioned above, upon the analyst. The projection of this archaic aggressive parent, nuclear to the superego, produces delusions about the analyst, and by so doing interferes with the (illusion-producing) transference of the individual parent. Most pertinent to the present subject is the fact that the archaic parent shows in projection the same unvarying traits: the intent of torturing and killing, mendacity and lack of humour.

- 57 -

These typical traits are not missing in the delusion of Little Hans; they are all present, if only—as is the case with some of them—in intimation. With regard to the first of the traits one must make the allowance that super ego-formation is being observed here in *statu nascendi*: the intent of killing the father cruelly here is still the son's; it has not as yet been transferred permanently upon the superego, where it changes its object. The second trait, less intelligible but never absent, mendacity, is implied in Hans' protest: yes, it is true that the father does 'eifern'; the father's denial is the equivalent of a lie. As far as the third trait is concerned, it is implied emphatically in the definition of 'eifern' rendered further above (cf. p. 55 above). Consumed by ardent indignation, jealous, and in a wrathful state, Hans' father—or the archaic father projected upon him—is in a condition admitting of no benevolence, let alone humour. 'Yes, that is true ... I know it. That must be true.'

It is hardly necessary to call attention to the fact that the child does not argue as he ordinarily would: Yes, that is true, you scolded me only this morning, or Last Sunday, when I did such and such and you got angry, etc. His argument is entirely *a priori*; it dispenses with observation and defends his position as if upholding a dogma. Yet the intensity of the argument and its formal qualities, tone and rhythm, supply the missing observation. It is really Little Hans himself who does 'eifern'.

6. CONCLUSION

This is as far as I can possibly go in an attempt to persuade the reader to hear the speech as I hear it; and to doubt that the child was inspired to speak as he does under the impact of his personal experience alone. If my observations are incoherent, it is because I have followed an incoherent verbalization. If I have argued in a circle by adducing observations which Freud held to be phylogenetic as evidence of phylogenesis I have done so only at certain points. At other points I have gone further and adduced typical manifestations, difficult to explain ontogenetically; and in one instance, that of the stone, I have tried to demonstrate that it may remain unexplained just because it is prehistoric. I believe that I have removed incongruence and contradiction in the verbalization of Little Hans, both as to form and to content. That this can be done with the help of Freud's hypothesis, and cannot be done without it, is perhaps the strongest argument for that hypothesis.

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FREUD, SIGMUND 'Analysis of a Phobia in a Five-Year-Old Boy' Coll. Papers III p. 149

Cf. the notes of 'April 22'. It was a rubber doll whom he called 'Grete'; I suspect in memory of the previous 'Grete, my Grete' from G ..., whom he had shown in phantasy what his Mummy did when she was 'completely naked in her shirt' (Notes of 15 March). Hans pushed a small penknife into the doll, through the opening to which the little tin whistle, or speaker, had once been attached, and then tore its feet and legs apart, so as to let the knife drop out, between the legs, and saying to the nurse: 'Look there is the weeweemaker.'

The 'style soutenu' of the passage tempts one to translate it: 'Thou shalt as a naked one, etc.'

FREUD, SIGMUND Coll. Papers IV Chap. 23.

Is it a coincidence that the doctor, still ready to 'purge' his patient at the slightest provocation, considers himself a disciple of Hippocrates, the 'ruler of horses'? (The name is derived from *ippokrateo*, to be superior in horse (*ippos*, horse, *krataios*, strong, mighty).) I am indebted to Professor Ostwald of the Classical Department, Columbia University, for the confirmation of this derivation.

FREUD, SIGMUND 'The Passing of the Oedipus Complex' Coll. Papers II Chap. 23.

A coarse but colourful description of this two-fold consequence was a famous American evangelist's threat to young men who drank, smoked, or masturbated, that they would both get syphilis and go to Hell.

FLIESS, ROBERT 'Counter-Transference and Counter-Identification' J. A. Ps. Assoc. 1 1953

Anyone who prefers to follow the father instead of Hans and to interpret 'barefoot' exchanges of course only one symbolization of the phallus for another.

- 58 -

FLIESS, ROBERT 'Knocking on Wood: A Note on the Preoedipal Nature of the Magic Effect' Ps. Quarterly 13 1944

FREUD, SIGMUND The Interpretation of Dreams Stand. Psych. Works, Vol. V p. 377ff (London: Hogarth, 1953 .)

I believe that the term 'partial-object' is a suitable one for denoting this reduction.

The typical occurrence of this element has caught Freud's attention, its mysterious nature escaped it. He writes: 'The complicated topography of the female genitalia renders it understandable that they are very frequently represented as landscape with rock, woods, and water ...' Through woods and water, yes; but why such unambiguously soft parts through rock?

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This phenomenon—the exchange of front and back or its equivalent such as that of right and left—has first been described by Jones. Abraham (Karl Abraham: 'Contributions to the Theory of the Anal Character', Sel. Papers) has supplied its meaning, the cathectic displacement from the genital to the anal zone. Mine is the term, and the clinical observation that the displacement symbolized by the anal reversal, and effecting overcathexis of the powerful anal sphincter, occurs in the interest of the preservation of continence.

FREUD, SIGMUND The Interpretation of Dreams p. 452ff

Overdetermined by the secret place which, in contrast to the boy, she has to find for the purpose of urination.

A statement, which although correct is only a close approximation; an elaboration upon it could not, however, contribute to the present subject.

There was, and in some places still is, a recurring use of stones, among a variety of peoples (Syria, Sicily, Brittany, Swabia, parts of Africa, Japan, and the Southern Archipelago, particularly New Caledonia) especially to influence tree fertility by hanging stones on them, to influence crops by placing stones in the fields, to improve the yield of fishing, and last but not least—to make rain. (James Frazer *The Golden Bough* Vol. I *The Magic Art and the Evolution of Kings* Various citations: see Index under 'Stones'.)

Castiglioni's translator and editor (Arturo Castiglioni: *A History of Medicine* Ed. E. B. Krumbhaar. New York: Knopf, 1941 pp. 154, 156 quotes the oath in his own as well as in someone else's translation: "... I will not give to a woman a pessary to produce abortion. With purity and holiness I will pass my life and practice my art. I will not cut persons labouring under the stone, but will leave this to be done by men who are practitioners of this work ...". 'The injunction, ' the author states in an attempt to provide explanation, '... was probably due to an agreement that such an operation should be practised only by specialists, or perhaps arose from the known danger of producing sterility (functional castration) by this operation.' In a footnote a further authority (Dr. Savas Nittis *Bulletin of the History of Medicine* VII 1939 p. 719) is cited as translating the verb *temeo* as 'castrate' rather than 'cut' with the last sentence quoted above then reading: 'I will not castrate, indeed not even sufferers from the stone, and I will keep apart from men engaging in this deed', which in Castiglioni's words 'was regarded as an abomination'.

Castiglioni: 'The hieratic character of this oath, and the clear allusion to medical art as a doctrine of the initiated, all show how it is derived directly from the rites of the Pythagoreans, the Orphics, and other sects of initiates' (Dr. Savas Nittis *Bulletin of the History of Medicine* VII 1939 p. 155).

It may here be recalled that two phenomena, belonging to phallic sexuality and urethral-erotic discharge respectively, caused Freud to draw inferences concerning the prehistory of mankind. He believed that the termination of infantile sexuality in this phase, followed by latency, made it probable that we are descended from an animal that matured at the age of five. With regard to urethral eroticism he suggested that the reaction to urethral incontinence pointed towards a period of human development preceding those whose vestiges are preserved in myths and folklore.

Freud himself has pointed to the creation of 'organ-representations' by morbid formations.

A famous sufferer from the stone, Montaigne, has it influence sexuality when he writes in *Essay No. 37 ('Of the Resemblance of Children to their Fathers')* 'Oh! que n'ay je la faculté de se songeur de Cicero, qui, songeant embrasser une garse, trouva qu'il s'estoit deschargé de sa pierre emmy ses draps! Les miennes me desgarsent estrangement'. (Oh why have I not the faculty of that dreamer in Cicero, who, dreaming he was embracing a young girl, found that he had discharged his stone in the sheets! Mine strangely diswenches me.) (Michel Montaigne: *Essais*. Paris: Chez Lefevre, Libraire, 1826. Tome IV, Livre II, Chap. 37, p. 96f. Ed. J-V. Le Clerc.)

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- 59 -

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¹From a forthcoming book, *Erogenicity and Libido*, Psychoanalytic Series, Volume I. International Universities Press, New York, 1956.

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- 60 -

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On the Exceptional Position of the Auditory Sphere

Otto Isakower

The course of the following considerations was determined by a suggestion arising from a somewhat remote department of the physiology of the senses. Josef Breuer was the first to put forward the suggestion (in 1874), which was later fully established, that the otolith apparatus of the lower animals does not serve the function of hearing, as was formerly supposed, but the perception of the movement and position of the body relative to its environment and orientation in space.¹ Earlier still it had been observed that certain crustaceans, whose otocysts open to the exterior through a crack and contain small foreign bodies as otoliths, lose these together with the shell at every moult, after which they introduce new ones, being quite indifferent to what material is offered to them for the purpose. The creatures feel around eagerly on the floor of the aquarium with their claws and fill the otocysts with grains of sand or the like, which they have picked up.

With the intention of settling the question, beyond all dispute, of the function of these organs, the otocysts (or statocysts as they have been more correctly named since then), the Viennese physiologist, A. Kreidl, following a suggestion of Exner, induced the crustacean *Palæmon* to take up iron-dust into its statocysts.² So statoliths were formed which were subject to magnetic influence. When he approached such an animal with a strong electro-magnet from the dorsal side, the statoliths were lifted up on to the dorsal wall of the statocysts, thereby taking up the same position as they would occupy in a normal animal which had fallen on its back. Just like such an animal, accordingly, the crustacean which had been magnetised turned itself over and remained lying on its back, for when it was in

¹ Breuer, 'Ueber die Funktion der Bogengänge des Ohrlabyrinthes', *Medizinisches Jahrbuch*, 1874, S. 44.

2 Kreidl, 'Weitere Beiträge zur Physiologie des Ohrlabyrinthes (II. Mittheilung), Versuche an Krebsen', Sitzungsber d. Kais. Akad. d. Wiss. in Wien, Mathem.-natur. Classe, Bd. CII.

- 340 -

this position the statoliths occupied their normal place. About the same time it was established that crustaceans possess no means whatever of hearing.

These famous experiments in the physiology of the senses at first sight seemed to be a model specially suitable for didactic purposes, without further significance, in representing plastically the processes concerned in primary identification and certain characteristics of the relations between ego and external world in the early stages of mental development which are difficult to represent. As we said, these crustaceans strive eagerly after moulting to fill their statocysts as quickly as possible with suitable material; a small piece of the external world is made into an integral part of an organ, a part which is essential for the purpose of completing a predetermined structure, of establishing it and making it able to function. A piece of the external world, without undergoing any elaboration to change it, has to be incorporated into a special place in the organism in order that an apparatus of very central importance for the orientation of the individual in the world, and for the regulation of relationships with it, may become capable of fulfilling its task. Any material whatever is accepted by the animal provided that it fulfils certain conditions of form and consistency. Housed within the statocysts it now represents— *pars pro toto* —the external world inside the organism and helps it to regulate the relations of the individual to the whole of the rest of the external world (or at least to an important aspect of it). By means of a cunning modification the scientist's experiment accentuated in particular one factor in this natural situation, that of energy: should the piece of the external world which is picked up (introjected) be of a special kind, namely magnetizable, the animal thereby remains 'at the call' of the magnet, if one may say so, until its next moult.

But, unperceived by us, the whole process, which was approached at first without any ulterior intention, seized our interest much more intensively; and the modest rôle of a superficial aid in the representation of completely disparate processes no longer seemed adequate for it, it seemed rather to demand a detailed comparative consideration. But something more than a chance analogy would be necessary in order to establish such a view. There would have to be a probability of a deeper relationship between the two processes, to serve as a basis for the proposed comparison. But this basis is in fact given by the circumstance that the organs of the sense of equilibrium and orientation in space, which are included in the vestibular apparatus, and the organ

3 Der Aufbau der Funktionen in der Hörsphäre, 1930.

4 Grundzüge einer allgemeinen Biologie, 1932.

- 341 -

of auditory perception are very closely associated with each other in that (1) they originate both phylogenetically and embryologically in a single tissue and (2) they remain anatomically and functionally closely bound together—the eighth cranial nerve provides for the conveyance of the stimuli from both sensory regions. In order to denote shortly the two regions which are to be compared, we shall speak of them in what follows as 'the sphere of the spatial sense' and 'the auditory sphere'. We shall use the term 'sphere' to include not only the whole apparatus in all its portions from the periphery to the centre, but also the part of the psychical structure to which the actual sensory apparatus is subordinated and which provides for the further elaboration of

incoming perceptions. To enter into problems of a physiological and a psychological nature connected with the sphere of the spatial sense is not necessary for the present discussion. With regard to the function of hearing a recent and comprehensive study of this sphere by W. Börnstein³ has led to the conclusion that in the case of human beings the physiological conditions in the primary auditory centre indicate that the hearing of ordered noises, particularly therefore those of speech, is of incomparably greater biological importance than the other developmental tendency, that, namely, towards hearing the pitch of notes and music. One fully agrees with this view when one considers the rôle of speech in reference to both the building up of the ego, and the comprehension and ordering of impressions of the surrounding world, and as a means of understanding between men. In the present-day theory of the ontogenetic development of speech the supposition is fairly well established that the acquisition of speech depends on the condition that the material of speech should be presented to the child from the outside and that no really creative factor is operative in the acquisition of speech by the individual. And therefore, in the case of a child with its sensory apparatus intact, the supply of very specific material to the auditory sphere is a very important and essential condition for the establishing of the ability to speak. We are not going to deal here with all the difficult and disputed fundamental questions of the psychology of speech, but shall be satisfied with the statement that what we are concerned with here is the assimilation and correct combination of verbal images, the development of a grammatical and logical order in the processes of speech and thought—all of which for our present purpose may be

- 342 -

attributed to the auditory sphere. Accordingly we have to ascribe to the auditory sphere a part which has hardly anything to do with the function of hearing in the narrow sense, but which we must regard as having arisen in connection with the acoustic sensory apparatus. The function of this part is the development of a grammatical, syntactic and logical framework for the function of speech and thought and for the development of the function of judgement. R. Woltereck writes⁴: 'Apart from the fact that speech is essential as a means of communicating experiences, it has indeed a directive function for our cognition in two senses. It furthers and directs our cognitive activities because it contains within its verbal structures and forms of sentences a precipitate of the collective forms of thought of mankind which everyone of us employs and elaborates further. And it exercises a very important influence by means of inhibitions upon the deeper probing of our cognitive activities, since it fastens our thinking to precisely these forms of sentences and transmitted forms of words.'

It follows from this that the auditory sphere is one of the most important apparatuses for the regulation of relations with the environment and with the introjected representations of interests in that environment, an arrangement absolutely specific for the human species. Research on the brain also seems to furnish indirect evidence of this, since it establishes that it is in the region of the radiations of the auditory tract that the cyto-architectonic formation of the cerebral cortex shows the relatively greatest difference between men and the anthropoids in the building-up of the layers.

There is much to be said for the view that at earlier stages of development a close connection exists between the linguistic and logical concept 'right—wrong' ('correct—incorrect') on the one hand and the moral concept 'right—wrong' ('good—bad') on the other. Certainly this fact has a great deal to do with the way in which education in speech takes place, but even so it is worthy of note that the linguistic branch of education cannot be thought of as isolated from the rest.

Moreover it is probable that the function of judgement in its beginnings is to be conceived of as a single unit in judging processes both in the external world and in the internal world, and that consequently these two differently directed parts of the function are not easy to separate. The problem of reality-testing is closely bound up

- 343 -

with this. Freud, as we know, first ascribed reality-testing to the super-ego, but later (in *The Ego and the Id*) decided upon a correction, assigning it to the ego as its specific task, in accordance with the relations of the ego to the world of perception. On the other hand there is good reason to ascribe to the super-ego function something of the character of perception, when one considers that the ego can take itself as an object, in self-observation, which is indisputably a super-ego function. It is this which seems to speak for the view that at least in an early stage in the development of the ego the function of reality-testing can hardly be separated off sharply from the function which has to judge the individual's own methods of behaviour as 'correct or incorrect' and 'right or wrong'.

Let us return to our starting-point, the comparison of the crustaceans and their static organ with the process of introjection in man. By using this phylogenetic example would it not be possible to obtain more than a metaphorical representation of primary incorporation and its results?

We believe that we have proved that it is probable that in the psychical structure also there are indications that the auditory sphere occupies an exceptional position, which makes it of much greater importance in its central portions than the corresponding portions of the other sensory spheres. On the other hand the question for us here is to show that the auditory sphere, as the phylogenetic descendant of the static apparatus, still has quite clearly very much in common with the organ of equilibrium,⁵ provided one accepts it as true that the super-ego functions like a psychical organ of equilibrium, and that differentiation of speech is indispensably necessary for this. In order that the child shall handle speech as a tool, and as a result of doing so, the auditory sphere itself is fundamentally altered in a sense full of potentialities.

The comparative view seems to make possible a clearer working out of an ego-apparatus than has been the case previously; and in particular an ego-apparatus which renders possible the mechanism of primary identification and represents the predetermined structure, which has itself to be enriched and further built up with the help of the components (objects) that are to be introjected. If we may recall once more the facts concerning the crustaceans, it looks exactly as though in both cases—in the integration of the static organ in the

5 Cf. Schilder, 'Ueber Gleichgewichtsstörungen', *Jahrbuch für Psychiatrie*, Bd. 45, 1927.

- 344 -

crustacean and in the development of the ego-apparatus in man (i.e. the human auditory sphere)—one and the same fundamental idea has been applied for the solution of a problem of organization, which in the second case however is pregnant with results of incomparably greater importance.

It is self-evident that experiences and impressions of the environment are necessary in order that a super-ego may be built up. It is just as self-evident that these experiences and impressions are acquired by way of sense perception. But can one imagine that purely optical sense-impressions, for example, by themselves and without showing any linguistically ordered structure, could possibly lead to the building up of a function of

logical or ethical judgement? Without further discussion this question can certainly be answered in the negative. But the claim of the auditory sphere to the primary place in the building up of the super-ego would be thereby established.

Nothing now stands in the way of the idea that this capacity for developing a super-ego, which is peculiar to man, must have been laid down in advance in what one might call the ground-plan of the psychical structure, and, indeed, this finds support in all that we believe we know about the earliest stage of man's psychical development. And if there is any sense at all in speaking of preliminary stages of super-ego formation, one would most easily imagine such a thing in the form of a specially modified region of the auditory sphere. Further, one would presumably have to picture this modification as being built up in temporally successive stages. The first of these stages would then consist, perhaps, in the biologically determined inborn differentiation of the organic substratum, that is to say of a particular region of the cerebral cortex, which differentiation alone makes possible the acquisition of speech; the attainment of the next stage would be dependent upon speech having in fact been placed at the disposal of this substratum by the environment. For we know that the child is not capable by itself of constructing new words, to say nothing of a language, but that he has to build up his speech from linguistic material which is presented to him ready made. But this very fact sets in motion the process of developing an observing and criticizing institution.

The following formula then suggests itself: just as the nucleus of the ego is the body-ego, ⁶ so the human auditory sphere, as modified

⁶ Freud, *The Ego and the Id*, p. 31.

- 345 -

in the direction of a capacity for language, is to be regarded as the nucleus of the super-ego.

Just as the statement 'the nucleus of the ego is the body-ego' has not merely a genetic significance, but is also fully valid for the finished structure, so the assertion 'the nucleus of the super-ego is the auditory sphere' must also be confirmed in the fact that this aspect of the super-ego comes to light in certain circumstances. As the classical evidence for this we may bring forward the phenomenon which Freud referred to as the one which first suggested the conception of the super-ego to him: namely, delusions of observation. An essential element in these are alarming experiences in the realm of hearing: a keen awareness of cadences in the speech of the people around, an importing of deeper meaning into what is heard, falsifications of auditory perception and finally auditory hallucinations. The hallucinatory voices serve the purpose, among other things, of warning the sick person of the danger of being overpowered by the id. When the integrity of the personality is threatened from within, the super-ego reveals both its history and its genesis, that is, it reveals not only the way in which its nucleus arose but also of what its nucleus consists.

A somewhat different picture, but the same thing fundamentally, is well shown in the following single observation in the case of a schizophrenic, in whom an impoverishment and blunting of the inner life dominated the scene. The patient, a man about twenty-six years' old, complained of attacks of physical incapacity to work, so that he had to lay aside whatever he held in his hands, and he also felt a heavy pressure down upon the top of his head. (No epilepsy was present.) At the same time something else always happened which the patient called 'self-talking' ['Selbstredung']; he was obliged to repeat aloud over and over: 'I am Max Koch from Alland' (which in fact he was). In a critical situation, when a threatened disruption of the ego was, as it were,

acutely experienced, being condensed into a moment, this ego affirmed its existence by a magic formula, which can easily be understood as a faithful reproduction of what had been instilled into him as a child.

As is well known, the perception by the self of a threatened loss of reality is shown very strikingly in the catastrophe of an epileptic attack. A patient of Kinnear Wilson's described his auditory aura in the words: 'I seem to hear everything that has ever been said to me in all my life.'

The disturbance in the balance of the psychical structure in

7 Freud, *Zur Auffassung der Aphasien*, Vienna, 1891.

- 346 -

situations of sudden danger to life also sometimes affords a deeper insight into the nature of this structure. One may perhaps be permitted to quote a personal reminiscence of Freud's: 'I remember that I have twice felt myself in danger of my life and each time the perception came quite suddenly. In both cases I thought to myself "Now it's all up with you", and, although my internal speech is as a rule carried on with quite indistinct sound-images and only faint sensations in the lips, yet in the moment of danger I heard these words as though someone were shouting them in my ear and saw them at the same time as though they were printed on a fluttering piece of paper.'⁷ The super-ego character of these words is to be remarked, which sound like the pronouncement of judgement by a powerful authority, while at the same time the verdict can be read. We must also observe the displacement outwards in double form (in speech and writing). One could also conceive of the externalization as being the result of a narrowing of the personality to the body-ego as a consequence of the shock.

From this point an approach is also opened up, perhaps, to deeper research into the position of the auditory sphere in dreams, which is still so problematical and which, since the elaboration of the theory of agrammatism, has met with renewed and growing interest in the investigation of aphasia as well as elsewhere. It should only be briefly pointed out here that the fact discovered by Freud that the dream is not in a position (or is only in an inadequate one) to give expression to grammatical and logical connections (naturally this does not refer to speeches inside dreams) finds a surprisingly exact analogy in certain kinds of aphasic agrammatisms.

A further contribution to the subject is supplied by the observation that linguistic phenomena connected with going to sleep often show an almost exaggeratedly elaborate grammatical and syntactic structure. The speech flows along in complex phrases, with strongly accentuated sentences of animated and changing form; but it loses its clarity more and more as it proceeds, and at length there remains only an impression of lively and complicated periods without any verbal elements which can be clearly grasped (and this is perhaps one of the main reasons why the periods themselves are so difficult, indeed almost completely impossible, to grasp) until at last the periods gradually pass over into a scarcely articulated murmur, which stops, starts again,

- 347 -

and finally passes over into sleep. One might say that going to sleep itself is a case of 'crossing the frontiers of speech': the ego behaves just as though, in obedience to an order from the customs officials, it was obliged to leave behind its linguistic belongings. Although this flaring-up of linguistic activity (partly of an auditory and partly of a motor kind) appears at first sight like an enrichment, it nevertheless ends in an impoverishment; it gives the impression of a copious inflow and is nevertheless a flowing out, a bright flickering-up of the auditory sphere before it is completely

extinguished. Perhaps all this is only another aspect of the fact that before the 'censor', whom we know so well, withdraws, he seizes the opportunity of making his voice heard once more very forcibly. What we see here is not so much content that is characteristic of the super-ego but almost exclusively the tone and shape of a well-organized grammatical structure, which is the feature which we believe should be ascribed to the super-ego.

At the moment of waking up, the linguistic auditory phenomena present themselves in a much briefer and more succinct form. It often happens in this way that a word or short sentence still reaches a dreamer, while he is waking up, like a call, and this call has very often a super-ego tinge, sometimes threatening, sometimes criticizing—words for which the dreamer, as he wakes up, feels an inexplicable respect, although they are very often a quite unintelligible jargon.

It would be a valuable support to what has been brought forward here, if we could show that what we have said is nothing more than a further elaboration of what Freud meant when he replaced his first graphic representation of the structure of the mind by another. In the first of these two sketches, made in 1923, in *The Ego and the Id* (p. 29), the ego has on one side 'an auditory lobe' ['Hörkappe', literally, 'cap of hearing'] 'worn crooked'. In the repetition of this sketch, which appeared in 1933 in his *New Introductory Lectures* (p. 105) and which in other respects is practically unaltered, this 'auditory lobe' is no longer to be seen. The corresponding position is now occupied by the super-ego.

- 348 -

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**Jones, E. (1926) The Origin and Structure of the Super-Ego. Int. J. Psycho-
Anal., 7:303-311**

The Origin and Structure of the Super-Ego

Ernest Jones

It is desirable to state clearly at the outset that this paper is of a peculiarly tentative character. The special occasion for which it was written, and the exigency of a time limit, induced me to attack an intricate theme when my own opinions about it are the very reverse of mature. Indeed, the essential object of the present contribution is merely to define a little more closely some of the complex problems involved and to invite further discussion of them; I would attach only a very restricted validity to any positive suggestions that may emerge in the course of the present remarks. The subject itself is concerned with one of the most important contributions that Freud has made to the science of psychoanalysis he created, and the spectacle of the following attempt to apprehend his latest teachings will serve as well as any other to illustrate the ever-pioneering nature of Freud's work and the fact that his mind remains the youngest and freshest of any among us.

The particular problem to be considered here is that of the origin and actual structure of the super-ego, that is, the nature and genesis of the various trends composing it. As Freud himself says, 'In other matters—for instance, concerning the origin and function of the super-ego—a good deal remains insufficiently elucidated'.¹

As to the validity and value of the conception itself there will be universal agreement, for the reasons Freud gave when he postulated it can be definitely confirmed in any character analysis, and perhaps in any properly completed analysis. Further, a number of formulations in regard to it would appear to be equally well established. Thus, the genesis of the super-ego is certainly connected with the passing of the Oedipus complex, and the nuclear and essential part of its composition may be regarded as the direct imprint made on the personality by the conflicts relating to this complex;² Freud neatly designates it as the heir of the Oedipus complex.³ Much is known also about the relation of the super-ego to the outer world and to the other

1 Collected Papers, Vol. II, p. 250.

2 Das Ich und das Es, 1923, S. 40, 60, etc.

3 Das Ich und das Es, 1923, S. 43.

4 Das Ich und das Es, 1923, S. 68.

5 Collected Papers, Vol. II, p. 266.

- 303 -

institutions of the mind. The function it exercises is perhaps its clearest feature. It is to criticise the ego and to cause pain to the latter whenever it tends to accept impulses proceeding from the repressed part of the id. In this connection we may note the improvement Freud has effected in the terminology relating to the idea of guilt. He would confine the expression 'consciousness of guilt', or 'sense of guilt', to the perception of guilt on the part of consciousness⁴ and substitute that

of 'need for punishment' (Strafbedürfnis) when it concerns the unconscious ego, reserving 'criticism' for the operation performed by the super-ego. The relation of both these active and passive aspects of the phenomenon to consciousness, however, is a very variable one; either or both may be unconscious, the latter more often than the former.⁵

When, however, we leave these valuable broad generalizations and come to a closer study of the problems involved, a considerable number of awkward questions present themselves. To mention only a few at this point: How can we conceive of the same institution as being both an object that presents itself to the id to be loved instead of the parents⁶ and as an active force criticising the ego? If the super-ego arises from incorporating the abandoned love-object, ⁷ how comes it that in fact it is more often derived from the parent of the same sex? If it is composed of elements taken from the 'moral' non-sexual ego-instincts, as we should expect from the part it plays in the repression of the sexual incestuous ones, whence does it derive its sadistic, i.e. sexual, nature? These and many other apparent contradictions need to be resolved. Finally, there is every reason to think that the concept of the super-ego is a nodal point where we may expect all the obscure problems of Oedipus complex and narcissism on the one hand, and hate and sadism on the other, to meet.

Before taking up the problems concerning the origin and structure of the super-ego, it is necessary to say something about its general relations, particularly the topographical ones. Relation to the outer world, the ego and the id. The ego is the part of the id that is altered by the influence of the outer world, and the super-ego is a differentiated part of the ego, ⁸ again one brought about under the influence of the

6 Das Ich und das Es, S. 34.

7 Das Ich und das Es, S. 33, etc.

8 Das Ich und das Es, S. 27, 31.

9 Das Ich und das Es, S. 43, 61, 67.

10 Das Ich und das Es, S. 72.

11 Collected Papers, Vol. II, pp. 251, 253.

12 Collected Papers, Vol. II, Pp. 253, 264.

- 304 -

outer world. On the one hand we read⁹ that the super-ego stands nearer to the id than does the ego, is independent of the latter and represents to it the demands of the id, though the id can also influence the ego directly as well as through the super-ego.¹⁰ On the other hand it is just through its connection with the outer world, the reality demands of which it represents, that the super-ego gains its power of affecting the ego.¹¹ The full explanation seems to be that the super-ego in some obscure way combines influences from both the inner and the outer world, from the id and from external reality, and that these are then directed towards the ego.¹²

Relation to Consciousness. —Two statements of Freud's bear on this point. The super-ego may be for the greater part unconscious and inaccessible to the ego.¹³ It dips deeply into the id and is therefore farther removed from consciousness

than is the ego.¹⁴ It is probable that the super-ego may be partly conscious, partly preconscious and partly unconscious; further that its relation to consciousness varies at different times. That it should be as a rule less conscious than is the ego may be explained by its relation to outer reality, for this relation was far closer in the past (in infancy) than it is in the present.

Relation to Repression. —It is the ego, not the super-ego, that performs the act of repression, though it commonly does so in obedience to the demands of the latter.¹⁵ It is important, however, to note that, especially in hysteria, the ego can keep from consciousness, i.e. repress, the feeling of guilt provoked by the super-ego's attack on it.¹⁶ It should be possible in the future to describe this in economic terms as a balance between different amounts of pleasure and pain.

Relation to External Love-object. —Freud writes¹⁷: 'If a sexual object has to be given up, there is not infrequently brought about in its place the change in the ego which one must describe, for instance in melancholia, as an erecting of the object within the ego, ' and he adds 'the nearer closer conditions of this replacement are not yet

13 Das Ich und das Es, S. 47.

14 Das Ich und das Es, S. 61.

15 Das Ich und das Es, S. 66.

16 Das Ich und das Es, S. 66.

17 Das Ich und das Es, S. 33.

18 Das Ich und das Es, S. 38.

- 305 -

known to us.' Throughout he appears to assume that the super-ego, which we know to be the heir of the Oedipus complex, results in this way from the incorporating of the parental figure that had to be given up in its sexual connection. But the evidence is fairly extensive that, though the super-ego may be derived from either parent and is commonly enough derived from both, it is normally and predominantly derived, not from the love-object that has been abandoned, but from the parent of the same sex. With the boy, for instance, it is derived in the main from the father, and when it is derived from the mother the chances are great that he will be homosexual. Freud himself points out this paradox, ¹⁸ but offers no explanation of it. The discussion of bisexuality that follows in the context doubtless explains the facts of there being two types and of their often being mixed, but it in no way accounts for the phenomenon of the more normal type in which the heterosexual person derives his super-ego from the parent of the same sex as himself. It would therefore seem that a necessary condition for the process of incorporation is that the object incorporated must have thwarted the love impulses of the subject.

If this reasoning is sound, then it can only be that the mechanism of super-ego formation normally follows the order which Freud has described in connection with the attitude of a homosexual towards his brothers, ¹⁹ namely, that original rivalry of a hostile kind was replaced by a friendly object-choice, which in its turn was replaced by identification. Applying this to the Oedipus situation, and taking again the case of the boy, we must assume that the super-ego usually

arises from identification with the father where the initial hostile rivalry had been replaced by homosexual love. In the less usual and less normal case, that of the homosexual man, there are two possibilities open. Either the same mechanism as that just suggested holds good, which means that, the feminine component of his bisexuality being predominant, he deals with his jealous rivalry of his mother by a passing object love followed by identification with her, or else the identification is a means of dealing with hatred proceeding from the fact, characteristic of this type, that his castration fears are more closely connected with the mother than with the father. Both explanations accord with the law that the super-ego is derived from a thwarting object. The two explanations differ in that with the first congenital sexuality would

19 Das Ich und das Es, S. 45.

- 306 -

be the ultimate cause of the undue reaction to the mother, with the second this might or might not be so.

It will be seen that here stress is laid on hostility²⁰ being the essential condition of super-ego formation. This one may relate to the predominantly sadistic nature of the later super-ego, a matter which will be discussed presently. To recapitulate for the sake of clearness: it is suggested that the super-ego is derived from the thwarting parent, irrespective of whether this happens to be the primary love-object or not; normally it is a secondary love-object, the parent of the same sex.

The replacement of object-cathexis by identification brings about a profound change in the libidinal situation. The image thus incorporated into the (super-) ego serves itself as an object to the libidinal impulses proceeding from the id, so that more of them are directed towards the ego as a whole than previously; this constitutes what Freud terms 'secondary narcissism'.²¹ Along with this goes a desexualization of the impulses, a kind of sublimation, and this important process gives rise to interesting problems. Freud hints that it is due to the giving up of sexual aims implied in the change from allo-erotic into narcissistic libido. To quote his exact words: 'The transformation of object-libido into narcissistic libido that takes place here evidently brings with it a giving up of sexual aims, a desexualization, i.e. a kind of sublimation.'²² But narcissistic libido is still sexual, as is even an impulse inhibited in its aim (affection), and both in moral masochism and in the obsessional neurosis we see that the impulses concerned with the super-ego need not be desexualized; it is plain, further, that there are all degrees of desexualization. So that there must be some further factors at work to account for this interesting change when it occurs.

Two further clues are provided elsewhere by Freud. In the first place he points out that the super-ego is not simply a residuum of the object-choices, but also signifies an energetic reaction -formation against them. 'Its relation to the ego is not all comprehended in the exhortation "You ought to be like the father"; it also includes the prohibition "You may not be like the father" i.e., you may not do everything he does; many things are his prerogative'.²³ In other

20 Cf. Freud's remarks on ambivalence in connection with melancholic identification (Collected Papers, Vol. IV, p. 161).

21 Das Ich und das Es, S. 34.

22 Das Ich und das Es, S. 34.

23 Das Ich und das Es, S. 40.

- 307 -

words, the super-ego consists in the incorporation only of the 'moral', thwarting, and asexual elements of the object. The allo-erotic libido of the subject's id somehow accomplishes the extraordinary feat of substituting this loveless image for the previous love-object; by some magic he manages to love with all the strength of his being just that which he had most reason to hate and fear. It is very possible, however, that from the wreckage of his own desires he is able by means of the identification with the father to save at least in a vicarious way the object-relation which the latter bears to the mother; if so, this vicarious gratification would have to be much deeper in the unconscious than the super-ego.

A second and more valuable clue is afforded by the following considerations. If we enquire into the actual composition of the super-ego, the most obvious constituent to be perceived is sadism, 24 usually desexualized. It is presumably to be accounted for as a pregenital regression of the libido that is no longer allowed to be directed towards the love-object; we know that regression is a common sequel to frustration. But this is only the result of a reaction on the part of the endangered ego, which yields to the (castration) threat to its integrity and defends itself by repression of the incestuous impulses. This threat to the primary narcissism must also mobilize the non-sexual ego-instincts, notably hate and fear, and probably all those which I have grouped under the name of 'repulsion instincts'.²⁵ The problem that here arises is the relation of the two groups of instincts to each other—roughly speaking, of the hate group²⁶ to the love group. In *Das Ich und das Es*²⁷ Freud supposes that any previous connection between the two undergoes a process of 'de-fusion'. He takes for granted the desexualization of the libidinal impulses as a necessary consequence of the secondary narcissism and suggests that as the

24 The finding is not surprising when one reflects how sadistic and persecutory even ordinary (outwardly directed) morality often is; in the formation of the super-ego we have an example of the 'turning round upon the subject', which Freud described in connection with sadism as one of the vicissitudes of instincts (Collected Papers, Vol. IV, p. 70). Cf. *Das Ich und das Es*, S. 70, 71.

25 Trans. of the 'VII. International Congress of Psychology', 1924, p. 231.

26 Freud's 'death instinct'. I find myself unable to operate with this philosophical concept in a purely clinical discussion.

27 S. 71.

28 Collected Papers, Vol. IV, p. 82.

29 Collected Papers, Vol. II, p. 273.

- 308 -

result of this desexualization the libido loses its power to bind the aggressive

tendencies, which are therefore set free; hence the cruelty of the super-ego. To me at least an alternative hypothesis which he had previously put forward in the *Triebe und Triebchicksale* essay²⁸ appeals as more likely. In speaking of ambivalence he shows illuminatingly how the ego instincts and sexual instincts mutually influence each other, and how they can form a unity during the pregenital phases of libidinal organization. 'When the sexual function is governed by the ego-instincts, as at the stage of the sadistic-anal organization, they impart the qualities of hate to the instinct's aim as well. ... This admixture of hate in love is to be traced in part to those preliminary stages of love which have not been wholly outgrown, and in part is based upon reactions of aversion and repudiation on the part of the ego-instincts. ... In both cases, therefore, the admixture of hate may be traced to the source of the self-preservation instincts. When a love-relationship with a given object is broken off, it is not infrequently succeeded by hate, so that we receive the impression of a transformation of love into hate. This descriptive characterization is amplified by the view that, when this happens, the hate which is motivated by considerations of reality is reinforced by a regression of the love to the sadistic preliminary stage, so that the hate acquires an erotic character and the continuity of a love-relation is ensured'. One may ask whether this does not describe the changes that occur when the super-ego is formed. That would mean a fusion, rather than a de-fusion, of the two groups. And it may be that the secret of the desexualization of the libidinal impulses, perhaps also the preceding regression of them to the anal-sadistic level, will be found in the influence on them of the hate impulses (ego instincts in general). Whether this holds good for the desexualization and sublimation which Freud²⁹ suggests occurs at every identification is, of course, another matter. On the other side the libido would give an erotic colouring to the ego impulses, so that the hate would come to partake of the quality of sadism and fuse with the sadism resulting from libidinal regression.

We may now attempt to describe schematically the changes that ensue on the passing of the Oedipus complex and the replacement of it by the super-ego.

A. Ego Instincts. These 'reactive' instincts are all stimulated

- 309 -

by the unfriendly situation in the outer world (parents) that leads to the repression of the incestuous wishes. The hatred for the rival, the half of the Oedipus complex which is presently to be resolved by homosexual identification, arises later in time than these wishes.

Fear. The fear of castration constitutes the kernel of the dread which the ego displays in regard to the super-ego, ³⁰ and this is evidently a displacement from the father. It is continued later as a sensitiveness to conscience, that is, as a sense of guilt.³¹

Hate. This is activated against whichever parent is felt to be the obstacle to the love impulses, whether that be the main love-object or not.

1. Part is repressed, but continues to be directed against the external object or subsequent substitutes for this.

2. Part fuses with the libidinal impulses and helps to give them their sadistic character. This part operates from the id via the super-ego and is directed against

the actual ego whenever this tends to admit repressed libidinal or hate impulses of such a kind as to bring the risk of re-arousing the external disapproval and danger. This 'turning round upon the subject' of impulses previously directed against the parent is a defensive procedure designed to avert the wrath of the parent; it is akin to the mechanism of the self-imposed penance among religious people.

B. Sexual Instincts. As was indicated above, the ego defends itself against external danger by repressing the genital impulses directed towards the love-object. Regression to the anal-sadistic level ensues, but the relation of this process to the frustration and to the influence of the ego instincts is not clear. The libido is then re-distributed as follows:³²

1. A part continues to be directed to the parents, both heterosexually and homosexually, but as a form of libido 'inhibited in its aim'. This is the ordinary affection felt by the child for its parents. It is apt to be weakened whenever the parent's conduct falls below the standard set by the super-ego, i.e. whenever the identification of parent and super-ego

30 Das Ich und das Es, S. 75.

31 Das Ich und das Es, S. 75.

32 it is doubtful if one can apply the term desexualization to the first two of these four groups.

- 310 -

is impaired. Where the affection consciously felt for the parent of the opposite sex is excessive one may suspect excessive identification with that parent, with subsequent homosexual subject-inversion (in Ferenczi's sense).

2. A part becomes secondary narcissism. This is another way in which the alloerotic impulses can achieve indirect gratification, for the super-ego towards which they are here directed is in great part a substitute for the parent. In the case where this parent is of the same sex, which is the most frequent one, a previous deflection has taken place from heterosexuality towards homosexuality.

3. A part regresses and fuses with the hate instincts to constitute sadism. To begin with this is probably also directed from the id towards the super-ego, as a substitute for the hated parent, but it passes through the super-ego and is applied (apparently by it) to the ego itself. It operates in the way mentioned above in connection with hate. This part of the libido is normally desexualized, but the change varies greatly in completeness.

4. It is probable that other active components of the libido follow the same course as the last group. Thus in the attitude of the super-ego towards the ego, particularly in regard to such matters as duty, order, and the like, it is hard not to see traces of the anal component of the anal-sadistic phase. Similarly scopophilic elements may perhaps be concerned in the careful 'watching' exercised over the ego.

We thus see that the super-ego arises as a compromise between the desire to love and the desire to be loved. On the one hand it provides an object for the libidinal impulses of the id when the external object is no longer available, whereas on the other hand it represents the renouncing of incest which is the only condition

under which the parents' approval (i.e. affection) can be retained.

- 311 -

(ART)IJP

**Rycroft, C. (1956) The Nature and Function of the Analyst's
Communication to the Patient. *Int. J. Psycho-Anal.*, 37:469-472**

The Nature and Function of the Analyst's Communication to the Patient¹

Charles Rycroft

Susanne Langer in her study of symbolism, *Philosophy in a New Key*, observes that 'the great contribution of Freud to the philosophy of mind has been the realization that human behaviour is not only a food-getting strategy, but is also a language; that every move is at the same time a gesture'. By this I understand her to mean two things. First, that psycho-analysis has shown that human behaviour is actuated not only by the need to satisfy instinctual impulses by using appropriate objects but also by a need to maintain a meaningful contact with these objects; and secondly, that human activity is intrinsically symbolic, and comprises an attempt to communicate something. An essential part of her thesis is that the various 'impractical', apparently unbiological activities of man, such as religion, magic, art, dreaming, and symptom-formation—i.e. just those aspects of human life which have become the peculiar domain of psycho-analytical research—arise from a basic human need to symbolize and communicate, and are really languages.

Although I think that Langer is right in this view of psycho-analysis, and would indeed be inclined to add that Freud initiated a revolution in our capacity to communicate by making us aware of previously unrecognized attempts at communication, it is, I believe, also true that theoretical formulations of psycho-analysis have a tendency not to do full justice to the communicative aspects of human behaviour. The reason for this lies in the nature and history of metapsychology. Metapsychology is based on the assumption of a psychic apparatus which is conceived of as a model analogous to a single, isolated central nervous system. Within this apparatus certain structures are assumed to exist, to have certain relations one with another, and to be invested with libido and aggression derived from instinctual sources. Some of these structures, such as the ego and object-representations, are conceived of as being related to objects in the external world and to be the result of the impingement of external reality on a primitive undifferentiated apparatus, but, strictly speaking, metapsychology is concerned with these psychical representations and precipitates of the external world, not with the external world itself or with the interaction between the subject and his external objects. For instance, the term 'object-cathexis' refers to the libidinal investment of an object-*imago*, not to any transmission of libido to the object itself. For this reason the knowledge and theories that we have about the inter-relationships between individuals, and, in particular, about the relationship between patient and analyst, have never been satisfactorily incorporated into metapsychological theory. Rapaport pointed out in 1953 that a metapsychological theory of technique and therapy does not exist, and suggested

that an essential prerequisite of such a theory would be clarification of the metapsychological status of affects. Now although Schilder, Brierley, and others have pointed out that affects play an essential part in communication between individuals and in the interplay between internal and external reality, and although the clinical importance of affects in the analytical situation is clearly recognized, none of the various analytical theories of affects reviewed by Rapaport attaches central importance to what is to my mind the most obvious and important fact about an affect—the fact that it is perceptible by others and has an intrinsic tendency to evoke either an identical or complementary affective response in the perceiving object. It seems to me unlikely that a satisfactory metapsychology of technique will be formulated until this fact is taken into account, that is, until we can formulate ideas about the relationships between

1 Contribution to the Symposium 'The Theory of Technique' held at the Centenary Scientific Meetings of the British Psycho-Analytical Society on 5 May, 1956.

- 469 -

individuals with the same precision as we can ideas about relations to objects. Until such time our theoretical formulations are bound to give preference to the structural and economic aspects of psychical life at the expense of the communicative.

It will, I hope, be clear that I am not questioning the validity or legitimacy of classical metapsychology or suggesting that it should be replaced by a metapsychology of interpersonal relations. Not only would to do so be a denial of the value of the psychopathology we use daily in our interpretative work with patients; it would also be methodologically incorrect. Even though man is a social animal whose psychical life is primarily concerned with his relations with his objects, each individual is also a separate psychobiological entity with a continuous and independent existence and awareness of self. As a result a conceptual framework within which to formulate hypotheses about the intrapsychic processes and genetic development of single individuals is a scientific necessity. However, there is, I believe, also a need for a related frame of reference arising from the study of the interrelationships between individuals and the means of communication between them. Such a metapsychology of interpersonal relations would prove particularly valuable in clarifying our theories of symbolism, affects, and technique.

At the risk of appearing to digress from the main theme of this paper, I should like to give an example which will, I hope, help to clarify the point I am trying to make. When a baby cries, the cry can be viewed psychologically in two different ways. We can consider it as an event occurring in a field which includes not only the baby but also its mother, or as an experience in the baby's individual psychology. In the former case, the cry is objectively a communication, since it acts as a sign-stimulus to the mother who has an instinctive tendency to respond to it. In the latter case, the cry is certainly a discharge-phenomenon, but we can only view it as subjectively a communication, if and when we are entitled to assume that the mother is psychically represented in the infant's mind. In other

words, from the point of view of a psychology of interpersonal relations the infant's affects have a communicative function from the beginning, while from the point of view of individual psychology they do so only after the infant's objects have become psychically represented in the infant's mind.

In *The Ego and the Id* (1923), Freud himself provided the linking idea between the psychology of the individual and the psychology of inter-personal relations. This is the idea that the development of the ego is intimately related to the establishment of object-relations, that the 'ego is that part of the id which has been modified by the direct influence of the external world'. That this external world primarily comprises objects with which the individual has had communication is suggested by his further statement that the essential difference between an unconscious idea and a preconscious idea is that the latter has been 'brought into connexion with verbal images'. Now since words are all learned from objects and their primary function is to communicate with objects, this statement implies that the essential quality of preconscious, and therefore conscious, ideas is that they are communicable and that the ego is that part of the id which is concerned with communication with objects. The importance of communication arises from the fact that the capacity for interpersonal relations is not simply a matter of being able to use objects to satisfy libidinal impulses—a food-getting strategy in Susanne Langer's phrase—but is the ability to maintain a reciprocal relation between self and object before, during, and after the consummatory acts appropriate to the particular relationship. It also involves the ability to maintain a living internal psychical relationship with the object during its physical absence. In other words it is the ability to keep in contact and communication with objects that are realistically conceived and are recognized as separate from the self.

Now the purpose of psycho-analytical treatment is to establish, restore, or increase the patient's capacity for object-relationships and to correct various distortions thereof. The analyst's various technical procedures are designed to establish a (special form of) relationship between himself and the patient. The first thing he does is to provide a setting within which this relationship can develop. This comprises, among other things, a quiet room with a couch and a chair behind it, a closed door, regular and frequent appointments—and himself. This setting is itself a communication to the patient, since its details are all signs that the analyst intends taking up a certain attitude towards the patient, that he intends to listen to him, to concern himself with him without requiring the patient to be concerned with him,

- 470 -

and to protect the contact between them from external interruption or distraction. In other words, he tells the patient that he intends to provide one component part of an object-relationship, a person who will maintain a steady and sustained interest in his object, the patient. He does this, then, in the first instance by means of signs—I am here using the word 'sign' as a technical, semantic term—which indicate the existence of a particular psychological situation. The position of the analyst's chair in relation to the patient's couch signifies the analyst's preparedness to listen to the patient, his arrangements about times of sessions, his

preparedness to continue to do so, etc. These details are all primarily signs of the analyst's contribution to the establishment of a relationship between himself and the patient, this notwithstanding the fact that the patient may also use any particular detail as a symbol with which to represent specific ideas within his own mind.

I have here made use of the distinction drawn by logicians between signs and symbols. Signs indicate the existence or presence of some process, object, or condition, while symbols refer to or represent conceptions of processes, objects, or conditions. Psychological signs are also signals, since their function is to communicate to a responding object. A baby's cry is not only a sign that there is a baby in distress; it is also a signal of distress, which tends to evoke an appropriate response in its mother. Signs seem to play a fundamental part in communication of affects, since most forms of emotional expression are innate and are immediately comprehensible without recourse to symbolic interpretation. Dreams and symptoms, on the other hand, are symbols, since they refer to, and are only comprehensible in relation to, conceptions existing in the patient's mind. The words used in analysis are also symbols, since they refer to ideas in the patient's and analyst's mind, but the inflections and tones of speech are signs, since they indicate the speaker's affective state.

After the analyst has introduced the patient into the analytical situation, explicit, symbolic communication begins. The analyst invites the patient to talk to him, listens and, from time to time, he himself talks. When he talks, he talks not to himself nor about himself qua himself but to the patient about the patient. His purpose in talking is to extend the patient's awareness of himself by pointing out that certain ideas and feelings, which the patient has not communicated, are part of, and relevant to, his present psychological state. The patient has previously been unaware of these ideas, or, if he has been aware of them, he has been unaware of their relevance. In other words, the analyst tries to widen the patient's endopsychic perceptual field by informing him of details and relations within the total configuration of his present mental activity, which for defensive reasons he has been unable to notice or communicate himself.

The analyst is able to do this, largely, though not entirely, because he assumes that although the patient may be consciously only talking to and about himself, he is also unconsciously trying to satisfy his need for an object-relationship by making contact with the analyst. As a result the patient's communications tend to be concerned with the analyst, in the same way as the analyst's are concerned with the patient. The difference between the two is that the patient's conception of the analyst is profoundly influenced by projection on to him of various internal imagos, dating from his past, to which he is attached at the expense of external objects, whereas the analyst's conception of the patient is relatively undisturbed by projections. As a result the analyst's communications to the patient tend to be concerned precisely with his feelings and ideas about the analyst, and with the discrepancy between them and the actual reality of the relationship between patient and analyst. These transferred, discrepant feelings, which consist of unadmitted, inadmissible wishes and phantastic fears, are what prevent the patient from making realistic contact with the analyst and

establishing an anxiety-free relationship with him. They are, of course, the same wishes and fears which disturb his capacity for interpersonal relations in everyday life. The analyst's successive interpretations help the patient increasingly to discriminate between his phantastic and infantile preconceptions of the analyst and the reality of his present relationship with him, and, therefore, make it progressively easier for him to become aware of his thoughts and to communicate them to the analyst. His drive to do this is his wish, which has previously been frustrated in so far as he has been ill and therefore isolated, to have a relationship within which he can share experience. The analytical situation enables the patient to communicate, share, and bring into relation with an object, feelings, memories, and thoughts which have previously been repressed or which, even if they

- 471 -

have been in a sense conscious, have been experienced in neurotic isolation. Since these communications are predominantly verbal, the analytical process brings previously unconscious and unformulated ideas 'into connexion with verbal images'. The fact that the analyst is more tolerant and realistic than the internal imagos which comprise the patient's super-ego permits ideas, which had previously been repressed, to be verbalized and communicated. One aspect of the communicative function of words is the permissive; comprehension of an idea by an object allows the subject to entertain it. In addition the analyst's understanding of the language of dreams, symptoms, phantasies and defences enables him to translate into words unconscious attempts at communication which had previously been incomprehensible, while his knowledge of infantile sexuality and relations enables him to interpret and put at the patient's disposal derivatives of pregenital drives which would never be tolerable or comprehensible in their original unsublimated form.

The patient's increasing capacity to be aware of, communicate, and share his mental life cannot however be attributed solely to the intellectual content of the analyst's verbal communications to him. It is also the result of the fact that every 'correct' interpretation, even when it is, as it should be, entirely free of suggestion or reassurance, contains within it a whole number of additional implicit communications. In addition to an explicit statement about, say, the patient's phantasies or defences, it contains a statement about the analyst himself and his attitude towards the patient. It says, in effect, 'I am still here. I have been listening to you. I understand what you are talking about. I remember what you said yesterday, last week, last month, last year. I have been sufficiently interested to listen, and remember, and understand.' Also 'You are not the only person to have felt this way. You are not incomprehensible. I am not shocked. I am not admonishing you or trying to get you to conform to any ideas of my own as to how you should feel or behave.' The first group comprises a statement of the analyst's interest in the patient as another human being and of his ability to understand him. The second gives the patient permission to be himself and tells him that it is possible to have a relationship with another person without violation of his personality and intrinsic capacity for growth.

Now this implicit statement is a sign of the analyst's interest in and concern for

the patient, of his capacity to maintain an object-relationship, at least within the confines of the consulting-room. It tells the patient the one thing that he needs to know about the analyst, and it is the analyst's major contribution to making the relationship between himself and the patient a real and not an illusory relationship. It is an affective communication and, as is characteristic of affective communications, it is made by signs and not by symbols. Although explicit, symbolic communication would be possible, it would also be useless, since it would be an attempt to convey something that the patient can only credit in so far as he has already acquired a capacity for object-relationships. Indeed, many patients would assume that the only possible motive the analyst could have for verbalizing his interest in the patient would be that it was insincere.

In addition therefore to their symbolic function of communicating ideas, interpretations also have the sign-function of conveying to the patient the analyst's emotional attitude towards him. They combine with the material setting provided by the analyst to form the analyst's affective contribution to the formation of a trial relationship, within which the patient can recapture the ability to make contact and communication with external objects. This trial relationship is accompanied by introjection of an unidealized 'good' object and widening and strengthening of the patient's ego.

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- 472 -

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On the Genesis of Perversions

Hanns Sachs

We owe to Freud's "Three Essays on the Theory of Sexuality" (1905) the understanding that a perversion is the expression of an excessively strong component drive which is not satisfied through the gratification offered in forepleasure, as occurs upon normal maturation with the establishment of genital primacy; it becomes displaced onto a different erogenous zone and thus onto a different sexual aim incompatible with that of genital primacy. Freud's assertions have been amply confirmed, but psychoanalytic work with the perversions has revealed new problems which require supplementary formulations.

The most important of these problems concerns the relation between perversions and (1) the oedipus complex, (2) the unconscious, and (3) repression. These questions are closely related and may be viewed from the standpoint of the case material or from the standpoint of mental topography [that is, from the theoretical side]. In "A Child Is Being Beaten" (1919) Freud emphasized that our understanding of perversions will remain very incomplete unless the regular role of the oedipus complex is given sufficient weight. In one of the cases he showed that there were remnants of the oedipus complex, and he concluded, therefore, that the excessively strong component drive did not lead directly to the perversion, but rather had been deflected as it was forced to pass through the oedipus complex—as light rays are refracted passing through a lens. This is in accord with the observation that perverse satisfaction as a rule is linked to quite specific, often strange and narrowly defined conditions which, in their individuality, go far beyond the demands of a component drive. Therefore, they are not understandable

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- 477 -

on the basis, simply, of component drive expression.

Moreover, even though the component drives in question belong to a very early phase of sexual organization—for example, the oral, anal-sadistic or narcissistic stage—their expression in the perversion is only rarely in the older, objectless mode (autoerotic or primary narcissistic); more generally, expression of component drives in the form of perversion is preceded by a working-over which raises them to a higher stage and gives them the capacity for normal libidinal cathexis of an object, reaching at times even the most refined psychic expression. The formulation that neurosis is the negative of perversion implies, as its corollary, that fantasies, which in the neurotic are repressed and become the basis of symptom formation, become the conscious sexual aim for the pervert. But then, what is the relation of the perversion to the unconscious? A perversion, too, must have unconscious determinants. Perversion does not exempt anyone from infantile amnesia, which we view as a scar left by large-scale warding off of infantile sexuality. And, in fact, the analysis of a perversion leads as inevitable to unconscious material as does the analysis of a neurosis.

In the case of neurosis a repressed fantasy finds expression at the expense of the

repressing agency, but only in the form of an ego-dystonic, neurotic symptom; in the case of perversion, a repressed fantasy is capable of becoming conscious and remaining ego-syntonic and pleasurable. (According to a verbal remark by Professor Freud, pleasure must always be capable of being conscious. Repressed pleasure as such does not exist; the repressive process transforms it into unpleasure.) This becomes even clearer if we look at the material of perversion itself as it can be directly observed, and if we compare perverse satisfaction, whether in action or fantasy, with neurotic symptoms. In other respects, apart from the change in the pleasure-unpleasure polarity, perversion and neurosis have much in common. Both are outgrowths of infantile sexual life which has been largely overcome and repressed. Both are relatively insignificant residual

- 478 -

phenomena of an extensive developmental process, conscious representations of unconscious drive vicissitudes. Both merely represent in enlarged and intensified form processes which occur in normal psychic life. A neurotic symptom must be tolerated in consciousness because it affords an adjustment in a disequilibrium between the ego and the repressed. Could it be that the situation is similar for a perversion?

Do these apparently close similarities correspond to what can be observed in analytic work? Genuine similarity seems most likely to be evident in those cases of perverse satisfaction which the individual accepts only with reluctance and in continuous conflict with moral, religious, and aesthetic compunctions. For these patients satisfaction itself is, of course, pleasurable, even if limited by abrasive defensive struggles beforehand, and by remorse, shame, and self-condemnation afterwards.

We can see an even closer correspondence to the neurotic symptom in those instances when the certain condition is exceeded. For example, when the satisfaction takes place in reality rather than in fantasy, or when the victim of a sadistic act feels physical pain (while the pleasure is contingent upon sparing such pain), the reaction is by no means neutral. It is not unlike the mechanism of a neurotic symptom: defense with strong components of anxiety occurs. Freud said, "The experience of real scenes of beating at school produced in the child who witnessed them a peculiarly excited feeling which was probably of a mixed character and in which repugnance had a large share. In a few cases the real experience of scenes of beating was felt to be intolerable" (1919, p. 180).

In one case, I was able to follow in detail the transition from a neurotic phobia to a perverse satisfaction. A severely neurotic young woman suffered from a memory that once, when she was half grown, she had beaten a child with sadistic pleasure in the course of playing and in a way that produced no harm. She also remembered that, shortly after puberty, she sometimes at night beat herself on the buttocks and obtained pleasurable sensations in that way. This patient was barely able to utter expressions

- 479 -

meaning "beat," especially common nursery words. Every noise reminiscent of beating, such as carpet beating, would drive her wild with repugnance and loathing. After a particularly difficult piece of analysis, masturbation, which had

until then been completely repressed, suddenly erupted. The kind of masturbation she engaged in from then on may be considered a form of perverse satisfaction because it took place accompanied exclusively by the fantasy that she was being beaten. From then on her sensitivity to expressions and noises related to beating disappeared completely, and these were treated as commonplace. Initially, repression of the perverse impulse had produced the phobia; now the phobia was again replaced by the perversion. During the rather lengthy, drawn-out repressive process, which had not begun until after puberty, as well as during that portion of the analytic work during which the repression was being lifted, there were intermediate stages where one could not be sure whether one was dealing with a neurotic symptom or a form of perverse gratification. Such a blending is, in fact, not so very rare an occurrence; for example, a masochistic patient who in general did not limit himself to fantasies, but rather arranged for live events, was nevertheless unable to utter certain slang and nursery expressions which designated his favorite instrument of torture without experiencing vivid feelings of dread.

In another case a patient reported that on walking home after his first coital experience, which had been highly satisfactory, he was gripped by an irresistible urge to expose himself and to masturbate in the street. As a compromise, he stood against the gate of a railroad crossing—it had turned dark in the meantime—and masturbated in view of the passing train, thus seen by the eyes of many and yet, perhaps, not seen, certainly not recognized, by anyone. No other outbreak of such exhibitionistic tendencies ever occurred. He came for treatment because of psychical impotence, with only one additional symptom of no practical importance: he was unable to urinate in the presence of others, for example, in a public lavatory. Thus the perverse

- 480 -

satisfaction became transformed into a neurotic inhibition. In the course of the analysis, the patient, a school teacher, dreamed repeatedly of exhibiting himself to his pupils.

It seems to me that a connecting link of basic theoretical as well as practical significance may be found in the so-called addicts—alcoholics, morphine and cocaine users, and those with dependency on smoking or chewing tobacco. These cases are often classified with the compulsion neuroses, because they give such clear evidence of compulsion, in which the individual is overpowered by libidinal forces that have split off from the ego. On the other hand, addictions share with the perversions the feature that one is dealing not with ceremonial actions which are consciously inconsequential or, more often, unpleasant, useless, and time consuming, as is the case with the compulsion neurotic symptom, but rather with uncontestedly gratifying acts. Yet again, this gratification is more like a neurotic symptom in that it is a displacement from the originally sexual onto something innocuous, something not belonging to the infantile sexual life. To that extent, the gratification resembles a substitute for sexual pleasure which has been repressed and become inaccessible.

A patient who had taken opiates for some time, always by mouth and never morphine, reported that this limitation had once become disrupted. At the end of

an affair with the wife of a colleague, he had for a while taken morphine, once even by injection. He had been aware that the husband of this woman was a morphine addict who gave himself injections. I pointed out to him that he had identified with the "injured third party"—apparently for the purpose of self-punishment. To this, he associated another episode in his life when he had suffered temporarily from a syphilo-phobia. This had happened after ending an affair with a woman whose husband was already demonstrably paralytic at that time. Here, again, the relationship to an "injured third party" is evident. The patient had reacted to the two essentially similar situations according to the circumstances of each—at one time with an "addiction," or

- 481 -

more precisely, a significant change in the already existing one, at the other time with a neurotic symptom, a phobia. These data, it seems to me, convincingly demonstrate the similarity in the psychic substructure of the two phenomena [i.e., addiction and phobia].

Thus, with the insertion of the "addicts" as a connecting link, it is possible to construct a continuum with perverse gratification at one end and the neurotic symptom at the other.

An additional and illuminating feature is demonstrated in Freud's analysis of the fantasy, "a child is being beaten," which is thus far the most thorough elucidation of a form of perverse gratification. We see that the fantasy passes through three phases: (1) father beats the child I hate; (2) father beats me; (3) a child is being beaten. As this process occurs, nearly everything about the fantasy is transformed: the person doing the beating, the one being beaten, and even the motivation. The motivation is at first jealous hatred against a rival, later on feelings of guilt over incestuous wishes, and the regressive substitution for those wishes by the beating fantasies. Yet one component remains constant; it is already present in the first version, continues into the second, and remains in the third, capable of being conscious even though pallid and ill-defined. That element is the image of a beating taking place, and that is precisely the fantasy linked to perverse gratification which leads almost compulsively to masturbation. In my experience the pattern is similar in other forms of perversions; in their development up to puberty and even beyond, they undergo many transformations; the scenes of action and casts of characters change, but one particular component or a small group of them survives the changes and then becomes the carrier of pleasure. All of the pleasure contained in the other components is transferred onto this remaining one, which then represents them in consciousness, while all the others are repudiated and completely repressed in the course of development—just as the neurotic symptom represents unconscious fantasies. These events are particularly evident in fetishism, in which a fragment of the repressed complex is preserved in consciousness, in a fashion similar to the steadfast

- 482 -

preservation of a harmless screen memory behind which the essence of repressed infantile sexuality is being concealed. The difference is that in fetishism an extensive displacement of affect results in fusing all of the (sexual) pleasure

preserved from childhood with this one remaining fragment. Many years ago, Freud reported to the Vienna Psychoanalytic Society the case of a man who had remained fetishistically fixated on women's thin and unattractive ankle bones and lower calves. This traced back to a lesson with his English governess when she had something wrong with her foot and had her leg (by the way, most properly covered up) raised up onto a chair while he was sitting opposite her. The sexual curiosity which had led the boy to ascend in fantasy to the genitals had been completely wiped out of memory, repressed, as had been the memory of a similar earlier experience with his sister when possibly his wish had been fulfilled. Instead of these memories he kept as a fetishistic wishful aim the image of a harmless scene which was, however, intimately connected with the repressed.

The odd and often grotesque features of some perversions can be explained by the fact that we are dealing with only a single fragment torn out of the context of the infantile experiences and fantasies which celebrate their resurrection through it. By itself this fragment is as unintelligible to the pervert himself as it is to others. Thus, for example, a serious and educated man reported in analysis that he knew only one kind of sexual satisfaction: hearing a woman urinate. Who the woman was did not concern him, nor was he interested in watching her urinate—just the sound itself was arousing to him. When he wanted sexual satisfaction, he would go to a specific public toilet where, he knew, the sounds were audible through the dividing partition. There he would masturbate in his toilet stall after becoming sufficiently aroused by listening. I had to discontinue his analysis for extraneous reasons. From the material produced until then, however, one could conjecture with confidence that here again there was a remnant of infantile sexual curiosity directed toward the female genitals.

Thus perversions are brought about by the preservation in

- 483 -

consciousness of a particularly suitable bit of infantile experience or fantasy life, preserved through all the storms and stresses of development, even that of puberty, and remaining fixed in consciousness. The pleasure belonging to infantile sexuality becomes displaced onto this small fragment while the other drive representatives have fallen victim to repression; undoubtedly this process occurs under the guidance of those component drives which predominated, either by reason of predisposition or by virtue of having been excessively gratifying. Buttressed in this way and endowed with a high pleasure premium, the remnant proves itself strong enough to compete successfully with genital primacy.

The question is: What constitutes this "particular suitability" of the fragment that accounts for its success? We already have a partial answer: it must represent that pregenital stage of organization to which the individual is fixated especially strongly. The overpowering component drive must find its particular form of expression and satisfaction through the conscious fragment. In addition, we may assume that this particular fragment stands in some special relationship to the ego which enables it to escape repression. In the case of screen memories the fragment has remained outside the repressive process by virtue of its apparent harmlessness, its inconsequentiality. Experiences which become the building blocks of a compulsion neurosis are likewise allowed to be maintained in

consciousness. They owe this to the process by which the affect is split off from the ideational content to which it belongs, in other words, to the mechanism typical for the compulsion neuroses.

In the case of perversions, however, the perverse satisfaction by no means appears harmless or inconsequential to consciousness, nor has there been any splitting off of affective content, as evidenced by the high degree of pleasure gain derived from it. Thus there must be something else, something unique, to which the manifestation of a perversion is quite specifically linked.

To reach an understanding of this process, we must remember something that Freud emphasized in his lecture at the

- 484 -

Seventh International Psychoanalytic Congress, namely, that the repressed drive impulses which became unconscious by virtue of their being expelled are not alone in being unconscious; there also exist unconscious components in the ego itself. The explanation for the two most conspicuous phenomena of this kind, resistance and guilt feeling, is that the agents of the repressive process are brought into such intimate contact with their opponents that they in turn can no longer maintain the capacity of becoming conscious—as in former times, when bailiffs and catchers of thieves were excluded from decent society because of the onus of their occupation. This suggests that the term "ego-syntonic" can include many different kinds and modes of adaptation. In particular, we must always keep in mind that repression is a dynamic process, not vanquished by reason, a process in which the stronger drive organization supplants the weaker one and may in turn be supplanted at a later stage of development. In such a struggle of instinctual drives, the long-term victor will, of course, be the one which yields the greatest premium of pleasure. It follows that an unusually strongly developed component drive will be particularly difficult to vanquish; indeed, complete subjugation of such a source of pleasure may perhaps be quite impossible. In such a case a certain measure of repression may still be achieved by a compromise. The partial complex may be allowed to retain the pleasure belonging with it and is admitted into the ego; it is, so to speak, endorsed. The other components, now dissociated from it and weakened by the change of sides of their former confederate, are then easily enough repressed and held in repression. This method of division [Dieses Auskunftsmittel der Teilung], by which one fragment enters into the service of the repression and thus takes with it into the ego the pleasure of a pregenital developmental stage while the balance falls into repression, seems to be the mechanism underlying perversions.

The principal and most difficult task of repression generally concerns the detachment from the infantile object choice—the oedipus complex and, to a lesser extent, the castration complex

- 485 -

which lately has become of increasing interest to analysts. (See the writings of Starcke, Abraham and Alexander, among others, in this Journal.) One can expect that a mechanism, such as that described above, would play a considerable role in regard to these important tasks of repression. This is especially true in cases where the fixation on the love object and hence the repressive struggle are

excessively strong, and therefore the attachment of the libido to a constellation outside the sphere of later genital gratification, or its regressive cathexis, offers a possible alternative. Thus the component drive does not simply continue directly into the perversion, but rather does so only after passing through the oedipal conflict and entering into a specific relationship with it by virtue of the involvement of repressive processes.

This mechanism is particularly noticeable in the fantasy "a child is being beaten." In the initial version the fantasy is only an extension of the oedipal complex with special emphasis on the hostile sadistic attitude toward the rival. It probably would fall victim to repression, just like many similar fantasies, except that with a minor working over, it lends itself as a means of replacing the forbidden, genital oedipal wishes with a wish attuned to the prevailing anal-sadistic component drive. A further working over then erases the last traces reminiscent of the oedipus complex: the persons of the father and of oneself are eliminated, resulting in the final product of the perverse fantasy, capable of being conscious and of yielding pleasure. Our attempted explanation is equally applicable to the average case of male homosexuality: fixation on the mother is too strong for a normal process of detachment. In order to become possible at all, fixation on one's own sex—that is, a product of narcissism and retreat before the dread of castration—must be sanctioned and become incorporated in the ego. In the case of exhibitionism discussed above, it would seem that for this man, who was to suffer later from impotence, the liberation from the mother and sexual intercourse with other women were tied to an inner proviso of a one-time breakthrough of the exhibitionistic tendencies. It

- 486 -

is no surprise that the first occurrence of impotence, a few years later, was with the same woman and, indeed, while they bathed nude in a stream together.

As a matter of fact the mechanism just described allows us to understand the transition from perversion to neurosis if we keep in mind that repression proceeds stepwise in accord with the respective developmental stage of the libido organization. It is therefore quite likely that a complex employed in the service of repression will itself in turn fall victim to repression at a subsequent developmental stage. But it may also happen that under the right external conditions, this same formation will again be retrieved. In that event frustration will produce not a neurosis but a perversion, as is observed with some frequency. The latter, however, only gives the appearance of being a new formation; in actuality it had already acquired the right to exist during early struggles around the oedipus complex. Later, in more quiet times, this privilege was lost and then again renewed, like the renewal of a lapsed patent of nobility previously granted and then again withdrawn when the family fell out of favor.

Now we can also understand why one does not find fewer neurotics among perverts than among normal individuals. Such a co-existence of the positive and negative develops when, subsequent to the splitting off of a fragment which is then incorporated into the ego and raised up to become the aim of perverse gratification, the rest of the repressed components retain—or subsequently reacquire—sufficient strength to gain expression through the compromise of a

neurosis. The more simple case in which various fixation points have been resolved in a variety of ways does not need elaboration here.

The weakening of censorship during dreaming results in the enlargement of ego boundaries at the expense of the repressed. Accordingly, it is easy for the dream work to make use, on occasion, of a mechanism similar to that just described, which we know to be the general one for bringing repressive struggles to a close, that is, to take a fragment of the repressed into the ego

- 487 -

(that is, into the manifest content of the dream). The case reported by Rank (1922), as well as the exhibitionistic dream of the teacher reported above, are good examples in which dream and neurosis represent opposites, similar to the contrast of perversion and neurosis. In the anxiety dream the success achieved by means of a final reinforcement of the repression through a transformation of affect is again reversed, but the expression in the ego is maintained [in the form of the fragment of the repressed] and is particularly apparent in the greater transparency of the anxiety dream.

Thus, in the formation of a perversion, a component drive is treated in an exceptional way, and a portion of the ideation cathected by it is allowed admission into the ego as a wishful pleasure aim, in order to obtain its support in the repressive struggles, particularly against the oedipus complex. It must be stressed, however, that this describes only the mechanism, not the motivation for its expression. The component drive does not gain strength only by virtue of this alliance; on the contrary, the reason for the selection of a particular drive for special treatment is that it had previously developed greater than normal strength, whether through constitutional-hereditary predisposition or because of unusual gratification experiences.

- 488 -

TRANSFERENCIA E INTROYECCION (1909c).

Sándor Ferenczi

I.- La introyección en la neurosis

“La aptitud de las neurosis para producir síntomas no queda interrumpida por la cura psicoanalítica; se ejerce mediante la creación de grupos de ideas de un carácter particular, en su mayoría inconscientes, que pueden designarse con el nombre de transferencias (Uebertragungen).”

“¿Qué son las transferencias? Son reediciones, reproducciones de tendencias y de fantasías que despierta el desarrollo del análisis devolviéndolas a la conciencia, y que se caracterizan por la sustitución de personas que tuvieron anteriormente importancia, por la del médico.”

Freud ha expuesto en estos términos, en su magistral historia de un caso de histeria, uno de sus más importantes descubrimientos[1]

Todo aquel que, desde entonces, siguiendo la vía trazada por Freud, ha intentado penetrar mediante el análisis en el universo psíquico de los neuróticos, ha tenido que admitir el acierto de esta observación. Las principales dificultades del análisis provienen de esta particularidad de los neuróticos, “que transfieren sus sentimientos reforzados por afectos inconscientes sobre la persona del médico, evitando de este modo el conocimiento de su propio inconsciente”[2]

Al familiarizarnos más con el psiquismo del neurótico, constatamos que esta tendencia a la transferencia de los psiconeuróticos no se manifiesta únicamente en el marco de un psicoanálisis, ni sólo en relación con el médico; por el contrario, la transferencia aparece como un mecanismo psíquico característico de la neurosis en general que se manifiesta en todas las circunstancias de la vida y subyace a la mayoría de las manifestaciones morbosas.

La experiencia que tenemos nos hace ver que el derroche aparentemente gratuito de los afectos en los neuróticos, la exageración de su odio, su amor o su piedad, resultan ser transferencias; sus fantasías inconscientes ligan acontecimientos y personas actuales a hechos psíquicos olvidados hace tiempo, provocando de este modo el desplazamiento de la energía afectiva de los complejos de representaciones inconscientes sobre las ideas actuales, exagerando su intensidad afectiva. El “comportamiento excesivo” de los histéricos es muy conocido y suscita sarcasmos y desprecio; pero a partir de Freud sabemos que tales sarcasmos deberían dirigirse a nosotros los médicos, que no hemos identificado la representación simbólica propia de la histeria, pareciendo analfabetos ante su rico lenguaje, tanto calificándola de simulación como pretendiendo acabar con ella mediante denominaciones fisiológicas grandilocuentes y obscuras.

La exploración psicológica que Freud ha realizado de los síntomas y características de la histeria ha esclarecido notablemente la vida psíquica de los neuróticos. Hemos sabido que la tendencia de los neuróticos a la imitación, el contagio psíquico tan frecuente en los histéricos, no son simples “automatismos”, sino que se explican por las reivindicaciones y deseos inconscientes, rechazados por la conciencia, e inconfesables. El enfermo se apropia de los síntomas y del carácter de una persona, con la cual se identifica inconscientemente “sobre la base de una explicación causal idéntica”[3].

Esta misma identificación histérica explica la sensibilidad tan notoria de los enfermos neuróticos, su facultad de sentir intensamente lo que sucede a los demás y de ponerse

en su lugar. Sus manifestaciones impulsivas de generosidad y de caridad son las reacciones de estos movimientos efectivos inconscientes, es decir, actos egoístas que obedecen, en último término, al principio de evitar el desagrado[4].

Se explica que los neuróticos abundan en los movimientos de tendencia humanitaria o reformista, entre los propagandistas de la abstinencia (vegetarianos, antialcohólicos, abolicionistas), en las organizaciones y sectas religiosas y en los complotos de índole política, religiosa o moral, por el desplazamiento en los neuróticos de las tendencias egoístas (agresivas y eróticas) rechazadas, censuradas, del inconsciente, a un plano en el que pueden sobrevivir sin culpabilidad.

Incluso la simple vida burguesa cotidiana ofrece a los neuróticos constantes ocasiones de desplazar sobre un terreno más lícito las tendencias que su conciencia rechaza. La identificación inconsciente de las funciones de nutrición y de secreción con las funciones genitales (coito, parto) tan frecuente en los neuróticos, es un ejemplo de ello. La relación entre los polos opuestos del cuerpo se establece desde la primera infancia, en la que la ausencia de toda información ofrecida por los adultos sobre los procesos de la reproducción conduce al niño, cuya capacidad de observación y de razonamiento está ya despierta, a elaborar sus propias teorías, identificando ingenuamente la toma de alimentos con la fecundación, y su eliminación con el parto[5].

Esta identificación infantil es la que explica la concentración de tantos síntomas histéricos sobre la boca y el esófago: la inapetencia histérica, el vómito histérico, el horror a ser abrazado, la sensación de un nudo en la garganta (globus), y numerosas anomalías neuróticas de la micción y de la defecación. La glotonería de los histéricos, su tendencia a tomar productos indigestos o difíciles de digerir, incluso nocivos (tinta, papel, cabello, alfileres, veneno), la apatía del “fruto prohibido” (fruta verde, alimentos malsanos), la antipatía por la comida preparada en la propia casa y el gusto de manjares vistos en mesa ajena, el atractivo o la repugnancia excesiva por alimentos de determinada forma, composición, color, o consistencia (idiosincrasia), muestran -mis análisis lo confirman- un desplazamiento de las tendencias eróticas rechazadas (genitales o coprófilas), que traducen una insatisfacción sexual.

Los antojos diversos o extraños de las mujeres embarazadas que también pueden constatarse fuera del embarazo en el momento de la regla, son explicables por la represión de una libido exacerbada por el proceso biológico, es decir, por un estado histérico transitorio. O. Gross y Steckel atribuyen el mismo origen a la cleptomanía histérica.

Soy plenamente consciente de haber utilizado indistintamente, en los ejemplos precedentes, las expresiones desplazamiento y transferencia. Pero la transferencia es sólo un caso particular de la tendencia general al desplazamiento de los neuróticos. Para escapar a determinados complejos penosos, y, por tanto, rechazados, son inducidos, mediante explicaciones causales y analógicas muy superficiales, a expresar sentimientos exagerados (amor, repulsa, atractivo, odio) a las personas y a las cosas del mundo exterior.

Las condiciones de la cura psicoanalítica son muy propicias a la aparición de tal transferencia. Los afectos hasta entonces rechazados despiertan progresivamente en la conciencia, se encuentran “en estado naciente” con la persona del médico e intentan remitirle sus valencias químicas no saturadas. Siguiendo con la analogía química, podemos comparar el psicoanálisis, en la medida en que la transferencia desempeña aquí un papel, a una especie de catálisis. La persona del médico actúa aquí como un catalizador que atrae provisionalmente los afectos liberados por la descomposición;

pero es preciso saber que en un análisis correctamente desarrollado tal combinación permanece inestable, y un análisis bien orientado debe llevar rápidamente el interés del enfermo a las fuentes primitivas ocultas, creando una combinación estable con los complejos hasta entonces inconscientes.

La transferencia puede desencadenarse en los neuróticos por motivos mínimos e insignificantes; veamos algunos ejemplos característicos.

Una enferma histérica, que rechazaba y negaba fuertemente su sexualidad, reveló por primera vez su transferencia sobre el médico en un sueño: yo efectuaba, en calidad de médico, una operación sobre la nariz de la paciente que llevaba un gorro “a la Cleo de Mérode”. Quien haya analizado ya algunos sueños admitirá sin más pruebas que yo ocupaba en aquél, como probablemente también en las fantasías diurnas inconscientes de la enferma, el lugar de un otorrino que le había hecho cierto día proposiciones sexuales; el gorro de la célebre “vedette” es una alusión bastante clara.

Cuando el médico aparece en los sueños, el analista descubre signos ciertos de transferencia; Steckle proporciona algunos ejemplos en su obra sobre la histeria de angustia. Pero este caso tiene otros aspectos típicos. A menudo los enfermos aprovechan las circunstancias para recuperar sensaciones sexuales experimentadas durante los exámenes médicos anteriores, y después rechazadas: fantasías inconscientes de desvestimiento, de auscultación, palpación y operación, en las que se sustituye al médico anterior, siempre inconscientemente, por la persona del terapeuta actual. Para suscitar esta transferencia es suficiente con que el analista sea médico. El papel místico que desempeña en las fantasías sexuales infantiles el médico que conoce las cosas prohibidas, y ve y toca lo que está oculto, es de por sí un determinante natural de las fantasías histéricas y de la transferencia. El análisis muestra que la asociación del médico a la sexualidad se da desde la más tierna infancia, generalmente cuando los niños, jugando a médicos, satisfacen su curiosidad sexual.

Teniendo en cuenta la importancia crucial del “complejo de Edipo” rechazado (amor y odio hacia los padres) en todas las neurosis, no nos extrañaremos apenas de que el comportamiento benévolo, comprensivo, y por así decirlo “paternal” del psicoanalista pueda engendrar simpatías conscientes y fantasías eróticas inconscientes cuyos primeros objetos son los padres. El médico sólo es uno de esos “aparecidos” (Freud) que suscitan para el paciente las figuras desaparecidas de su infancia.

Por el contrario, una sola palabra menos amistosa, una advertencia sobre la puntualidad o sobre cualquier otro deber del paciente, bastan para desencadenar toda la rabia, el odio, la oposición y la cólera rechazadas, concebidas anteriormente hacia personajes todopoderosos que le imponían respeto y le predicaban la moral, es decir, los padres, los adultos de la familia y los educadores.

Reconocer la transferencia de las emociones positivas o negativas es capital en el análisis. Al comienzo de la cura, los neuróticos confiesan generalmente de buena fe su incapacidad de amar y de odiar. Muchos de ellos niegan los conocimientos más elementales en el ámbito de la sexualidad. Una enferma de veinte años y otra de treinta y uno, de inteligencia normal, pretendían conservar su creencia en la cigüeña para explicar el nacimiento de los niños, hasta que el análisis por medio de la transferencia sobre el médico despertó sus recuerdos infantiles; naturalmente negaban toda emoción que tuviera relación con la sexualidad. Otros enfermos se caracterizan por una compasión excesiva, un refinamiento estético exagerado y el horror a la brutalidad, rasgos cuyo reverso queda disimulado en su inconsciente. ¿Qué cosa más propia para quebrantar su fe errónea y nociva en su propia sensibilidad y en su angélica bondad que el descubrimiento de los valores contrarios realizado a lo vivo, por medio de la transferencia? A partir de los complejos desvelados de esta forma, el trabajo analítico

podrá proseguirse hacia las capas psíquicas más profundas.

Parecidos físicos insignificantes como el color de los cabellos, los gestos, la forma de escribir, el nombre idéntico o vagamente análogo que evoca a una persona en otro tiempo importante para el paciente, bastan para engendrar la transferencia.

El aparente “ridículo” de una transferencia basada en parecidos tan pequeños me recuerda que Freud ha señalado como el factor desencadenante del placer en determinado grupo de chistes “la representación por el detalle” (“Darstellung durch ein Kleinstes”), es decir, por el elemento apropiado para soportar la transferencia de los afectos inconscientes[6]. También el sueño evoca los objetos, las personas y los acontecimientos por detalles minúsculos semejantes; parece, pues, que el procedimiento poético de “la parte por el todo” también tiene vigencia en el lenguaje del inconsciente.

El sexo del médico proporciona a la transferencia una vía muy explotada. A menudo las pacientes se apoyan en que el médico es hombre para proyectar sobre él sus fantasías heterosexuales; ello basta para permitir que despierten los complejos rechazados, relacionados con la noción de virilidad. Pero el impulso parcial homosexual que se oculta en todo ser humano[7], hace que los hombres también se esfuercen en transferir sobre el médico su interés, su amistad y eventualmente a la inversa. Por lo demás, basta con que las pacientes perciban en el médico “un cierto aire femenino” para que dirijan sobre su persona su interés homosexual, y los hombres su interés heterosexual, o su aversión por estas tendencias.

He comprobado ha menudo que el aflojamiento de la censura moral en la consulta de un médico suele ir acompañado por una atenuación del sentimiento de responsabilidad del sujeto. La certeza de que el médico es responsable de todo lo que ocurre en su caso favorece la aparición de ensoñaciones diurnas, primero inconscientes y luego conscientes, que tienen a menudo como tema la agresión sexual del médico sobre la persona del enfermo, entrañando todo ello un castigo ejemplar: es demandado a juicio, aparecen en la prensa artículos difamatorios, el marido o el padre le matan en un duelo, etc. Tales son las ficciones moralistas a las que recurren los deseos rechazados para manifestarse. Una enferma revelaba que su sentimiento de responsabilidad estaba atenuado por la idea de que “un médico puede hacerlo todo”; entendía por ello la responsabilidad de escapar a las consecuencias eventuales de una relación sexual, es decir, un aborto criminal.

En un análisis, los enfermos son invitados a comunicar al médico estos proyectos y pensamientos condenados por la moral, lo mismo que cualquier otro pensamiento. Por el contrario, en el tratamiento no analítico de la neurosis el médico ignora la transferencia que tiene lugar; de este modo no es extraño que las fantasías reprimidas se amplíen hasta convertirse en verdaderas alucinaciones y que el tratamiento de la histeria termine a veces con un escándalo público o ante los tribunales.

El hecho de que el médico trate simultáneamente a varios enfermos permite a éstos “vivir” sin culpabilidad los sentimientos de envidia, odio y violencia sepultados en su inconsciente. Naturalmente, a medida que progresa el análisis, el paciente disocia sus emociones desproporcionadas de los móviles actuales, para referirlas a personajes mucho más significativos. Más de un sujeto, satisfecho al sentirse generoso y desinteresado, ha reconocido durante el análisis que la avaricia, el duro egoísmo y el deseo de lucro ilícito no estaban tan lejos de él como pensaba. “Los hombres se equivocan y desorientan a los demás tanto en los asuntos monetarios como en los sexuales”, dice Freud. El análisis obliga a hablar abiertamente de unos y de otros.

Una visión de conjunto sobre los diferentes modos de “transferencia sobre el médico” refuerza mi convicción de que sólo se trata de una manifestación, muy importante por

cierto, de la tendencia general de los neuróticos a la transferencia. El impulso, la tendencia, la aspiración de los neuróticos en este sentido, que el alemán designa con fortuna mediante *Sucht* o *Süchtigkeit*, es una de sus características fundamentales que explica la mayoría de los síntomas de conversión y de sustitución. Toda neurosis es una huida ante los complejos inconscientes; todos los neuróticos huyen de la enfermedad para escapar a un placer que se ha convertido en desagradable, dicho de otro modo: apartan su libido de un complejo de representaciones incompatible con la conciencia del yo civilizado. Si la retirada de la libido no es total, desaparece el interés consciente por el objeto de amor o de odio y lo que hasta entonces era interesante se hace “indiferente” en apariencia. En el caso de una retirada libidinosa más profunda, la censura psíquica no autoriza ni siquiera el interés mínimo necesario para la representación y para la fijación de la atención introvertida, de manera que el complejo se hace inaccesible a la conciencia, lo que señala el fin del proceso de rechazo.

Sin embargo el psiquismo soporta mal estos afectos “que flotan libremente”, despojados del complejo. Freud, ha demostrado que en la neurosis de angustia es la retirada de la excitación sexual física de la esfera psíquica la que transforma la excitación en angustia. En las psiconeurosis, presumimos un proceso análogo; aquí es la retirada de la libido psíquica de determinados complejos de representación la que provoca una ansiedad permanente que el enfermo se esfuerza en apaciguar.

Puede convertir en síntoma orgánico una parte de la “cantidad de excitación” (histeria) o bien desplazarla sobre una idea de carácter compulsivo (neurosis obsesiva), es decir, neutralizar así parcialmente la excitación. Sin embargo parece que esta neutralización nunca es perfecta y que subsiste siempre una cantidad variable de excitación que flota libremente, centrífuga, diríamos (“complexífuga”), que intenta entonces neutralizarse con los objetos del mundo exterior. A esta cantidad de excitación “residual” es a la que se imputará la disposición de los neuróticos a la transferencia; y en las neurosis sin síntoma permanente de conversión, es esta libido, insatisfecha en busca de objeto, la que explica el conjunto del cuadro patológico.

Para comprender mejor el carácter fundamental del psiquismo de los neuróticos comparemos su comportamiento al de los dementes precoces y al de los paranoicos. El demente aparta totalmente su interés del mundo exterior, se hace infantil y autoerótico (Jung[8], Abraham[9]). El paranoico intenta hacer lo mismo sin conseguirlo por completo. Es incapaz de apartar su interés del mundo exterior; se contenta con rechazar tal interés fuera de su “yo”, con proyectar al mundo exterior tales deseos y tendencias (Freud) y cree reconocer en los demás todo el amor y todo el odio que niega en sí mismo. En lugar de admitir que ama u odia, tiene el sentimiento de que todo el mundo se ocupa exclusivamente de él, para perseguirle o amarle.

En la neurosis observamos un proceso diametralmente opuesto. Pues mientras el paranoico proyecta al exterior las emociones penosas, el neurótico intenta incluir en su esfera de intereses la mayor parte posible del mundo exterior, para hacerla objeto de fantasías conscientes o inconscientes. Este proceso que se traduce en el exterior por la “*Süchtigkeit*”[10] de los neuróticos, es considerado como un proceso de dilución, por el que el neurótico intenta atenuar el carácter penoso de esas aspiraciones “libremente flotantes”, insatisfechas e imposibles de satisfacer. Propongo denominar este proceso contrario a la proyección como introyección.

El neurótico siempre está buscando objetos de identificación, de transferencia; ello significa que atrae todo lo que puede a su esfera de intereses, los “introyecta”. El paranoico se dedica a una búsqueda de objetos análoga, pero es para “encajar”, como se dice vulgarmente, la libido que le tortura. Aquí está el origen de los diferentes caracteres del neurótico y del paranoico. El neurótico se interesa por todo, reparte su

amor y su odio sobre el mundo entero; el paranoico se aísla, desconfía, se siente observado, perseguido, odiado, amado por el mundo entero. El “yo” del neurótico está patológicamente dilatado, mientras que el paranoico sufre por decirlo así una contracción del “yo”.

La historia del desarrollo individual del yo -u ontogénesis-, vista a través de la experiencia psicoanalítica, nos convencerá de que la proyección paranoica y la introyección neurótica no son más que exageraciones de los procesos mentales cuyos elementos se hallan en todo hombre “normal”.

Puede pensarse que el recién nacido experimenta todo de forma monista, diríamos, ya se trate de un estímulo exterior o de un proceso psíquico. Sólo más tarde aprenderá a conocer la “malicia de las cosas”, unas que son inaccesibles a la introspección, rebeldes a la voluntad, mientras que otras quedan a su disposición y sometidas a sus deseos. El monismo se convierte en dualismo. Cuando el niño excluye los “objetos” de la masa de sus percepciones, hasta entonces unitaria, como formando el mundo exterior y a los cuales, por vez primera, opone al “yo” que le pertenece más directamente; cuando por primera vez distingue lo percibido objetivo (*Empfindung*) de lo vivido subjetivo (*Gefühl*), efectúa en realidad su primera operación proyectiva, la “proyección primitiva”. Y si más adelante desea desembarazarse de los afectos desagradables al modo paranoico, no tiene necesidad de un sistema absolutamente nuevo: de la misma forma que ha objetivado anteriormente una parte de su sensorialidad, expulsará una parte aún mayor del yo al mundo exterior, transformando todavía más afectos subjetivos en sensaciones objetivas.

Sin embargo, una parte más o menos grande del mundo exterior no se deja expulsar tan fácilmente del yo, sino que persiste en imponerse, desafiante: ámame u ódiame, “¡combáteme o sé mi amigo!”[11]. Y el yo cede a este desafío, reabsorbe una parte del mundo exterior y amplía su interés: así se constituye la primera introyección, “la introyección primitiva”. El primer amor, el primer odio, acaecen gracias a la transferencia: una parte de las sensaciones de placer o de disgusto, autoeróticas en su origen, se desplazan sobre los objetos que las han suscitado. Al principio, el niño sólo ama la saciedad, pues ella apacigua el hambre que le tortura; después llega a amar a la madre, objeto que le procura la saciedad. El primer amor objetal, el primer odio objetal son pues la raíz y el modelo de toda transferencia ulterior que no es una característica de la neurosis, sino la exageración de un proceso mental normal.

Los descubrimientos de Freud en el campo de la psicopatología de la vida cotidiana, hasta ahora prácticamente inexplorado, han demostrado que nuestros actos frustrados: olvidos llamados “distracciones”, torpezas, lapsus linguae y lapsus calami, sólo se explican por la hipótesis del mantenimiento en actividad en el adulto en estado de vigilia de los procesos de desplazamiento de afectos[12]. Ya he dado cuenta anteriormente[13] del considerable papel, dominante incluso, que desempeñan estos procesos en el sueño; pero Freud ha demostrado también cómo la visión política y religiosa que los hombres tienen del Universo, las supersticiones tan extendidas, y hasta la metafísica de los filósofos, son meta-psicología pura: una proyección de sensaciones y de sentimientos en el mundo exterior. La mitología, donde el antropomorfismo juega un papel tan grande, aparece en el análisis como una combinación de los procesos de introyección y de proyección. La obra espiritual de Kleinpaul sobre el origen y la evolución del lenguaje[14], citada por Abraham[15], muestra ampliamente la perfección con que el hombre representa el conjunto del mundo, sonoro e insonoro, por los procesos del “yo”, explotando toda la gama de proyecciones e introyecciones. La manera con que el lenguaje humano identifica una serie de sonidos y de ruidos orgánicos con tal o cual objeto, bajo pretexto de la

analogía acústica más superficial, y de “la explicación causal” más mínima, recuerda vivamente el mecanismo precario de la transferencia neurótica.

La historia de la vida psíquica individual, la formación del lenguaje, los actos frustrados de la vida cotidiana, y la mitología, examinados desde determinado ángulo, pueden reforzar nuestra convicción de que el neurótico recorre la misma trayectoria que el sujeto normal cuando intenta atenuar sus afectos flotantes mediante la ampliación de su esfera de intereses, por la introyección, o sea, cuando desparrama sus emociones sobre objetos que apenas le conciernen, para dejar en el inconsciente sus emociones ligadas a determinados objetos que le conciernen demasiado.

A menudo el análisis consigue incluso rehacer la cronología de esta ampliación de los intereses negativos o positivos. Una de mis pacientes, leyendo una novela recordó hechos sexuales infantiles; apareció una fobia a las novelas que pronto se extendió a todos los libros, y más adelante a cualquier papel impreso. La lucha contra su tendencia a la masturbación provocó en otro de mis enfermos una fobia a los retretes, lugares en los que acostumbraba a ceder a su pasión; más adelante esta fobia se amplió a claustrofobia: temor a los lugares cerrados en general. He logrado demostrar que muchos casos de impotencia de origen psíquico están condicionados por un respeto temeroso hacia las mujeres, correspondiente a la resistencia hallada anteriormente en la elección del objeto incestuoso (madre o hermana), y después a la extensión de este modo de defensa frente a todas las mujeres. El placer apasionado que hallaba cierto pintor en la contemplación de las cosas, y en consecuencia su elección de carrera, la desagraviaban de todas las prohibiciones visuales de su infancia.

Los experimentos de asociación de Jung[16] me han aportado la prueba de la tendencia a la introyección. Según Jung, la principal característica del modo de reacción de los neuróticos es el elevado número de las “reacciones de complejos”; el neurótico “interpreta la palabra en el sentido de sus propios complejos”. El sujeto normal responde por lo general rápidamente a la palabra inductora con una palabra inducida indiferente, asociada por razones de sentido o de sonoridad. En el neurótico los afectos flotantes se apoderan de la palabra inductora para transferirle una parte de su energía, contentándose con la asociación más indirecta. Yo completaría las conclusiones de Jung añadiendo que no es la palabra inductora la que “desencadena” la reacción perturbada por los complejos en los neuróticos, sino que son los afectos ávidos de descarga los que van al encuentro de la palabra inductora. Recurriendo a la expresión que recientemente hemos creado, diremos que el neurótico introyecta hasta las palabras inductoras experimentales.

Podría objetárseme que la ampliación de la esfera de intereses, la identificación del “yo” con numerosas personas o incluso con toda la humanidad, la receptividad frente a los estímulos exteriores, son cualidades compartidas por los individuos normales, incluso por los privilegiados, y que la introyección no puede ser considerada como un proceso psíquico característico de los neuróticos.

Responderemos que, según la doctrina psicoanalítica, no hay diferencia fundamental entre “normalidad” y neurosis. Sabemos por Freud que “las neurosis no poseen un contenido psíquico característico específico y exclusivo”. Y según la fórmula de Jung, la enfermedad de los neuróticos está provocada por los mismos complejos que todos afrontamos. Añadamos que la diferencia se sitúa esencialmente sobre el plano cuantitativo, práctico. El hombre sano no se identifica ni transfiere más que sobre la base de “explicaciones causales” mucho menos fundadas; no derrocha sus energías efectivas tan alocadamente como el neurótico.

Existe aún otra diferencia. Las introyecciones son en general conscientes en el sujeto normal, mientras que el neurótico generalmente las rechaza; las libera luego en

fantasías inconscientes, y sólo las revela al iniciado, indirectamente, en forma simbólica. Muy a menudo estas transferencias se expresan como “formaciones reaccionarias”: la transferencia nacida en el inconsciente llega a la conciencia con una carga emocional mayor, bajo un signo inverso.

La ausencia total en la literatura anterior a Freud de las nociones de transferencia sobre el médico y de las nociones de introyección y de proyección, no basta para probar la inexistencia de tales fenómenos; como dice el proverbio francés, el desconocimiento “n’empêche pas d’exister”[17]. También me refiero a las críticas que rechazan de golpe el psicoanálisis como un método incapaz de verificación, pero que aceptan con prontitud y utilizan contra nosotros las dificultades que confesamos. Una de las objeciones declara que el psicoanálisis es peligroso porque crea una transferencia sobre el médico. Y no es casual que nuestros críticos insistan siempre sobre la transferencia erótica olvidando sistemáticamente la transferencia de los sentimientos de temor, odio, cólera y otros afectos negativos que, sin embargo, juegan un importantísimo papel en el análisis.

Si la transferencia es dañina, todos los especialistas en enfermedades nerviosas, comprendidos los detractores de Freud, deberán renunciar a tratar a los neuróticos, pues cada vez estoy más convencido de que la transferencia desempeña un papel capital, probablemente exclusivo, incluso en el tratamiento no analítico y hasta no psicoterapéutico de las neurosis. Pero en estos métodos terapéuticos -Freud una vez más ha sido el primero en señalarlo- son los afectos positivos hacia el médico los únicos que tienen derecho a expresarse, pues los enfermos, a partir de la aparición de afectos hostiles, rechazan el tratamiento del médico “antipático”; en cuanto a los afectos positivos (eróticos) son ignorados por el médico, o mal conocidos (a menudo los atribuye a su irresistible encanto personal); atribuye el resultado obtenido a los procedimientos físicos utilizados o bien se contenta con el término de “sugestión” por toda explicación (término carente de sentido si el análisis no ha seguido adelante).

Precisamente es en la sugestión y en la hipnosis donde la transferencia desempeña el papel más importante[18]; trataré más ampliamente este tema en otro estudio. Desde que conozco este mecanismo, he comprendido a la enferma histérica que, al terminar la cura de sugestión, me pide mi fotografía, porque al verla recuerda mis palabras prolongando así el efecto terapéutico; pero sospecho que lo único que quiere es un recuerdo de quien ha procurado algunos momentos agradables a su espíritu atormentado por los conflictos, por medio de palabras dulces y amistosas, de leves contactos “rituales” de la frente y de la posibilidad de fantasear en absoluta calma en la penumbra de una habitación. Otra enferma, que padecía una obsesión de limpieza, ha confesado sin ambages que, por complacer a su médico que le parecía simpático, pudo vencer más de una vez su impulso.

Estos dos casos no son excepciones, sino la regla; explican las “curaciones” milagrosas debidas no sólo a la sugestión o a la hipnosis sino también a la electro-, la mecano-, o la hidroterapia, y a los masajes.

Ciertamente las condiciones de vida racionales pueden favorecer una buena alimentación y, en cierta medida, mejorar el humor, suprimiendo de este modo la sintomatología neurótica; pero el factor terapéutico principal de tales tratamientos sigue siendo la transferencia consciente o inconsciente, y la satisfacción camuflada “de los instintos parciales” libidinosos que también intervienen (como las sacudidas en mecanoterapia y la fricción de la piel en la hidroterapia o los masajes).

Freud reúne estas precisiones en una fórmula más general: sea cual fuere el tratamiento que apliquemos al neurótico, sólo se curará mediante las transferencias. Lo que llamamos introyección, conversiones, sustituciones y demás síntomas patológicos

sólo son, al parecer de Freud, con el que coincide, tentativas que el enfermo hace para tratar de curarse por sí mismo. El paciente desliga el afecto de una parte de sus complejos de representaciones que, debido a ello, se hacen inconscientes. El afecto flotante, que amenaza la paz del alma, será neutralizado, o sea, atenuado y curado por el paciente, gracias por una parte a procesos orgánicos, motores o sensitivo-sensoriales, y por otra parte por medio de ideas “sobrevaloradas” u obsesivas, en último término mediante introyecciones. Y el enfermo recurre a los mismos medios frente al médico que le trata. Intenta inconscientemente transferir sus afectos sobre la persona del médico que le atiende, y, si lo consigue, obtendrá una mejora y una atenuación al menos temporal de su estado.

Se me podría objetar que son los hipnotizadores y los fisioterapeutas quienes tienen razón, porque no curan mediante el análisis sino mediante la transferencia, imitando sin darse cuenta el mismo camino que siguen las tentativas autoterapéuticas del psiquismo enfermo. Según esta concepción, los procedimientos transferenciales podrían reivindicar el nombre de “terapéuticas naturales”, mientras que el psicoanálisis sería una especie de método artificial impuesto a la naturaleza. Tal argumento no carece de valor. Pero no olvidemos que el neurótico que explica sus conflictos mediante la producción de síntomas recurre a una terapéutica bien definida por la expresión “medicina peyor morbo”. El rechazo y el desplazamiento mediante tales “formaciones substitutivas gravosas” sólo es una tentativa autoterapéutica frustrada y constituirá un grave error querer imitar a la naturaleza por encima de todo, incluso allí donde fracasa por no adaptarse al objetivo.

El análisis individualiza lo que la naturaleza no cura. El psicoanálisis pretende devolver su aptitud para vivir y actuar incluso a los individuos que sucumbirían con el proceso sumario de rechazo de la naturaleza, despreocupada de la suerte de los más débiles; pero la discusión de esto incumbe a los sociólogos, no a los médicos. Hablando en términos médicos, el problema consiste en saber si el mejor método es el que aumenta o sólo neutraliza parcialmente la energía afectiva de los complejos rechazados, logrando de este modo una mejora pasajera, o bien el que lleva al enfermo a superar sus resistencias gracias al análisis y a mirar de frente su propia personalidad psíquica, lo que le confiere una independencia absoluta respecto a su médico.

La mayoría de los psiquiatras actuales y muchos sabios, respetables por lo demás, aún se oponen radicalmente al análisis, y en lugar de seguir el hilo de Ariadna de las enseñanzas de Freud, se encierran en el dédalo de la patología y de la terapéutica nerviosa. Sin embargo, al rechazar el valor de estas teorías y en particular el mecanismo de transferencia, quedan imposibilitados para explicar los resultados que obtienen mediante tratamientos no analíticos.

Es la única forma de explicarse que algunos de ellos hayan recurrido a la transferencia -como he dicho antes- incluso para disponer de armas contra el psicoanálisis; y así resulta que la transferencia es el pilar de sus propios métodos terapéuticos. Mientras los demás métodos consisten en cultivar y en reforzar la transferencia, el análisis desenmascara todo lo posible estas relaciones ficticias, haciéndolas retornar a su verdadera fuente, lo que entraña su disolución.

A quienes nos achacan querer explicarlo todo “desde un único punto de vista”, les responderemos que ellos mismos están inconscientemente inmovilizados en una concepción del mundo ascética y neurótica a la vez, la cual desde hace casi dos mil años impide reconocer la importancia primordial del instinto de reproducción y de la libido en la vida psíquica, tanto normal como patológica.

II.- Papel de la transferencia en la hipnosis y en la sugestión

La escuela neurológica parisiense de Charcot buscaba los principales factores determinantes de los fenómenos hipnóticos al nivel de las excitaciones periféricas o centrales que actúan sobre el sistema nervioso: por ejemplo, fijación de la mirada sobre una imagen, o roce del cuero cabelludo. Por el contrario la escuela de Bernheim, de Nancy, estima que tales excitaciones no juegan sino un papel de vehículo, de medio que favorece la “inspiración” de las representaciones, por ejemplo, la del sueño. Dada la representación del sueño, provocaría un “estado de disociación cerebral” que haría al sujeto particularmente accesible a otras sugerencias. Este estado de disociación sería el principio de la hipnosis.

La concepción de Nancy representa ciertamente un gran progreso sobre la de París. Es la primera tentativa de explicación puramente psicológica de los fenómenos de la hipnosis y de la sugestión que descarta toda formulación fisiológica injustificada. Sin embargo, tal explicación no nos parece del todo satisfactoria.

Inicialmente resulta inverosímil suponer que la fijación de un objeto luminoso pueda provocar en la vida mental las profundas modificaciones que constatamos en la hipnosis y en la sugestión; y también parece improbable que una representación inspirada en el estado de vigilia, la idea de dormir pueda producir esas modificaciones, sin la intervención de fuerzas psíquicas más importantes.

Todo favorece la idea de que en la hipnosis y en la sugestión no es el hipnotizador o el sugestionador quien desempeña el principal papel, sino más bien aquel que entonces aparecía como objeto de tales procesos. La sola existencia de la auto-sugestión y de la auto-hipnosis, y sobre todo el hecho de que los fenómenos de sugestión no puedan producirse más que en condiciones determinadas y variables según los individuos, demuestran con certeza que la intervención del experimentador sólo desempeña un papel secundario en la cadena causal de tales fenómenos. No obstante, las condiciones de la elaboración intrapsíquica de la influencia sugestiva permanecen oscuras.

Únicamente la investigación psicoanalítica de las neurosis por el método de Freud puede conducirnos a un conocimiento más profundo de los procesos psíquicos que se desarrollan en la hipnosis y en la sugestión. El psicoanálisis ha permitido establecer que el hipnotizador realiza un esfuerzo inútil cuando intenta provocar el “estado de disociación”; primero porque no dispone del medio, después y sobre todo porque las diversas capas del psiquismo (“localizaciones”, “mecanismos”, según Freud) se hallan ya disociadas en el sujeto despierto. Además de constatar este detalle, el psicoanálisis ha aportado datos inesperados sobre el contenido de los complejos de representación y la orientación de los afectos que constituyen el estrato inconsciente del psiquismo movilizado durante la hipnosis y la sugestión. Se ha visto que todos los instintos rechazados en el curso del desarrollo cultural individual se amontonan en el “inconsciente”, en el sentido de Freud, y que sus afectos insatisfechos y ávidos de excitaciones están siempre a la espera de una “transferencia” sobre personas y objetos del mundo exterior, para “introyectarlos”.

Si consideramos el estado psíquico del sujeto a quien deseamos sugestionar bajo este prisma, debemos revisar radicalmente nuestras posiciones actuales. Según esta nueva concepción, son las fuerzas psíquicas inconscientes del medium las que representan el elemento activo, mientras que el papel del hipnotizador, a quien se creía todopoderoso, se limita a un objeto que el medium aparentemente impotente utiliza o rechaza según sus necesidades.

Entre los complejos fijados en la infancia y que mantienen una importancia capital toda la vida, los más notables son los que están ligados a las personas de los padres: los “complejos parentales”. La constatación hecha por Freud de que todas las neurosis del adulto se fundan en tales complejos, pueden confirmarla todos los que se ocupan

de estas cuestiones. Mis investigaciones sobre las causas de la impotencia psico-sexual me han hecho concluir que tales estados pueden atribuirse, al menos en gran número de casos, a la “fijación incestuosa” de la libido, es decir, una fijación inconsciente aunque muy intensa de los deseos sexuales sobre las personas más próximas, principalmente los padres[19]. Los trabajos de Jung[20] y de Abraham[21] han ampliado considerablemente mis conocimientos sobre los efectos tardíos de la influencia paterna. Jung ha demostrado que la psiconeurosis nace por lo general del conflicto entre las influencias parentales inconscientes y los esfuerzos de independencia. Abraham ha puesto en evidencia que estas mismas influencias pueden llevar a un rechazo intenso y prolongado del matrimonio o a una fuerte inclinación a casarse con parientes próximos. J. Sadger[22] ha aportado también una contribución preciosa para el conocimiento de estas influencias.

Desde el punto de vista psicoanalítico, las diferencias entre los procesos mentales normales y neuróticos son de orden exclusivamente cuantitativo y los conocimientos aportados por el estudio de la vida mental de los neuróticos son válidos, mutatis mutandis, para la de los sujetos normales. Era, pues, previsible que las sugerencias “inspiradas” por un individuo a otro movilizaran los mismos complejos que actúan en las neurosis.

Freud ha sido el primero en advertir que en el caso de un psicoanálisis surge una viva resistencia en el paciente, que parece bloquear del todo el trabajo analítico; continúa el análisis cuando el analizado toma conciencia de la verdadera naturaleza de esta resistencia: una reacción frente a los sentimientos inconscientes de simpatía, destinados a otros, pero que momentáneamente se han fijado en la persona del analista. También ocurre que el paciente se entusiasma y casi adora a su médico, lo cual, como todo lo demás, debe ser analizado. Entonces se descubre que el médico ha servido de sustituto al paciente para reavivar afectos sexuales que en realidad se refieren a personajes mucho más importantes para él. A menudo el análisis es perturbado por un odio, un temor o una angustia inmotivados, que aparecen en el enfermo y son dirigidos hacia el médico. Incluso en estos casos tales afectos no se refieren al médico, sino inconscientemente a personas muy alejadas en ese momento del pensamiento del paciente. Cuando el enfermo consigue evocar, con nuestra ayuda, la imagen o el recuerdo de los personajes aludidos por estos afectos positivos o negativos, descubrimos fundamentalmente a personas que desempeñan o han desempeñado un papel importante en la vida actual o en el pasado reciente del paciente (por ejemplo, cónyuge o amante). Vienen después los afectos no liquidados de la adolescencia (amigos, profesores, héroes admirados), en fin, tras vencer una fortísima resistencia, llegamos a los pensamientos rechazados de contenido sexual, agresivo y angustioso en relación con la familia y sobre todo con los padres. A fin de cuentas, parece que el niño ávido de amar, pero inquieto, persiste en el adulto, y que todo amor, odio o temor ulteriores no son sino transferencias o, como dice Freud, reediciones de movimientos efectivos aparecidos en la primera infancia (antes de terminar el cuarto año) y, después, rechazados al inconsciente.

Tras esta exploración del desarrollo psíquico individual no es arriesgado suponer que esta maravillosa omnipotencia que ejercemos en nuestro papel de hipnotizador sobre todas las energías psíquicas y nerviosas del medium no es más que una manifestación de la vida instintiva infantil rechazada. En cualquier caso, esta explicación me parece más satisfactoria que la posibilidad de provocar una “disociación” en el psiquismo de otro mediante nuestras sugerencias; esta facultad mística no correspondería al papel de observador al que quedamos reducidos ante los procesos biológicos.

Podría hacérsenos una objeción sin gran valor: desde hace mucho es conocida la

influencia favorable de la simpatía y del respeto sobre la sugestibilidad. Este punto no podía pasar desapercibido a los experimentadores y observadores concienzudos. Sin embargo, ignoran dos hechos de los que sólo el psicoanálisis ha podido convencerme. Primero, que tales afectos: el respeto y la simpatía, inconscientes por lo general, desempeñan el papel principal en la producción de la influencia sugestiva; después, que tales afectos son, en último término, manifestaciones de los instintos libidinosos en su mayoría transferidos del complejo de representaciones de la relación padres-hijo sobre la relación médico-enfermo. Dicho de otra forma, se sabe que la simpatía o antipatía entre hipnotizador y paciente influyen considerablemente en el resultado de la experiencia, pero se ignora que estos sentimientos llamados de “simpatía” y de “antipatía” son combinaciones psíquicas complejas que precisamente el psicoanálisis puede reducir a sus componentes. El análisis permite aislar los elementos básicos que constituyen las aspiraciones primarias libidinosas de saciedad de los deseos de donde brotan los fenómenos complejos de la sugestibilidad.

En la capa más profunda del psiquismo, igual que en el comienzo del desarrollo mental, impera el principio del desagrado[23], el deseo de satisfacción motriz inmediata de la libido. Es el estrato (el estadio) “auto-erótico”. El adulto no puede acceder directamente, por vía de reproducción, a esta capa de su psiquismo; nosotros mismos sólo deducimos su existencia a partir de los síntomas. Lo que puede ser inmediatamente evocado pertenece en general a la capa (al estadio) del amor objetal, y los primeros objetos del amor son los padres.

Todo nos induce a pensar que cualquier sentimiento de “simpatía” retorna a una “posición sexual” inconsciente, y cuando dos personas vuelven a encontrarse, sean del mismo sexo o del contrario, el inconsciente intentará siempre una transferencia. (El inconsciente ignora la negación, el “no”; el inconsciente sólo sabe desear, dice Freud). Y si el inconsciente consigue que la conciencia acepte la transferencia -abiertamente en forma sexual (erótica) o bien sublimada, disfrazada (respeto, gratitud, amistad, apreciación estética)-, resulta de ello un sentimiento de simpatía. Si la censura que vigila en el umbral de la conciencia responde negativamente con las tendencias siempre positivas del inconsciente, son posibles todos los grados de la antipatía, incluso la repulsión.

El que los sentimientos de antipatía y de repulsión estén compuestos de alegría y de sufrimiento, de placer y de disgusto, lo demuestra el caso de una de mis pacientes de inteligencia superior, que sufría un delirio de envidia paranoico. Se descubrió que la fuente de su enfermedad era la homosexualidad infantil transferida de su madre a las criadas, luego a las amigas, y que fue muy activa. Las decepciones del matrimonio hicieron retomar la libido hacia la etapa infantil; pero, mientras tanto, tal modo de satisfacción sexual se había convertido en intolerable para la enferma, de modo que proyectaba tales tendencias sobre su marido hasta entonces muy querido, acusándole de infidelidad. Pero, dato curioso, no sospechaba más que de muchachitas de doce o trece años o de mujeres viejas y feas, generalmente de criadas repugnantes. Cuando podía admitir su amor en forma sublimada (amistad, placer estético) -como en el caso de jóvenes bellas y de su ambiente-, sentía una gran simpatía y no manifestaba ninguna envidia. Probablemente es por motivos psicológicos semejantes por lo que la mezcla de los gustos dulce y amargo nos parece repulsiva; la idiosincrasia hacia alimentos o bebidas de determinado color o de cierta consistencia es una reacción provocada por deseos rechazados, ligados generalmente a la coprofilia y a la urofilia. Cuando la visión de objetos “desagradables” desencadena un afán de escupir o vomitar, se trata de una reacción al deseo inconsciente de llevarnos a la boca tales objetos. Recordemos que el bebé se lleva a la boca todos los objetos indiscriminadamente.

Un ejemplo clásico en apoyo de que la “posición sexual” se manifiesta en todo, lo proporciona el caso de Dora, la paciente de Freud que describe en su artículo: “Fragmento de un análisis de histeria”. Tal análisis, inacabado, ha demostrado que ningún miembro del entorno permaneció indiferente para la sexualidad de Dora. Los esposos K., amigos de la familia (tanto el marido como la mujer), la gobernanta, el hermano, el padre, todos excitaban su libido sexual. Al mismo tiempo, como ocurre con frecuencia en los neuróticos, conscientemente ella era más bien fría, reservada, e ignoraba por completo que sus amistades apasionadas, sus simpatías y antipatías podían disimular deseos sexuales.

Sería erróneo pensar que Dora es una excepción. El caso de Dora es típico. Su análisis proporciona una fiel imagen del psiquismo humano en general; el estudio suficientemente profundo del psiquismo normal o neurótico nos revela -dejando aparte diferencias cuantitativas- fenómenos idénticos a los constatados en Dora.

La posibilidad de ser hipnotizado o sugestionado depende, pues, de la capacidad de transferencia, es decir, para expresarnos claramente, de la capacidad que tiene el medium de adoptar respecto al hipnotizador una posición sexual, aunque sea inconsciente; luego la raíz más profunda de la transferencia, como de todo amor objetal, proviene de los complejos parentales[24].

Esta concepción queda confirmada por el estudio práctico de las condiciones de la hipnosis o de la sugestión. Es interesante observar cómo varía el porcentaje de éxito según los autores. Unos hablan del 50 por 100, otros del 80 al 90.

Los hipnotizadores experimentados pretenden que la práctica de la hipnosis exige determinadas características externas e internas. De hecho, sólo externas, porque el carácter sólo se revela mediante determinados gestos, la forma de expresarse y el contenido del razonamiento, lo cual un actor medianamente dotado puede realizarlo sin ninguna implicación personal.

La hipnosis resulta muy facilitada por la apariencia imponente del hipnotizador. A menudo nos lo imaginamos con una lengua barba, preferentemente negra (Svengali); este accesorio viril puede ser reemplazado por una talla elevada, espesas cejas, una mirada penetrante, una mímica severa pero que inspire confianza. También se admite, por lo general, que la presentación del hipnotizador seguro de sí, la reputación de sus éxitos anteriores y la consideración que rodea su condición de sabio renombrado, aumentan notablemente las probabilidades de éxito. La superioridad de rango o de posición social también facilita la hipnosis; durante mi servicio militar fui testigo de una escena en la que un soldado raso cayó dormido por orden de su oficial. Esta escena consiguió el efecto de un auténtico “coup de foudre”[25]. Mis primeras experiencias de hipnosis, que realicé, estudiante aún, sobre los dependientes de la librería de mi padre, tuvieron todas éxito; no puedo decir lo mismo de mis resultados ulteriores; es cierto que ya no tenía la confianza absoluta en mí mismo que únicamente otorga la ignorancia.

En la hipnosis hay que saber mandar con tal seguridad que ni siquiera se le ocurra al medium la idea de resistencia. Una forma extrema de esta especie de hipnosis es la “hipnosis de terror” (Ueberrumplungs-Hypnose) provocada por gritos, amenazas, y si fuera necesario mediante un tono severo, expresiones insultantes y el puño en alto. Este terror -como antiguamente el ver la cabeza de la Medusa- puede ocasionar en el individuo predispuesto una reacción inmediata de parálisis o catalepsia.

Pero existe otro método para adormecer a un sujeto, cuyos accesorios son los siguientes: la penumbra de una habitación, el silencio, la dulce persuasión amistosa mediante palabras monótonas, melodiosas (se atribuye a esto en general mucha importancia) y por último caricias sobre el cabello, la frente y las manos.

De manera general, disponemos de dos métodos para hipnotizar a un individuo, para someterle a la sugestión, es decir, para forzarle a una obediencia incondicional y a una confianza ciega: la intimidación y la ternura. Los hipnotizadores profesionales que utilizaban el método antes de que la ciencia lo identificara, y que son sus verdaderos inventores, parece que han utilizado instintivamente, y hasta en sus menores detalles, los mismos modos de intimidación y de dulzura para adormecer al sujeto y obligarle a obedecer, que quienes, tras milenios, realizan sus pruebas en la relación entre padres e hijos.

El hipnotizador de físico imponente que provoca el estado hipnótico por intimidación y agresión se parece mucho a la imagen que el niño tiene del padre todopoderoso, ese padre en quien todo hijo desea creer, obedecer e imitar[26]. Y la mano dulce y acariciante, las palabras amables, monótonas, calmantes, ¿no son acaso la repetición de lo que ha ocurrido junto a la cuna del niño entre él y su madre o su niñera, que le cantaban canciones o le contaban cuentos? ¿Y qué haría un niño para complacer a su madre?

No concedo demasiada importancia a la distinción rigurosa entre hipnosis paterna y materna, pues ocurre a menudo que padre y madre intercambian el papel. Únicamente quiero mostrar lo propia que es la situación producida por la hipnosis para evocar, consciente o inconscientemente, la infancia en el espíritu del medium y para despertar en él esos recuerdos unidos a la época de la obediencia infantil, tan vivos en todo ser humano.

Los procedimientos de dormición mediante la excitación llamada exterior: presentación de un objeto luminoso ante los ojos o del tic-tac de un reloj junto a la oreja, son justamente las primeras que sirvieron para fijar la atención del lactante; estas excitaciones exteriores son también muy propias para evocar recuerdos y afectos infantiles.

Incluso aquellos a quienes el psicoanálisis inquieta o disgusta admiten hoy que los hábitos y ceremoniales subsistentes de la infancia desempeñan un papel incluso en el proceso de adormecimiento espontáneo, normal, y que el “acostarse” pone en juego factores infantiles autosugestivos, que de alguna forma se habrían vuelto inconscientes. Todas estas consideraciones nos conducen a la proposición siguiente: La primera condición de éxito de una hipnosis es que el medium halle en el hipnotizador un maestro, es decir, que el hipnotizador sepa despertar en él los mismos afectos de amor o de temor, la misma fe ciega en su infalibilidad que el niño tenía hacia sus padres.

Para evitar cualquier malentendido, debemos subrayar que la sugestibilidad, es decir, la receptibilidad a la “inspiración”, la tendencia a la confianza ciega y la obediencia, nos parece que están en relación con las propiedades psíquicas similares de la infancia, de un modo que no es sólo genético: creemos que la hipnosis y la sugestión despiertan verdaderamente “al niño que dormita en el inconsciente del adulto” (Freud). La existencia en nosotros de este otro yo -el niño- no se manifiesta sólo en la hipnosis, sino también en nuestros sueños nocturnos, los cuales -como Freud nos indica- se apoyan siempre, en parte, sobre recuerdos de la infancia. Pero también podemos sorprender algunas tendencias y actividades infantiles de nuestro psiquismo durante la vigilia, en los lapsus, los actos frustrados[27] y todas las formas del chiste[28]. En lo profundo de nuestro ser somos niños y lo seremos toda la vida. *Grattez l'adulte et vous trouverez l'enfant*[29].

Si adoptamos estos puntos de vista, tendremos que revisar todas nuestras concepciones sobre el olvido. El psicoanálisis nos lleva progresivamente a la certeza de que el “olvido” en la vida mental, la desaparición sin rastro, es tan imposible como

la desaparición de energía o de materia en el mundo físico. Parece incluso que la inercia de los fenómenos psíquicos es considerable y que las impresiones psíquicas pueden ser despertadas tras un “olvido” de muchas décadas en forma de complejos de relaciones inalterables, o bien pueden ser reconstruidas a partir de sus elementos constitutivos.

He tenido la suerte de analizar a pacientes que anteriormente había tratado mediante la hipnosis; ello me ha permitido confirmar que la sumisión incondicional a una voluntad ajena sólo puede explicarse por la transferencia inconsciente sobre el médico de afectos infantiles aunque intensamente erotizados (amor, respeto).

I. Hace cinco años hipnoticé con éxito a una paciente que había sufrido una histeria de angustia al enterarse de la infidelidad de su novio. Hace unos seis meses, tras la muerte de un sobrino querido, tuvo una recaída y vino a verme. Iniciamos un psicoanálisis. Pronto se manifestaron indicios característicos de transferencia y cuando se lo señalé a la paciente, ella completó mis observaciones confesando que desde la cura hipnótica tenía fantasías eróticas conscientes relativas a la persona del médico, y que había obedecido a mis sugerencias por “amor”.

El análisis puso en evidencia la transferencia (ver Freud) que había permitido el éxito de la hipnosis. En la época del tratamiento hipnótico la curación fue provocada probablemente por la compensación ofrecida a la desgracia que desencadenó la enfermedad por mi actitud amistosa, mi compasión y mis palabras sedantes. Pero el análisis mostró que su inclinación hacia el amante infiel no era más que un sustituto de su afición por su hermana mayor, alejada de la familia al casarse, a quien ella se hallaba ligada por una estrecha amistad y una larga práctica de masturbación común. Pero su pena mayor había sido la separación precoz de una madre que la mimaba y la idolatraba; todas sus tentativas amorosas ulteriores aparecían como sustitutos de la primera inclinación infantil, fuertemente impregnada de erotismo. Tras la interrupción de la cura hipnótica, había desplazado su libido bajo una forma sublimada, pero, según el análisis, indiscutiblemente erótica, sobre un sobrinito de ocho años, cuya muerte repentina provocó la reaparición de los síntomas histéricos. La obediencia manifestada durante el tratamiento hipnótico era, pues, una consecuencia de la transferencia; el objeto amoroso inicial, nunca enteramente reemplazado, de mi paciente era, sin ninguna duda, su madre.

II. Un funcionario de veintiocho años vino a verme hace algunos años; sufría una grave histeria de angustia. Ya practicaba el psicoanálisis entonces, pero, debido a las circunstancias, opté por un tratamiento hipnótico y obtuve por simple persuasión (“hipnosis materna”) una mejoría considerable, aunque pasajera, de su estado psíquico. La reaparición de las representaciones angustiosas incitó a mi paciente a volver y, desde entonces, repetía periódicamente la hipnosis con resultados siempre buenos pero siempre pasajeros. Cuando decidí iniciar un análisis, hallé las peores dificultades en la transferencia verdaderamente exacerbada por la hipnosis; la solución llegó cuando se descubrió que el enfermo, basado en analogías superficiales, se identificaba con su “buena madre”. En su infancia estaba muy vinculado a su madre, le eran indispensables sus caricias y reconoció también que las relaciones sexuales de sus padres despertaban en él gran curiosidad. Estaba celoso de su padre, se imaginaba en su papel, etc... Después el análisis progresó sin dificultades durante cierto tiempo. Pero el día en que respondí a una pregunta con cierta impaciencia y con una negativa, fue asaltado por una angustia violenta y de nuevo se dificultó el análisis. Tras discutir este incidente que le había afectado tanto, el paciente empezó a evocar sucesos análogos y -

tras mencionar algunas amistades ligeramente teñidas de homosexualidad y de masoquismo y después de escenas penosas en las que intervenían profesores y otros superiores- apareció en primer término el complejo paterno. Veía a su padre “con los rasgos horriblemente deformados, la mirada cargada de cólera” y él temblaba como una hoja. Al mismo tiempo le sacudió una oleada de recuerdos que mostraba hasta qué punto amaba el enfermo a su padre, a pesar de todo, y lo orgulloso que estaba de su altura y de su fuerza.

Esto es solamente un fragmento de un análisis largo y difícil, pero que muestra a las claras que el factor agente durante la cura hipnótica era el complejo materno, aún inconsciente. En este caso, habría obtenido probablemente los mismos resultados utilizando el otro método de sugestión: la intimidación y el respeto, es decir, el recurso al complejo paterno inconsciente.

III. El tercer caso es el de un sastre de veintiséis años; vino a consultarme a causa de una crisis epileptiforme, que juzgué de naturaleza histérica. Su aspecto tímido, sumiso, modesto, era un reclamo para la sugestión, y, efectivamente, obedecía todas mis órdenes como un niño dócil: experimentaba anestесias, parálisis y contracciones a voluntad. Sin embargo, no pude evitar someterle a un análisis completo. Supe por él que el enfermo había sido sonámbulo durante muchos años, que se levantaba por la noche, se instalaba ante su máquina de coser y cosía un tejido imaginario hasta que despertaba. Este afán de trabajo databa de un aprendizaje con un patrón muy severo que le pegaba a menudo, y cuyas exigencias excesivas quería satisfacer a cualquier precio; naturalmente, la persona del patrón era tan sólo el “recuerdo-pantalla” del padre temido pero respetado. Las crisis actuales del enfermo comenzaban con idéntica sed de actividad; oía una voz interior que le mandaba: “¡levántese!”. Se sentaba, se quitaba su pijama y hacía ademán de coser, movimiento que evolucionaba hacia una crisis convulsiva generalizada. A continuación no se acordaba de estos fenómenos motores, de los cuales sólo sabía por el relato de su mujer. Su padre tenía también la costumbre, tiempo atrás, de despertarle al grito de “¡levántate!”, y parece que el desdichado continuaba obedeciendo las órdenes que su padre le daba durante su infancia, y después su patrón cuando aprendiz. “Puede observarse de este modo el efecto retroactivo de órdenes o de amenazas recibidas durante la infancia, que se manifiesta muchos años después”, dice Freud[30], que llama a este fenómeno “obediencia retroactiva”.

He de concluir que esta “retroactividad” de las neurosis tiene mucha similitud con la obediencia automática post-hipnótica a las órdenes dadas. En ambos casos, se realizan acciones cuyos móviles no pueden ser explicados satisfactoriamente por el sujeto, pues en la neurosis obedece a una orden olvidada durante mucho tiempo y en la hipnosis a una “inspiración” teñida de amnesia.

Pensándolo bien, el que los niños obedezcan a sus padres de buena gana e incluso con gusto, no es cosa evidente. Podría contarse con que consideraran las exigencias de sus padres que tratan de orientar su comportamiento y sus actos como una coacción externa, o sea, una fuente de desagrado. Este es el caso de los primeros años de la vida en los que el niño sólo conoce satisfacciones autoeróticas. Pero la aparición del amor objetal modifica completamente la situación. Los objetos amorosos son introyectados: quedan mentalmente integrados en el YO. El niño ama a sus padres, es decir, se identifica con ellos, principalmente con el del mismo sexo, viéndose de este modo en todas las situaciones en las que se halla el padre objeto de identificación. En tales condiciones, la obediencia no es un sinsabor; el niño experimenta incluso satisfacción ante las manifestaciones de la omnipotencia paterna porque en sus fantasías se apropia

de este poder y no obedece más que a sí mismo cuando se pliega a la voluntad paterna. Esta obediencia espontánea tiene un límite que varía según los individuos, y cuando es superada por las exigencias de los padres, cuando la píldora amarga del mandato no está rodeada por la dulzura del amor, el niño retira prematuramente su libido de los padres, lo que puede conducir a una perturbación brutal del desarrollo psíquico.

Merejkovsky, en su hermoso libro *Pedro el Grande y Alexis*, ofrece una descripción bien caracterizada y colorista de esta relación. El padre tiránico y cruel, que desprecia todo sentimiento, se enfrenta al hijo de una docilidad incondicional, quien, paralizado por un complejo paternal donde se mezclan el amor y el odio, es incapaz de oponerse al tirano. El poeta-historiador hace aparecer a menudo la imagen del padre en los sueños del príncipe: “El príncipe se ve como un niño en la cuna, y su padre está junto a él. Tiende sus bracitos hacia él sonriente mientras duerme y grita: ¡Papá, querido papá! Después le salta al cuello. Pedro abraza a su hijo con tanta fuerza que le hace daño; le apretuja, le acaricia las mejillas, el cuello, los miembros desnudos, su cuerpo ardiente adormecido bajo el pijama”... Más adelante, en la adolescencia, el zar aplica duros métodos educativos a su hijo; su pedagogía se resume en esta frase histórica: “No des ningún poder a tu hijo durante su infancia; rómpete las costillas mientras crece; los golpes no le matarán sino que le fortalecerán”. Y a pesar de todo, una tímida alegría iluminaba el rostro del hijo del zar desde que “veía la figura familiar, temida y querida a la vez, de llenos carrillos, casi inflados, los bigotes enroscados y en punta..., la sonrisa en los bellos labios, de una finura casi femenina; contemplaba los grandes ojos sombríos, puros, cuya mirada podía ser terrorífica o dulce y con los que soñaba antes como sueña el joven amante con los ojos de su amada; percibía su perfume familiar, esa mezcla de olores de tabaco fuerte, de alcohol, y de cuartel que reinaba en el despacho de su padre; sentía el contacto del mentón mal afeitado con el hoyito en medio, que ofrecía un contraste casi cómico en este rostro sombrío”.

Esta descripción del padre tiene un carácter típico en psicoanálisis. El poeta quiere hacernos comprender la relación entre padre e hijo, explicar cómo es posible que el zarevitch abandone la seguridad de su refugio italiano por una simple carta de su padre, y que se entregue al cruel zar que le azotará con sus propias manos hasta la muerte. El autor cree acertadamente que la sugestibilidad del príncipe está motivada por su complejo paternal particularmente intenso. Pero Merejkovsky parece haber sentido también el mecanismo de la transferencia cuando escribe: “Todo el amor que el zarevitch no podía dirigir a su padre, lo transfería a su padre espiritual, su confesor Jacob Ignatiev. Fue ésta una amistad celosa, tierna y apasionada, como entre amantes”.

Por regla general esta sobrestimación de los padres y la tendencia a la obediencia ciega desaparece en la adolescencia.

Pero persiste la necesidad de sumisión. La función del padre es asumida por profesores, superiores y otras personas importantes. La lealtad extrema, tan extendida, hacia los soberanos y gobernantes es también una transferencia. En el caso de Alexis, el complejo paternal no ha podido esfumarse porque Pedro era efectivamente ese soberano temido y poderoso que todo niño ve en su padre, mientras es pequeño.

Cuando el padre personifica simultáneamente el poder paterno y el prestigio de un hombre influyente, la fijación infantil puede llegar a ser irreductible. He observado esto en dos pacientes que habían sido alumnas de su propio padre. La transferencia apasionada de una y el negativismo neurótico de la otra hicieron casi imposible el análisis. Tanto la docilidad sin límites de una de las enfermas como la arrogancia obstinada de la otra estaban determinadas por el mismo complejo, la condensación del complejo paternal y del complejo de autoridad.

Estos casos significativos y las observaciones precedentes confirman la opinión de Freud, quien afirma que la credulidad y la docilidad hipnóticas tienen su raíz en el componente masoquista del instinto sexual (“Tres ensayos sobre la teoría de la sexualidad”). Pero el masoquismo consiste en el placer de obedecer que los niños aprenden de sus padres.

Hemos visto en el caso del sastre tímido y sumiso que las órdenes paternas pueden continuar actuando a la manera de la sugestión post-hipnótica, mucho después de la infancia. Pero también he podido observar en el caso del funcionario de veintiocho años afectado por una neurosis de angustia, la analogía neurótica de la sugestión, llamada “sugestión a plazo”. Su enfermedad se desencadenó por motivos aparentemente insignificantes, y era pasmoso ver con qué rapidez se había familiarizado el paciente con la idea de jubilarse tan joven. A continuación, el análisis descubrió que había debutado como funcionario diez años antes de caer enfermo, en contra de sus deseos, pues sentía una vocación artística. Había cedido a las instancias de su padre y había decidido hacer valer sus derechos a la jubilación lo antes posible, pretextando una enfermedad. Su tendencia a simular enfermedades provenía de la infancia; de esta forma obtenía más ternura de su madre y cierta indulgencia de su padre severo. Pero a lo largo de estos diez años había olvidado por completo su primitiva resolución. Su situación material había mejorado. Ciertamente su antipatía por el trabajo burocrático no había disminuido; por lo demás seguían atrayéndole las actividades artísticas y las había ensayado con cierto éxito; sin embargo, su cobardía le impedía incluso soñar en renunciar a parte de su sueldo, lo que ocurriría inevitablemente cuando se jubilara. Aparentemente el proyecto había dormido durante diez años en su inconsciente; después, al vencimiento del plazo, había actuado como factor desencadenante de la neurosis, mediante una especie de autosugestión. (El importante papel de los “plazos” en la vida del paciente no es sino una manifestación de las fantasías inconscientes en relación con la menstruación y el embarazo de la madre, y las representaciones de su propia situación intra-uterina y de su nacimiento)[31].

Este caso, como los demás, confirma la afirmación de Jung: “La fuerza mágica que une al niño con sus padres es, tanto en uno como en los otros, la sexualidad”.

Esta extrema analogía desvelada por el análisis, entre el mecanismo de la psiconeurosis y el de los fenómenos provocados por la hipnosis, nos obliga a revisar las ideas de Charcot sobre la hipnosis de una “histeria artificial”. Según algunas críticas es una postura absurda, pues un 90 por 100 de los sujetos normales son hipnotizables y parece inadmisibles una extensión del concepto de histeria tan grande. Pero el psicoanálisis ha demostrado que los sujetos normales padecen los mismos complejos que provocan la enfermedad en los neuróticos; en todo hombre existe cierta disposición histérica que puede manifestarse en condiciones desfavorables tales como un exceso de tensión psíquica. En todo caso el que muchos sujetos normales puedan ser hipnotizados no es suficiente motivo para negar las tesis de Charcot. Descartado este prejuicio, comparemos los síntomas de las psiconeurosis con los fenómenos producidos por la hipnosis y la sugestión: está claro que el hipnotizador sólo provoca lo que espontáneamente produce la neurosis: idénticos fenómenos psíquicos, las mismas parálisis y excitaciones. Si añadimos que en la hipnosis, como en la neurosis, tales fenómenos están determinados por complejos de representaciones inconscientes, y que en ambos casos el papel principal corresponde a los complejos infantiles y sexuales, esencialmente en relación con los padres, nuestra impresión sobre la gran analogía entre la hipnosis y la neurosis se transforma en una certidumbre de su identidad. Las investigaciones futuras deberán aclarar si esta identidad se da también

en detalles secundarios; nuestros conocimientos actuales nos autorizan a pensar que podrá probarse esto.

Esta esperanza está animada por la existencia indiscutible de la autohipnosis y la autosugestión. Son estados en los que las representaciones inconscientes provocan todos los síntomas neuro-psíquicos de la hipnosis y de la sugestión sin ninguna intervención exterior. Posiblemente no es demasiado arriesgado suponer que existe gran analogía entre el mecanismo psíquico de la autosugestión y los síntomas de la psiconeurosis, que son también una producción de las representaciones inconscientes. Pero tenemos derecho a suponer el mismo parentesco entre las neurosis y la sugestión procedente del exterior, pues pretendemos que “hipnotizar” o “sugerir”, en el sentido de introducir en el psiquismo una representación extraña al yo, es imposible; sólo pueden concebirse procesos que desencadenen mecanismos autosugestivos inconscientes: en cuanto a la actividad del hipnotizador puede compararse a la actuación de las causas desencadenantes en las psiconeurosis. Indiscutiblemente las llamativas analogías entre ambos estados van a menudo acompañadas de diferencias; una de las labores futuras será precisamente la de aclarar tales diferencias. Aquí sólo quiero mostrar que el gran porcentaje de sujetos normales hipnotizables prueba -habida cuenta de las enseñanzas del análisis- una cierta tendencia general a las psiconeurosis antes que una diferencia fundamental entre hipnosis y neurosis.

Estas explicaciones suscitan cierto malestar por su carácter infrecuente y extraño; añadamos aún la paradójica hipótesis de que la resistencia opuesta a la hipnosis o a la sugestión es una reacción frente a los mismos complejos psicológicos que en otros casos permiten la transferencia positiva, la hipnosis y la sugestión. Freud, sin embargo, ya había descubierto tales hechos, y lo había demostrado en su primera obra sobre la técnica psicoanalítica proporcionando ejemplos; Freud pretende, y yo lo confirmo en absoluto, que una persona que no puede ser hipnotizada es una persona que, inconscientemente, no quiere ser hipnotizada. Si resulta imposible o muy difícil hipnotizar a gran parte de los neuróticos, ello se explica a menudo porque en el fondo de ellos mismos no desean curarse. Se han acostumbrado a su enfermedad porque les ofrece -aunque sea a base de rodeos complicados y costosos- satisfacciones libidinosas exentas de culpabilidad e incluso otras ventajas. “El síntoma histérico sirve a la satisfacción sexual”, es la “función primaria” de la histeria; además, procura también pequeñas ventajas inmediatas: es su “función secundaria”, según Freud.

Otra de las resistencias nace de la relación entre el hipnotizador y el medium: la antipatía hacia el médico. Hemos visto antes que este obstáculo proviene casi siempre de complejos infantiles inconscientes.

Tenemos todas las razones para suponer que el conjunto de las resistencias encontradas en el análisis se manifiesta igualmente en las experiencias de hipnosis y de sugestión. Porque existen también simpatías que son intolerables. Algunas hipnosis fracasan porque el enfermo teme adherirse a la persona del médico y perder así su independencia o incluso caer en una dependencia sexual respecto a él.

Pienso que la ausencia completa de inhibición de la transferencia en unos y la huida de toda influencia exterior en otros se reduce siempre, en último término, al complejo parental, y en particular al modo de desasimiento de la libido respecto a los padres[32].

IV. Recientemente, una mujer de treinta y tres años, esposa de un terrateniente, vino a consultarme; su caso explica muy bien las resistencias expuestas anteriormente. Sufrió crisis de histeria; muchas veces despertaba por la noche a su marido con sus gemidos; hacía ruidos como si quisiera tragar algo que se le hubiera quedado en la garganta; por último era presa de sofocos y de náuseas que la despertaban. Esta

paciente era lo contrario de un buen medium, una de esas personas con espíritu de contradicción que estaba siempre al acecho de las contradicciones del médico, sopesando los mínimos matices de todas sus palabras y comportándose con arrogancia y oposición. Alertado por la experiencia, no hice ninguna tentativa de hipnosis o de sugestión sino que inicié rápidamente un análisis. Describir los rodeos que hube de dar para obtener la resolución del nudo de síntomas me alejaría demasiado de mi propósito. Me limitaré a explicar el arrogante comportamiento de la paciente respecto a mí, en particular al principio, comportamiento que también tenía con su marido a quien rehusaba hablar durante días enteros por motivos fútiles; este comportamiento era el que dificultaba la hipnosis.

Su enfermedad había aparecido después de una reunión mundana. Se había sentido ofendida por la actitud de una dama mayor que ella; esta dama le había reprochado el ocupar en la mesa un lugar de honor que no le correspondía. Su susceptibilidad y su reacción excesiva adquirieron su sentido durante el análisis. Se descubrió que cuando era joven había ocupado, tras la muerte de su madre, la presidencia de la mesa, con una legitimidad discutible. El padre se había quedado solo con muchos niños; tras el entierro tuvo lugar entre padre e hija una escena emocionante. El padre prometió no volver a casarse y la hija declaró solemnemente que no se casaría hasta dentro de diez años como mínimo, y que reemplazaría a la madre cerca de los pobres huérfanos. Pero no ocurrió esto. Al cabo de un año el padre comenzó a multiplicar las alusiones al matrimonio de su hija; ella comprendió rápidamente de qué se trataba, y rechazó con arrogancia todos los partidos. Poco después el padre se casó con una mujer más joven que la paciente y estalló un violento conflicto entre la madrastra y la hija desplazada de su posición. En el conflicto, el padre tomó abiertamente partido contra su hija y un día la humilló duramente ante su esposa, llegando a golpearla. La única arma de que disponía la hija era su arrogancia y la usó abundantemente.

Hasta aquí sólo tenemos una historia emocionante de padre infiel y de madrastra perversa; pero en seguida irrumpe lo infantil y lo sexual. Por efecto de una transferencia incipiente, el médico figuraba cada vez más en los sueños de la paciente bajo la forma extraña y poco lisonjera de una imagen onírica compuesta -como el centauro mitológico- del médico y de un caballo. Las asociaciones sobre el caballo condujeron el análisis a un terreno bastante desagradable; la enferma recordó que en su infancia la niñera le llevaba frecuentemente al cuartel para ver a un sargento empleado en las caballerizas; allí tuvo ocasión de observar a menudo los caballos, y a las yeguas llevadas al semental. La paciente reconoció haber manifestado una gran curiosidad por las dimensiones de los órganos genitales masculinos y haber convenido con una amiga que, cuando llegara el momento, tomarían medidas de sus futuros maridos y se comunicarían los resultados. La paciente tomó efectivamente las medidas, pero su amiga, por pudor, faltó a la promesa. Señalemos que estas medidas decepcionaron a la paciente: era casi del todo frígida con su marido.

En uno de los sueños el hombre-caballo apareció vestido con pijama. Esta circunstancia provocó la evocación de recuerdos infantiles muy anteriores, relativos -como ocurre a menudo- a la observación de las relaciones sexuales entre los padres y en particular a su padre orinando. Recordó entonces haber imaginado a menudo que ella ocupaba el lugar de su madre, y cómo le gustaba jugar a las mamás con sus muñecos o sus amigas e incluso cómo cierto día había puesto cojines bajo su falda para simular un embarazo. Apareció por último que la enferma había sufrido desde su primera infancia breves crisis de histeria angustiosa: no podía dormirse por la tarde temiendo que su padre, muy severo, viniera junto a ella para matarla con la pistola que guardaba en el cajón de su mesilla de noche. Los sofocos y las náuseas que se

manifestaban durante las crisis eran el síntoma del “desplazamiento de lo bajo hacia lo alto”. La paciente -como la Dora de Freud- había chupado durante mucho tiempo su pulgar con furor; su zona oral fuertemente erógena provocó una serie de fantasías perversas.

Esta descripción muy fragmentaria es instructiva por dos motivos: primero porque muestra que la oposición arrogante de la paciente que hace imposible el tratamiento hipnótico, la sugestión o cualquier tentativa de tranquilizarla, correspondía a su resistencia al padre. Pero la historia de este caso enseña también que esa resistencia deriva de un complejo paternal intensamente fijado, de un complejo de Edipo femenino. (La analogía entre los sueños ecuestres de la paciente y la fobia a los caballos en un niño de cinco años, que Freud ha ligado a una identificación del caballo con el padre, es también llamativa. Jahrbuch f. Psychoanalyse, vol. I.).

Quería mostrar aquí que el medium siente por el hipnotizador un amor inconsciente y que la tendencia a esta forma de amor se aprende en la habitación infantil.

Quiero aún señalar que un sentimiento amoroso natural puede también originar fenómenos psíquicos que recuerdan la hipnosis. En el famoso proceso Czinsky, los expertos más célebres fueron incapaces de decidir si la baronesa que había sido la heroína actuaba bajo el efecto de un apasionamiento amoroso o de una influencia hipnótica. La mayoría de los homosexuales que cuentan su vida aluden a que el primer cómplice masculino que tuvieron les había hipnotizado o influenciado con la mirada. Naturalmente se averigua enseguida que estas fantasías de hipnosis son sólo intentos de disculparse.

Me contentaré con estas notas y no quiero desarrollar más la analogía entre el enamoramiento y el estado hipnótico para no producir la impresión equivocada de que mi intento corresponde a la extensión injustificada de una comparación banal. Yo me apoyo en exploraciones psicológicas individuales muy laboriosas; si los hilos de esta hipótesis coinciden todos en un mismo punto, no hay que pensar por ello que sea falso.

El indiscutible punto débil de esta consideración es la escasez de casos observados. Pero la naturaleza del trabajo analítico explica que la búsqueda en profundidad reemplace los datos estadísticos. La exploración profunda de casos poco numerosos, la concordancia de los resultados y su cotejo con el material ya considerable del psicoanálisis justifica ampliamente una modificación de nuestras concepciones actuales sobre la hipnosis y la sugestión.

La sugestión y la hipnosis según las nuevas ideas corresponden a la creación artificial de condiciones donde la tendencia universal (generalmente rechazada) a la obediencia ciega y la confianza incondicional, residuo del amor y del odio infantil-erótico hacia los padres, se transfiere del complejo paternal a la persona del hipnotizador o del sugestionador.

NOTAS:

[1] Freud: Sammlung kleiner Schriften zur Neurosenlehre, v. I (Fragmento del análisis de un caso de histeria), Deuticke, Viena.

[2] Ferenczi: Ueber Aktual- und Psychoneurosen. “Wiener Klinische Rundschau”, 1908. (Sobre las neurosis actuales y sobre las psiconeurosis.)

[3] Freud: Traumdeutung, 2ª ed.; p. 107, Deuticke, Viena. (La ciencia de los sueños, P. U. F.).

[4] Más tarde ha sido el término “principio de placer” el utilizado para expresar esta noción. Hemos preferido conservar aquí el término empleado por Ferenczi en 1909. (N.d.T.).

[5] Freud: Infantile Sexualtheorien (Teorías infantiles de la sexualidad), Sammlung

kleiner Schriften zur Neurosenlehre, 2ª ed., Deuticke, Viena.

[6] Freud: Der Witz und seine Beziehung zum Unbewussten (El chiste y su relación con el inconsciente), Deuticke, Viena.

[7] “Partialtrieb”.

[8] Jung: Zur Psychologie des Dementia Praecox (Contribución a la psicología de la demencia precoz). Leipzig, C. Morhold, 1907.

[9] Abraham: Die psychosexuellen Differenzen der Hysterie und der Dementia praecox (Las diferencias psicosexuales entre la histeria y la demencia precoz). Zentralblatt für Nervenheilkunde und Psychiatrie, 1908.

[10] Ferenczi hace referencia aquí al término alemán para expresar la noción que ha definido antes con los términos: impulso, tendencia, aspiración. (N.d.T.).

[11] Wagner: El crepúsculo de los dioses, primer acto.

[12] Freud: Zur Psychopathologie des Alltagslebens (Psicopatología de la vida cotidiana), Karger, Berlín, 1910.

[13] Ferenczi: El psicoanálisis. Dick M., Budapest, 1910.

[14] Kleinpaul: Das Leben der Schprache (La vida del lenguaje). Leipzig, W. Friedrich, 1910. N.d.T.: En la traducción alemana, Ferenczi cita otra obra del mismo autor: Das Stromgebiet der Schprache, 1893.

[15] Abraham: Traum und Mythos (Sueño y mito). Deuticke, 1908.

[16] Jung: Diagnostische Assoziations-Studien (Estudio diagnóstico de las asociaciones). J. A. Barth, Leipzig, 1906.

[17] En francés en el texto. (N.d.T.).

[18] El término “transferencia” creado por Freud debe conservarse para designar las introyecciones que se manifiestan durante el análisis y que se refieren a la persona del médico, debido a su excepcional importancia práctica. El término “introyección” conviene a los restantes casos que impliquen el mismo mecanismo.

[19] Ferenczi: Psychanalyse. Budapest, 1910, 3ª ed., 1918. (Interpretación y tratamiento psicoanalíticos de la impotencia psicosexual, en este mismo volumen. N.d.T.).

[20] Jung: Bedeutung des Vaters für das Schicksal des Einzelnen (Influencia del padre en el destino del hijo único). Jahrb. für Psychoanal. u. Psychopath. Forsch. Vol. 1.

[21] Abraham: Stellung der Verwandtenehen in der Psychologie der Neurosen (Papel del grado de parentesco en la psicología de las neurosis). Jahrb. für Psychoanal. u. Psychopath. Forsch., vol. 1.

[22] Sadger: Psychiatrich-neurologisches in psychoanalytischer beleuchtung. (Problemas psiquiátricos y neurológicos a la luz del psicoanálisis). Zentralblatt für das Gesamtgebiet des Med. und ihrer Hilfswissenschaften, 1908, núms. 7 y 8.

[23] Ferenczi, en 1911, habla de “principio de desagrado” en donde actualmente hablaríamos de “principio de placer”. (N.d.T.).

[24] Estando convencido de que Bernheim tiene razón cuando pretende que la hipnosis es sólo una forma de la sugestión (sueño sugerido), no concedo gran importancia a una distinción precisa entre ambas nociones, y en este trabajo utilizo a menudo el mismo término para las dos.

[25] En francés en el texto. (N.d.T.).

[26] Los personajes de gigantes que aparecen constantemente en los mitos, los cuentos y las leyendas, igual que el interés general por tales monstruosidades, tienen también raíces infantiles: son un síntoma del eterno complejo paterno. Esta gran estima por los gigantes se vuelve a hallar en Nietzsche bajo la forma sublimada de “Pathos der Distanz”.

[27] Freud: Die Psychopathologie des Alltagslebens (Psicopatología de la vida cotidiana), 3ª ed., Deuticke, Viena, 1911.

[28] Freud: Der Witz und seine Beziehung zum Unbewussten (El chiste y sus relaciones con el inconsciente), Deuticke, Viena, 1909.

[29] En francés en el texto. (N.d.T.).

[30] “Jahrbuch für Psychoanalyse”, 1909, I.

[31] Una fantasía de nacimiento inconsciente es la última explicación de las líneas siguientes, escritas en su diario durante una crisis de angustia y que merecen se les conceda un sentido simbólico: “La hipocondría envuelve mi espíritu como una ligera niebla o más bien como una tela de araña, o como las lentejuelas sobre una charca. Tengo el sentimiento de que debo sacar la cabeza para poder respirar. Desearía desgarrar, sí, destrozarse esta tela de araña. Pero no puedo hacerlo, no puedo. La tela está clavada en alguna parte y tendría que arrancar las piquetas que la sostienen. Si no lo consigo, me veré obligado a recorrer mi camino, poco a poco, a través de la tela para poder respirar. No se vive para estar así encerrado, para extinguirse lejos de la luz...”. Estos pensamientos y sentimientos no eran más que la representación simbólica de las fantasías inconscientes que se referían a la vida intrauterina y al proceso del nacimiento.

[32] Parece que el grado de fijación infantil y la aptitud para la transferencia son valores recíprocos. Cualquier psicoanalista puede confirmar las observaciones de Jung a este respecto; pero personalmente pienso que esto es también válido para la forma de transferencia que llamamos sugestión.

En:<http://www.indepsi.cl/ferenczi/articulos/1909c.htm>