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Freudian Accounts of Sex Difference in the 1920s:
Values in Theory and Practice

by

Jana A. Andersen

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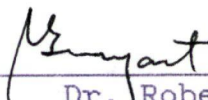
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Freudian Accounts of Sex Difference in the 1920s: Values in Theory and Practice" submitted by Jana A. Andersen in partial fulfillment of the degree of Master of Arts.



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Abstract

Freudian psychology was popularly perceived as promoting sexual liberation. However, Freudian psychoanalytic theory implicitly contained conventional views about female sexuality and gender, and sex roles. The negative characterizations of women and the limitations placed upon women in the nineteenth century remained an integral part of Freudian Theory. These social values, called by another name (psychoanalysis) and spoken in another language (pseudo-scientific), were then reintegrated into society essentially unchanged. Freudian analysts explicitly conveyed these values to their patients in therapy. Freudian psychoanalysis attempted to create a new scientific bulwark against the idea of the natural equality of the sexes.

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Introduction

This thesis deals with a group of Freudian analysts and their use of Freudian theory about female sexuality and gender in therapeutic practice. I argue that Freudian theory implicitly contained conventional views on sex differences and sex roles, and that these values were explicitly conveyed to patients in therapy. The thesis is not about Freud per se. The ultimate source of the ideas lying behind the clinical methods and assessments of these relatively unknown analysts is, of course, the work of Freud. However, it is not the intent of this thesis to discuss the various sources of Freud's own intellectual development.¹ There already exists a large volume of biographical work about Freud. By contrast, scholarship on any but the most well-known Freudian analysts is virtually non-existent. This thesis is an attempt to depict the early use of Freudian theory by one group of people trained in Freudian theory and technique.

In order to discuss the applications of Freudian theory a minimal working knowledge of that theory is needed. Because of space limitations, however, I cannot even begin to do justice to the many subtleties, complexities and ambiguities of Freud's thought. A host of Freud scholars continues to develop a variety

of interpretations of Freud's work. Freud's literary style is in part responsible for the broad range of interpretations. His own fundamental beliefs on some issues are never clearly stated, whether intentionally or not. An example taken from his work illustrates the difficulties of coming to grips with Freud's statements. In reference to the normal use of the mouth in sexual activity Freud wrote:

The use of the mouth as a sexual organ is regarded as a perversion if the lips (or tongue) of one person are brought into contact with the genitals of another, but not if the mucous membranes of the lips of both of them come together. This exception is the point of contact with what is normal. Those who condemn the other practices (which have no doubt been common among mankind from *primaeval* times) as being perversions, are giving way to an unmistakable feeling of disgust, which protects them from accepting sexual aims of the kind. The limits of such disgust are, however, often purely conventional...²

It is not clear whether or not Freud himself believed that such activity was a perversion. Freud often distanced himself from full responsibility for the position he was describing by stating that they were conventional ideas. Then, in less guarded moments, he would neglect to follow up on his own qualifications. Freud's abundant use of quotation marks when writing about gender ("masculine", "feminine", "masculinity", "femininity"), for example, stemmed from a recognition that these terms were mostly defined by tradition. Nevertheless, Freud made ample use of the terms "masculine" and "feminine" and assigned real meaning to them in relation to maleness and femaleness. Despite his qualifiers and disclaimers, Freud did not deny that such commonplaces were true, only that they had been satisfactorily

proven. Thus, unfortunately, it is an extremely delicate and dubious problem to determine Freud's precise position on many issues. Nevertheless, it is safe to say that the distance which Freud imposed between himself and these ideas cannot always be interpreted as a rejection of them.

While Freud is an important source of the professional beliefs and activity of lesser-known analysts it is not my intent to engage in any discussion of the correctness of these analysts' interpretations of Freud by engaging in a complex exegesis of the Freudian canon. I merely intend to point to the places in the theoretical writings from which these interpretations arose. A distinction exists between Freud and Freudians, just as there exists both similarities and differences between the respective views of Christ and Christians. The major thrust of this thesis is to show what Freudian analysis looked like in practice, not in purely theoretical, intellectual or philosophical terms. Whether or not Freud would have endorsed the work of these analysts or would have agreed with the interpretations which they made of his work and through it the assessments they made of the mental health of their patients, is not at issue here. The central issue is these analysts, their patients, and the content of their therapy.

Where does this thesis fit into the historiography? Much has been written about Freud and the psychoanalytic movement. However, most of the historical works start from a point of fundamental acceptance of the truth of Freudian theory. They are

written by analysts turned historians or by historians turned analysts.³ While they describe, and to a lesser extent analyze the development of Freudian theory, they do so from within the Freudian context. Thus, those works are not likely to ask critical questions about how socio-cultural factors, as opposed to strict scientific method and discovery, may have determined some aspects of Freudian theory. The idea that Freudian theory may be value-laden, an idea central in this thesis, is not likely to be addressed. Feminist appraisals of Freudian theory on female psychology and sexuality, on the other hand, are highly critical of Freud and his followers.⁴ However, they tend to lack a historical perspective. In the end this thesis is not meant to be a further contribution to Freud scholarship--Freud holds a large and necessary, but for all that, tangential place in the focus of the argument. While the thesis may contribute to the history of the psychoanalytic movement that is also not its primary focus. The focal point of the thesis is the advice imparted by the analyst to his or her patient, the values implicit in that advice, and the values explicit in the prescriptive context of therapy. As such, the historiographical context of this thesis is of a part with studies analysing the content of advice literature⁵ and studies of the social implications of scientific and medical practice.⁶

Endnotes

1. Two able and non-partisan works which may be consulted for information on the social and intellectual roots of Freudian theory are Frank Sulloway, Freud: Biologist of the Mind (New York: Basic Books, 1979) and Henri F. Ellenberger, The Discovery of the Unconscious: A History of the Evolution of Dynamic Psychiatry (New York: Basic Books, 1970).

2. S. Freud, Three Essays on the Theory of Sexuality (1905) in Standard Edition, Vol. 7, p. 151.

3. C.P. Oberndorf, A History of Psychoanalysis in America (New York: Harper and Row, 1953, 1964); Ernest Jones, Sigmund Freud: Life and Work, 3 vols. (London: Hogarth Press, 1956, 1955, 1957); Reuben Fine, A History of Psychoanalysis (New York: Columbia University Press, 1979); Peter Gay, Freud: A Life for Our Time (New York: W.W. Norton, 1988).

4. Betty Friedan, The Feminine Mystique (New York: W.W. Norton, 1963, 1983); Kate Millett, Sexual Politics (Great Britain: Rupert Hart-Davis, 1969, 1970; reprint ed., London, Virago Press, 1985); Paula Caplan, The Myth of Women's Masochism (New York: E.P. Dutton, 1985).

5. See especially, John S. Haller Jr. and Robin M. Haller, The Physician and Sexuality in Victorian America (Chicago: University of Illinois Press, 1974).

6. See for example Charles E. Rosenberg, ed., No Other Gods: On Science and Social Thought (Baltimore: Johns Hopkins University Press, 1976).

Chapter I

Psychoanalysis and the Psychoanalytic Review in the 1920s: An Introduction

The subject-matter of this thesis is Freudian theory about female sexuality and gender, and its application in psychoanalytic practice. The time frame is the decade of the 1920s. By the 1920s psychoanalysis had already gained a considerable following in both lay and medical circles in Europe and the United States. Freud was still alive and very much in control of the orthodoxy of the movement he had created. Most importantly, in the 1920s psychoanalytic circles began to approach the specifics of female psychology more comprehensively than they had before. In that decade studies on women increased greatly, an interchange of ideas began to be effected and some debate occurred. Much of that theoretical development and debate can be followed in the pages of the International Journal of Psychoanalysis, the official English-language organ of the international Freudian movement.

Since the purpose of this study is to delineate the theoretical and the practical consequences of Freudian ideas about sexual differentiation, it was necessary to use a source which provided not only theory or description, but a substantial

amount of prescription as well. How was Freudian theory being applied by its adherents in clinical or therapeutic situations? By answering this question it is possible to establish the concrete impact of psychoanalysis. The Psychoanalytic Review, much more than its other English-language counterpart--the International Journal of Psychoanalysis, nicely delineated this nexus between the theories of an intellectual community and the larger culture into which it was introduced.

The first English-language psychoanalytic journal, the Psychoanalytic Review, began publication in 1914 under the dual editorship of Dr. William A. White and Dr. Smith Ely Jelliffe, who were located in Washington, D.C. and New York, respectively. It is rich in source material for the historian and comprises the single most important source to be used in this thesis. In addition to the information available on actual applications of psychoanalytic theory the Psychoanalytic Review provides an overview of the entire psychoanalytic movement in the 1920s: development of theory, movement politics and initiates' perceptions of the place of psychoanalysis in society. All psychoanalytic periodicals were abstracted in the Psychoanalytic Review, whereby the Americans were kept in touch with European developments in the field. In addition, an extensive section of book reviews covered pertinent publications in the field of general psychology, from a critical and a psychoanalytic viewpoint.

How does the Psychoanalytic Review fit into the context of

the psychoanalytic movement as a whole and Freudian psychoanalysis specifically? Where did its allegiances lie? What was the journal's level of professional sophistication--its status? What can the Psychoanalytic Review tell us about the state of American psychoanalysis and the status of American analysts? Can articles published in the Psychoanalytic Review be used as representative of Freudian psychoanalysis generally? If yes, then which articles?

Many of the answers to these questions will become clear in the course of describing the journal. To begin it should be mentioned that the Psychoanalytic Review never attained prominence as a psychoanalytic journal, being generally less theoretical, innovative and sophisticated than European psychoanalytic publications. It also published articles by persons who subscribed to non-Freudian systems of psychoanalysis--the theories of Adler and Jung. Some of its contributing authors, such as the prominent sexologist Havelock Ellis, were not psychoanalysts at all. However, a straightforward internal assessment of the journal would fail to present an accurate picture; it would be incomplete. Facts external to the content of the Psychoanalytic Review influenced its final form. Freud's attitude toward psychoanalysis in America has a partial role in explaining why the Psychoanalytic Review took the form it did.

A point of comparison might be useful. The International Journal of Psychoanalysis began publication in 1920, the beginning of the period here under review. Unlike the

Psychoanalytic Review, the International Journal of Psychoanalysis was the official organ of the International Psychoanalytic Association. Ernest Jones, who would later write the authorized three volume biography of Freud¹, edited the journal from London. Jones was a member of Freud's "Committee", the group of individuals who were chosen by Freud to safeguard the orthodoxy of psychoanalysis after his death. Through its location in London, but more importantly because of its editor, the International Journal of Psychoanalysis remained close to the source and inspiration of orthodox theory. When Freud felt a situation warranted his intervention, the journal could be and was subject to his control or guidance.² The International Journal of Psychoanalysis thus represented and was intended to represent the official position of the international movement in a way that the Psychoanalytic Review certainly did not. Practical considerations of geography cannot be underestimated in this regard, especially in the early post-war period.

However, problems with the status of the Psychoanalytic Review were more complicated than a simple explanation of physical distance. They must be seen within the context of Freud's well-known antipathy to the United States and Americans. When Freud was informed of Drs. White and Jelliffe's intention to start publication of the journal and was requested to provide the first article, his response "was not very cordial".³ The Psychoanalytic Review never benefitted from Freud's interest or support. The initial result of Freud's lack of interest, perhaps

unfortunately for the future of the journal, was that Jung provided the pilot article.

Jelliffe, in a reminiscence penned for the occasion of the New York Psychoanalytic Society's twenty-first anniversary (1911-1932), recalled "We were not then as well oriented to the developing differences of opinion within the inner circle nor to certain smaller aspects of politics as now."⁴ When the request to provide the opening article had been made of Jung, the break between Freud and Jung had not yet publicly and definitively occurred. However, that was not to be the case by the time the first issue was ready for print. According to Jelliffe, Americans were generally less attuned to the politics of the movement and this lack of awareness may have led to some indiscretions. An implied consequent of that statement, however, is that had they known better, the editors of the Psychoanalytic Review might have proceeded differently with regard to that first article; that in the final analysis the journal's allegiance was to Freud, not to Jung. One suspects that such an apologetic protest would have fallen on deaf ears all the same.

Freud expressed strong prejudices about the ability of Americans to make proper use of his new science. In 1930 he wrote:

...we find in American physicians and writers a very insufficient familiarity with psycho-analysis, so that they know only its terms and a few catch words--though this does not shake them up in the certainty of their judgement. And these same men lump psycho-analysis with other systems of thought, which may have developed out of it, but which are incompatible with it to-day. Or they make a hotch-potch out of psycho-analysis and other elements and quote this

procedure as evidence of their broad-mindedness, whereas it only proves their lack of judgement.⁵

While there was some justification for this criticism, it was nevertheless unfair to lump all American analysts together in one class. On one level Freud was perhaps correct, assessing American psychoanalysis in what appeared to him as its aggregate form. On a more mundane level, there can be no doubt that much of his negative attitude can be attributed to simple European bias and anti-Americanism.⁶ Among American psychoanalysts there was a wide range of ability and doctrinal purity, one which is amply attested to in the pages of the Psychoanalytic Review.

Perhaps believing they were exhibiting "evidence of their broad-mindedness", the editors of the Psychoanalytic Review published articles by non-Freudians. A comment by Jelliffe in the early 1930s addressed this issue:

At all events, the Review has gone its way with a certain eclecticism which has taken into consideration a broader grasp of home environmental factors than many of our confreres or colleagues have even as yet understood. Ecological principles may be as important in furthering an aspiration as may be the truths that one is desirous of disseminating....This eclecticism, first in the presenting of Jung's earlier more orthodox contributions and then of his schismatic trends I have thought were justified in this country.

In other words, the United States had a need for a publication which presented all versions of psychoanalytic ideas for perusal. This the Psychoanalytic Review did.

The authors who published in the Psychoanalytic Review may be divided in several important ways. The first division, the one just mentioned, is between Freudian and non-Freudian authors. The

latter group also includes those authors who, while not subscribing to a competing form of psychoanalysis, were still not legitimately Freudian. Two other dividing lines can be drawn between those authors who were members of the medical profession and those who were not, and between those for whom psychoanalysis was their profession and those whose interest operated on an amateur level. Authors used in this thesis to provide examples of clinical applications of Freudian psychoanalysis in the 1920s were not amateurs. All were professional analysts and almost all of them were medical doctors. However, how was it possible to first determine that an author was really a Freudian?

To begin, combining different varieties of psychoanalysis in the pages of the same journal is very different from combining them in the same article. The Psychoanalytic Review's eclecticism did not generally extend to individual articles, at least with those for whom psychoanalysis was more than a passing interest. Easily identifiable differences in the lexicons of the different psychoanalytic schools, as well as the tendency of authors to identify their loyalties often made labelling easy. Thus, while a degree of caution is needed when determining whether an article from the Psychoanalytic Review was representative of the Freudian school of psychoanalysis, it is not an exceedingly difficult task to do so.

Further evidence that these American physicians applied psychoanalysis in a way that was consistent with the theories of Freud and other European Freudians may be found in some remarks

made by Dr. C.P. Oberndorf in 1927. Oberndorf was a prominent American analyst who had himself undergone a didactic analysis with Freud⁸. He stated that:

...it is unfeasible to attempt to divorce the trend of psychoanalytic concepts and endeavors in America from its evolution in Europe with which it is so intimately linked, for American psychoanalysis has derived practically its entire impetus, remotely or directly, from foreign sources...

He further noted that:

...the American contributions fundamentally affecting the underlying principles of analytic science have been limited. There have appeared a plethora of pamphlets recording therapeutic successes with the method or illustrating Freud's mechanisms or corroborating his contentions in regard to the functions of the unconscious--only too often merely admirable imitations or echoes of work previously produced abroad.¹⁰

The works written by professional Freudian analysts/doctors in the Psychoanalytic Review is of the former type, closely resembling that of more important European analysts, and in accordance with previously established doctrine. Thus, while perhaps boring to more creative contemporaries, the journal was eminently representative of orthodox theory.

Finally, Freudian analysts also belonged to official societies for Freudian psychoanalysis. Washington (including Baltimore) and New York, contained active psychoanalytic societies. The New York Psychoanalytic Society was founded in February, 1911 with Dr. A.A. Brill as its president, just three months before the founding of the American Psychoanalytic Association.¹¹ An indication of the strength of the New York Psychoanalytic Society is found in the tendency of the European

executive to look to the New York affiliate for the American position when problems or dissensions arose at an international level.¹² Members of both the New York and the American societies found the New York society to be the "...more active and influential organization" of the two.¹³ It was also to New York that prominent European analysts such as Otto Rank and Sandor Ferenczi went to give their American lectures.

The Washington Psychoanalytic Society had been founded in 1914, but had been defunct since 1918 as a result of the war. Nevertheless, from the middle of the 1920s onward, Washington possessed two societies dedicated to the understanding and promotion of psychoanalysis. The Washington Psychopathological Society was organized in June 1925. However, it appropriated and retained the name of the first but defunct organization, the Washington Psychoanalytic Society, until 1926. The following explanation was given for the change in name:

...the principal argument in favor of this change existed in the fact that, since the majority of the members were not directly engaged in the practice of psychoanalysis, the new name was more nearly representative of the group. Further, it was thought to offer a wider forum for the development of material relating to the field of analytic therapy. The organization of a society, analogous in name--"the Washington Psycho-analytic Association," limited somewhat more strictly as to its membership--was another factor bearing upon the change.¹⁴

The Washington Psychoanalytic Association which was "limited somewhat more strictly as to its membership" had come into existence in April 1924, a little more than a year before the Washington Psychopathological Society. For its part, the

Washington Psychoanalytic Association did not want to be confused with the Washington Psychopathological Society either, or with the pre-war Washington Psychoanalytic Society. Dr. Ben Karpman, Secretary of the Washington Psychoanalytic Association, declared, "The group is not to be confused with the Washington Psychoanalytic Society...nor with the Washington Psychopathological Society...Although leaning towards psychoanalysis, neither of these societies is in purpose, function, requirements or standards of membership, psychoanalytic".¹⁵

What does the mutual disassociation of the Washington Psychoanalytic Association and the Washington Psychopathological Society mean? Did it imply a serious break between some American practitioners, between those who were willing to sacrifice doctrinal purity and professionalism for mere popular interest and those who were not? Not exactly. The difference of opinion arose in the context of the problem of lay analysis, or the practice of psychoanalysis by persons who did not possess a medical degree. On this issue the American section of the International Psychoanalytic Association was in stark disagreement with Freud and, so it would seem, with some co-workers in America.

Freud believed that psychoanalysis was a universal truth that could be beneficially applied to all areas of human endeavour. He accused the Americans of attempting "...to turn psycho-analysis into a mere housemaid of psychiatry".¹⁶ However,

objections to lay analysis in America came in response to a particular set of American circumstances regarding the status of the medical profession. Unlike Europe, the United States had only recently passed strong laws against "quackery". In addition, the professionalization of American medicine, with the concomitant increase in status for affiliated persons, had been only recently achieved.¹⁷ The "official" American insistence on medical qualifications came from the realistic position that it was the only way to ensure the integrity of psychoanalysis against quacks, and to ensure the continued respectability of psychoanalysis in both public and medical domains.¹⁸ Those Americans who opposed lay analysis and did not want to be affiliated with organizations who admitted lay members felt that the psychoanalytic societies had an important role to play in maintaining both a professional image and professional integrity. However, whatever their position on lay analysis it cannot be doubted that all American analysts desired that psychoanalysis continue to grow in size and esteem. William White found it feasible to belong to both of the Washington societies. In addition, respectable articles in the Psychoanalytic Review were provided by members of both Washington groups.

Information on places of residence reveal that the journal relied mostly on American contributions. Approximately four-fifths of the articles published in the Psychoanalytic Review were American. Of 108 different authors from this period only twenty-one were residents of a country other than the United

States; London and Vienna were the most common cities of residence. It is not known how many Europeans were asked by the editors to contribute to the Psychoanalytic Review and, therefore, how many acceptances occurred compared to refusals. In any case, European psychoanalysts tended to publish in the several European journals for psychoanalysis, Americans in the Psychoanalytic Review or, less often, in the International Journal of Psychoanalysis.

Of the eighty-seven remaining contributors five came from Boston, twenty from New York and twenty-three from the Washington-Baltimore area. Twenty-two other contributors came from cities in the United States other than the three already mentioned. No information on the residence of the eighteen remaining authors could be found. However, it is likely that most if not all of them were Americans as well. Foreigners were usually identified as such and of some prominence.

While only one article may appear from a given city in the Psychoanalytical Review in this ten-year period, reports of the psychoanalytic societies reveal that unpublished papers or talks were often presented by other persons from the same cities. This fact indicates the existence of small psychoanalytic pockets in those cities. While possessing smaller psychoanalytical populations than New York and Washington, and therefore lacking psychoanalytic societies, these cities would still have afforded individuals the benefits of contact and discussion with other initiates. Thus the fact of a lone journal article issuing from a

city is not proof of the isolation of the author.

New York and Washington, D.C. formed the core of the American psychoanalytic movement. This fact was reflected in the editorship of the Psychoanalytic Review, as well as the number of articles which issued from those two centers. For the most part, it is these articles--the ones from New York and Washington--which will be used to show how psychoanalysis was applied in clinical situations. Non-medical articles on psychoanalysis are important for the overall context of the psychoanalytic movement both in America and as a whole. However, it is the articles by medical personnel which delineate how a portion of the medical community used psychoanalysis to "improve" the mental health of needful individuals that are most important to this thesis.

Over half of the authors publishing in the Psychoanalytic Review possessed medical degrees. Of the New York contingent medical doctors comprised fourteen out of twenty. For Washington, the number was even higher with doctors accounting for all but one of the authors who resided in the Washington, D.C. and Baltimore area. Of the Americans, almost all practicing psychoanalysts who related case studies of their own in the Psychoanalytic Review were medical doctors. As previously stated, Americans were officially opposed to the practice of lay analysis. The "...New York Society passed a resolution condemning lay analysis outright..." in the spring of 1927.¹⁹ Already in 1926 the New York Legislature had made it illegal, presumably at the instigation of A.A. Brill, then President of the New York

Psychoanalytic Society.²⁰ The importance of the fact that clinical usage of psychoanalysis in the United States was mostly limited to respectable members of the medical community cannot be underestimated, where the question of professional authority is concerned.

Most of the New York physicians were in private practice. Thus their patients came to them either of their own accord, or at the instigation of relatives or family physicians. At some level, then, there existed a belief in the ability of the physician and or his psychoanalytic method to heal. Once in the context of the doctor patient relationship, with its personal and professional dynamics, it would have been difficult for a patient who was initially ignorant of psychoanalysis to then reject the method. Freudian explanations of "negative transference" and "defense mechanisms" could be used to explain away criticisms. If the decision to be analysed was not a purely private one, then the pressure to continue analysis in the face of dislike or disbelief, was likely much greater. Thus, even in what appeared to be a freely contracted arrangement there was room for coercion. This is important to remember, because even though many women may not have liked what their therapists were telling them, it was not a simple matter to extricate oneself, especially if the woman was in a weakened emotional state. There is no doubt that psychoanalytic therapy required a good deal of vulnerability on the part of the patient as well.

Fifteen of the twenty-three Washingtonians who graced the

pages of the Psychoanalytic Review were physicians at St. Elizabeth's Government Hospital for the Insane. Their patients suffered from more serious disturbances than the patients treated by private practitioners. The voluntary status of many of these patients is doubtful. Dr. Ben Karpman, dealt with the criminally insane who were incarcerated at St. Elizabeth's. He wrote articles about sexual offenders--specifically, obscene letter writers and exhibitionists.²¹ Dr. Mary O'Malley in "Significance of Narcissism in the Psychoses" (1929) treated another criminal, this one a woman suffering from psycho-neuroses. The woman had developed the condition after being arrested for stabbing a shoemaker who had entered her home and tried to rape her. It was said that she had been flirtatious with the man. O'Malley said that her vanity and selfishness were the root of her troubles.²²

The Washington group tended to approach questions of the relationship between mind and body to a much greater extent than the New York analysts. Such a psycho-biologic approach is also scattered throughout the works of many analysts in other parts of the United States and Europe as well, and is not in conflict with psychoanalytic theory. It just happened that the Washingtonians, as a result of their hospital setting, found more opportunity and occasion to pursue this question. Dr. Anita Muhl was probably the most prolific example of this trend. Muhl undertook several studies on tubercular women, looking for common personality traits.²³ She also tried to link bad attitudes in pregnant mothers to bed-wetting in their children.²⁴ However, no other

significant differences emerged between the approaches of the Washington and New York physicians in the pages of the Psychoanalytic Review.

Authors of articles which expressed disagreement with the overall Freudian system of psychoanalysis accounted for less than one-fifth of the total number of authors who published in the journal from 1919 through 1929. While small in relative number they provided a good summary of non-Freudian psychoanalysis in the 1920s. To begin, an obvious similarity linked the works of several of these non-Freudians. It concerned the issue of psychological theories about sex difference, and so is of great import for this study. The ideas of these non-Freudian authors on women, whether their views formed the main thrust of an article or were expressed in a more passing way, contradicted Freudian sexual theory on some fundamental issues. Their ideas can only be presented here in very summarized form, but may still provide a minimum of contrast for the Freudian concept of female sexuality which will be fully developed in Chapter II.

One article appeared that subscribed to Adler's school of psychoanalysis. Adler had broken with Freud in 1911, two years before Jung was to do. He moved away from the sexual etiology of the neuroses, substituting instead the concepts of "masculine protest" and "will to power". These concepts could be used to account for mental disturbances equally in men and women. Adler's approach became sociological and cultural, in contrast to Freud's sexually differentiated and biological approach.

In "Some Applications of the Inferiority Complex to Pluralistic Behaviour" (1922) Lorine Pruette stated that "...of all the contributions of psychoanalysis to a fuller understanding of society there is probably none which the sociologist will find more fruitful than the Adlerian attack".²⁵ Adler "...was a staunch defender of the theory of the natural equality of the sexes"²⁶ and his "Individual Psychology" permitted some hard criticisms of the ways in which society retarded women's personal and individual growth. Lorine Pruette, herself a well-known advocate of women's full entrance into society, criticized the use of "compensatory fictions", those of the good wife, mother and housekeeper, which served to give women in general large inferiority complexes. (A book devoted to this topic, Women and Leisure: A Study of Social Waste, was published in 1924).²⁷ In support of the article's thesis Pruette referenced the Jungian Beatrice Hinkle. Hinkle's article "On the Arbitrary Use of the Terms 'Masculine' and 'Feminine'" had already appeared in the January 1920 issue of the Psychoanalytic Review.

Dr. Beatrice Hinkle, of New York, published two articles in the Psychoanalytic Review in the 1920s. The second article "On Psychological Types" appeared in 1922 and used the Jungian concept of personality types to explain the international behaviour of specific nations.²⁸ However, only the first of these articles is relevant to the question of psychoanalytic views on sex differentiation.

In that article Hinkle attempted to show that the

characteristics and behaviour normally labelled masculine and feminine were arbitrary and contrived, and arranged to ensure the superiority, greater power and aggrandizement of the male. While she did not deny that psychological differences between the sexes exist, she stated that in their present form "...the terms male and female do not signify anything more fundamental than the character of the physical organism".²⁹ In the tradition of John S. Mill, Hinkle declared that not until "...the tradition of woman's inferiority has completely disappeared and the children of both sexes are given the same training and freedom, with the same privileges and responsibilities....will there be any real opportunity to find what are the actual distinctions between the sexes".³⁰ The goal for all of mankind, regardless of sex, should be "...the transcendancy of type--or as Jung expresses it, the goal of moral autonomy".³¹

Dr. Paul Bousfield, a Jungian psychoanalyst and physician to the London Neurological Clinic, wrote two articles highly critical of the Freudian assessment of women in 1924 and 1925. Both were specifically addressed to the question of female psychology and in clear contradistinction to Freudian beliefs. The first, "The Castration Complex in Women" argued that so-called feminine behaviour in women was no less a product of the "castration complex" than so-called masculine behaviour. According to Freudian theory, women who would not accept their castration (i.e. their lack of a penis) suffered from a castration complex. These women wanted to do the things that were

normally (and correctly) associated with the male of the species. Like Pruette, Bousfield referred to Dr. Hinkle. Like Hinkle, Bousfield denied that the terms masculine and feminine possessed any scientific integrity.³² In summary, he argued that women who did not suffer from a castration complex exhibited fewer characteristics of either the masculine or feminine variety, being rather of the "adult type".³³

In "Freud's Complex of the Overestimation of the Male" Bousfield followed this train of thought further. He criticized "...the very strong tendency which exists in the Freudian School of analysts to castrate the woman and to endow the man with a superabundance of power, and an 'overestimation of the sexual' as a form of wish fulfillment".³⁴ Bousfield was turning the Freudian argument in on itself.

Pruette, Hinkle and Bousfield all expressed a desire for a less gendered approach to social psychology. In addition, their own prescriptive statements were without an a priori sexual basis, precisely because their psychological paradigm did not issue from the grossly sexual--or, in other words, the genital. Pruette's call for an "individual psychology", Hinkle's "transcendency of type" and Bousfield's "adult type" were similar in that they all transcended gender.

Dr. Constance Long, a Jungian from London, published "An Analytical View of the Basis of Character", in the January 1920 issue of the Psychoanalytic Review. The paper had been presented in New York before the International Congress of Women Physicians

four months previously³⁵ and was not primarily concerned with the question of the sexes. The paper, for the most part, dealt with what were perceived as some of the more important sexual problems of the day--masturbation, homosexuality and repression. Within that overall framework, Long included some comments on the present state of sexual inequality. She stated that "...the whole of the sex life is more or less arranged for their [men's] convenience".³⁶ Incidentally, the Adlerian Pruette had also observed a discrepancy between what was allowed men and women sexually. She wrote that "Monogamy, with its accompanying prostitution, has developed into a system of locking two people in a narrow confine, with an underground passage usually available only to men".³⁷ Another point worth noting is that, while the Freudians, as we will see in the next chapter, developed a system of opposites for male and female psycho-sexuality, Long found that "...men and women have much the same sexual problems, and are in similar mental relation to them."³⁸

Leaving those authors who addressed the specific problem of the sexes, other voices of dissent provided further examples of alternative forms of psychoanalysis. For example, Poul Bjerre, a Swedish psychoanalyst, had four articles published in the Psychoanalytic Review between 1923 and 1927.³⁹ While not a professed Jungian many of his articles exhibit the philosophical religiosity that is often associated with Jungian psychoanalysis. The titles of the last two articles, "The Way to and From Freud" and "The Way to Grace", may help illustrate that point. Freudians

believed that destroying unconscious repressions was all that was needed (or the most that could be done) to achieve mental health. Bjerre disagreed. He propounded a psychology that was also constructive and instructive and so therefore, at least superficially, more didactic. After a patient's repressions had been brought to their attention Bjerre proposed to "synthesize" them into the rest of the person's psyche--a holistic and harmonious approach. Freudians, on the other hand, believed that the act of making a repression conscious simultaneously destroyed it. Thus, nothing remained to be synthesized.

In the 1920s, another of Freud's early and cherished followers, Otto Rank, fell away from the fold, following in the footsteps of Adler, Stekel and Jung. Rank's theory of the birth trauma as the cause of, and paradigm for all later anxiety in life contradicted the fundamental sexual etiology of the neuroses which was the cornerstone of Freudian theory. Rank chose America to be the location of his "coming out". A.A. Brill, a well-respected analyst in New York, reported the news to Freud.

According to Ernest Jones:

Brill reported in lurid terms the extraordinary doctrines which Rank had been inculcating in New York and the confusion he had thereby created; Rank's pupils had gleefully reported that it was no longer necessary to analyse dreams, nor to make any interpretations beyond that of the birth trauma, and they were relieved also from going into the unpleasant topic of sexuality.⁴⁰

The Psychoanalytic Review published four of Rank's articles in the 1920s, all of which stemmed from this heretical position.⁴¹

An American student of psychoanalysis early converted to Rank's

new theories was Cavendish Moxon who published extensively in the Psychoanalytic Review.

Moxon was listed as living in San Francisco. The only other identifying feature given in the Psychoanalytic Review was that he possessed a Master of Arts degree. In the last article he published before Rank made public his new psychoanalytic ideas, Moxon identified himself as a Freudian "believer".⁴² In his next article, which was published in 1926 and was his fifth to be published in the 1920s, he compared Rank's concept of the desire to return to the womb to Freud's "pleasure principle", and found some similarities.⁴³ By 1928 Moxon had unequivocally sided with the new theories of Rank. In 1928 he stated, "There is irony in the fact that the publication of Freud's complete works coincides with Rank's discovery which necessitates a radical revision in the theory and technique of psychoanalysis".⁴⁴ That was a premature and unwarranted conclusion. In the end Rank took on the identity of a schismatic and Freudian psychoanalysis was not fundamentally altered through a wholesale incorporation of Rank's new "discoveries". Moxon, however, was now a Rankian "believer" and he spoke of a psychoanalysis "...in the Rankian sense of the word".⁴⁵

Two notables who graced the pages of the Psychoanalytic Review, but who were not psychoanalysts, were Havelock Ellis and Bronislaw Malinowski. Both men worked in areas that were also of interest to psychoanalysts. Havelock Ellis, a prominent London sexologist, published three articles between 1919 and 1927, one

in three parts. The articles dealt with topics highly familiar to Freudian readers--sexual deviation, dream analysis, and narcissism.⁴⁶ Unlike the Freudians, Ellis believed dreams to be representative of the conscious life and he therefore practiced a conscious therapy with his clients. While Freud was in disagreement with many of the premises which Ellis worked from, he nevertheless respected his work in the field of sex therapy and once recommended his books to a woman seeking advice.⁴⁷

Esteemed anthropologist Bronislaw Malinowski's link to psychoanalysis was the Jones-Malinowski dispute regarding the Freudian claim of the universality of the Oedipus complex.⁴⁸ Jones claimed that it was universal, Malinowski that it was not. Malinowski, among other well known personalities, would later visit Freud during the last year of his life which he spent in London, a fugitive from Nazi anti-semitism.⁴⁹ The Psychoanalytic Review published a chapter from Malinowski's pending publication The Sexual Life of Savages in North-West Melanesia.⁵⁰

The inclusion of these articles in the Psychoanalytic Review meant that the journal encompassed a wider sphere than the strictly Freudian or, more broadly, the strictly psychoanalytic. However, as these non-Freudian authors were usually well known in both their own and Freudian circles their inclusion can also be interpreted as an indication of the essentially Freudian allegiance of the Psychoanalytic Review. To explain, budding or amateurish American Freudians often found their way into print in the journal. However, none but the best Jungians, those who were

both least conducive to being swept under the rug, and also most representative of their school, were published.

Another important line of division was between the medical and the non-medical (philosophical, literary, historical) applications of psychoanalysis. In the case of the latter group it is often more difficult to ascertain clearly which brand of psychoanalysis they were ascribing to, or even if these authors were aware that integral differences of opinion existed. This grouping of psychoanalytic applications comes closest to Freud's "hotch-potch" description of American psychoanalysis that was so vehemently condemned. It might be termed a generic approach, for lack of other and clearly defining characteristics. While most of these non-medical authors cannot be used as representative of psychoanalysis, they remain an important indication of the extent to which psychoanalytic ideas had infiltrated American culture, and of the variety of non-medical professional interest, as most were affiliated with reputable universities.

For example, Harry Elmer Barnes was a history professor at Clark University. He wrote "Some Reflections on the Possible Service of Analytical Psychology to History" which was published in 1921.⁵¹ Interestingly, he also wrote the Introduction to Lorine Pruette's previously mentioned book, Women and Leisure (1924). Another history professor, Ralph Volney Harlow of Boston University wrote "A Psychological Study of Samuel Adams" in 1922. Harlow may have been an Adlerian by his abundant use of the concepts of the "inferiority complex" and "masculine protest".⁵²

While Freudians sometimes used these concepts, for proponents of Adlerian psychology they formed an etiological core.

Some authors were listed as having university affiliation but with no title. Thus, they may have been either professors or graduate students, but more likely the latter. In any case they applied psychoanalysis to their specific disciplines as part of a growing body of psychanalytical amateurs. For example, Inez Thrift of the University of Arizona wrote "Religion and Madness (the Case of William Cowper) in 1926."⁵³ Read Bain of the University of Washington wrote on "Spencer's Love for George Eliot" in 1927.⁵⁴ From the State University of Iowa in 1924 came Lee Travis' "Mental Conflicts as the Cause of Bad Spelling and Poor Writing". A likely Freudian, Travis concluded that repression, an incest fixation and plain old sexual curiosity were the cause of one individual's literary deficiencies.⁵⁵

H.S. Darlington was listed at the University of California at Berkeley. An anthropologist, his article on "Tooth Evulsion and Circumcision" (1929) contained extensive reference to field work in Africa. The article, while good-naturedly disagreeing with Freudian conclusions on minor points, utilized an essentially Freudian interpretation of primitive puberty rites.⁵⁶

In summary, two groups of writers who cannot be used as representative of the Freudian school of psychoanalysis have emerged in a content analysis of the Psychoanalytic Review. The first were those prominent writers who possessed psychoanalytical beliefs in opposition to the Freudian school. Their presence in

the journal has already been accounted for. The second group consisted of individuals who, lacking the necessary sophistication and knowledge, applied bits and pieces of various brands of psychoanalysis to their own disciplines. Despite their inadequacies, they may have been published because of their prominence in other academic fields, which would have lent psychoanalysis a wider spectrum of prestige. Information on personal connections, if they were available, might also prove revealing. Graduate students, while their names lent no prestige to psychoanalysis, nevertheless provided examples of psychoanalytic approaches to a variety of disciplines. The most probable explanation, and one which does not conflict with any of the explanations already offered, is that the editors could simply not accumulate enough articles of high intellectual standing with which to fill their journal at regular four month intervals.

The Psychoanalytic Review, while essentially Freudian in allegiance, also provided information on other forms of psychoanalysis. Thus a basis of comparison was made possible, not only to contemporary readers, but to future historians as well. The Psychoanalytic Review, because it contained articles by amateurs, gifted and otherwise, also gave an indication of the extent to which psychoanalytic theory had penetrated disciplines other than the strictly psychological, and the extent to which it had penetrated western society in general. Finally, it provided many examples of the way in which professional and orthodox

Freudian analysts transferred a psychological theory into psychological practice.

The Psychoanalytic Review was "American" in that it lagged behind the Europeans when it came to originality. While the Europeans created new theories, or as was most common, expanded on old ones, the Americans busied themselves in merely corroborating them, a much less prestigious operation for both the authors and the journal that published them. Paradoxically, however, by lacking originality the journal was also typically Freudian. Thus, what may have been bad for the Psychoanalytic Review and American analysis, is valuable for the historian. In the form of the Psychoanalytic Review the Americans, to a greater extent than the Europeans, left a record of what psychoanalysis looked like in practice in the 1920s. The applications of psychoanalysis, emanating directly from the theory as they did, can in turn inform us about the theory. The picture that emerges about psychoanalysis in this period is a "scientific" theory fundamentally derived from unstated (or unrecognized) social values. Those social values, called by another name (psychoanalysis) and spoken in another language (pseudo-scientific), were then reintegrated into the society essentially unaltered. Nowhere is this modus operandi more apparent than in the structured and reactionary attempt by Freudian psychoanalysts, prominent and less well-known, to rationalize and justify psychologically the unequal position of women in society.

Endnotes

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22. Mary O'Malley, "Significance of Narcissism in the Psychoses" in Psychoanalytic Review, Vol. XVI, no. 3, 1929, pp. 241-271.

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41. Otto Rank, "The Trauma of Birth and its Importance for Psychoanalytic Therapy" in Psychoanalytic Review, Vol. XI, no. 3, 1924, pp. 241-246; "The Genesis of Genitality" in Psychoanalytic

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Chapter II

Sexual Development of the Human Female:

Normal and Abnormal

Psychological explanations are often pitted against biological explanations for human conditions, and vice versa. This distinction is especially relevant in the fields of medicine, psychiatry and psychology, particularly when a course of therapeutic action must be adopted. Have organic irregularities negatively affected the psyche or have psychological problems manifested themselves in a physical manner? Decisions about treatment are dependent upon decisions about etiology so that the cause of a disorder and not its symptom is treated.

Philosophical presuppositions, however, often influence decisions about etiology. Individual cases are not treated as discrete, but fitted into practitioners' assumptions about the nature of man and the relationship between the mind and the body. Whether a patient is treated with drugs or words can depend more upon the physician's world view than the patient's condition.

Moreover, fundamental etiological positions of biology and psychology are often linked to the literal and the symbolic,

respectively, or the immutable and the fluid. For example, if one group (women, blacks, fat people) generally ranks lower than a control group (men, whites, slim people) on IQ tests, does this indicate genetic inadequacies, or is it reflective of cultural differences which are detrimental to the first group? A hereditary position on this question would preclude the possibility of change, while a cultural position might lead to measures designed to negate the noted differences.

Such distinctions play a large role in an attempt to understand the Freudian position on the psychological differences between the sexes. Were these differences to be immutable? Did the biological fact of sex differentiation have literal or symbolic, psychological meaning? Was penis-envy envy of the male genital or envy of the preferred position that males possess in society? For Freudians, as we will see, such concepts were understood both literally and symbolically, and readers of Freudian works should be careful not to assume a rigid distinction between the biological and the psychological.

The first potential confusion for an unsuspecting reader arises in the light of Freud's claim to have created a "pure psychology". Whatever he may have meant by that term, there is nevertheless an unmistakable biologism that forms the foundation of Freud's psychological theories. Indeed, he says so himself, in the context of the connection between the biological and psychological differences between the sexes.

...the feminist demand for equal rights for the sexes does not take us far, for the morphological distinction is bound

to find expression in differences of psychical development. "Anatomy is destiny" to vary a saying of Napoleon's.¹

In psychoanalytic practice the biological fact of sex (maleness or femaleness) became a guidepost and determinant of what behaviour and characteristics could and should be expected from an individual.

A further confusion may arise because of the Freudian belief in the bisexuality of human beings. In 1920 Freud said, "Psychoanalysis has a common basis with biology, in that it presupposes an original bisexuality in human beings (as in animals)".²

"Original" is the operative word here. Human beings were believed to be evolving into sexually more differentiated creatures. Ideally masculinity would come to be a characteristic of the male only, femininity a characteristic of only the female. Ultimately, for the Freudians, a basic conception of the individual as unisexual took precedence over any acknowledged bisexuality.

While Freud endowed all individuals with some degree of bisexuality, it was not deemed healthy for civilization to act upon this fact. Normal psychological growth from infancy to adulthood demanded that a person develop strongly the traits attributed to his or her sex and correspondingly dilute the traits considered the property of the other. Healthy women would be feminine; healthy men, masculine.

However, it never became completely clear, even to Freud himself, what exactly the definitions of masculine and feminine were, nor what was the extent of and what was the relationship

between biological and psychological bisexuality. In 1915 he added a footnote to his Three Essays on the Theory of Sexuality and thus stated his reservations:

It is essential to understand clearly that the concepts of 'masculine' and 'feminine', whose meaning seems so unambiguous to ordinary people, are among the most confused that occur in science. It is possible to distinguish at least three uses. "Masculine" and "feminine" are used sometimes in the sense of activity and passivity, sometimes in a biological, and sometimes, again, in a sociological sense. The first of these three meanings is the essential one and the most serviceable in psycho-analysis.³

In 1920 he said:

But psycho-analysis cannot elucidate the intrinsic nature of what in conventional or in biological phraseology is termed "masculine" and "feminine": it simply takes over the two concepts and makes them the foundation of its work. When we attempt to reduce them further, we find masculinity vanishing into activity and femininity into passivity, and that does not tell us enough.⁴

How did the Freudians determine which traits were masculine and which feminine? Although admittedly not without its problems, the decision was based on the a priori assumption that males were active and females passive by nature. Not surprisingly, subsequent psychoanalytic discoveries were found to confirm the correctness of these assumptions about psychological sex differences.

However, what basis did the Freudians have for operating upon this premise? Could not the perceived greater activity in males and passivity in women be simply and only a function of gendered socialization, whereby anatomy would not be destiny after all? No. While psychoanalysis, for the most part, tended to set biology to one side while it searched for the truths of the

unconscious, it was firm in the belief that such truths would and must manifest a correlation with biology. Freudians sought to find an explanation for human behaviour in the unconscious and, according to Freudian chronology, the unconscious preceded civilization. Therefore the unconscious should be used to account for the particular nature of civilization, rather than vice versa. The only thing to precede the unconscious was the body; thus the physical body became an important indicator of what the unconscious, and by way of it, the conscious, should contain. Thus, Freudian psychology was rooted in and contingent upon biology.

In 1929 Freud, aware that the links between bisexuality and his theories of the unconscious had not yet been satisfactorily worked out, related that:

The theory of bisexuality is still surrounded by many obscurities and we cannot but feel it as a serious impediment in psycho-analysis that it has not yet found any link with the theory of the instincts. However this may be, if we assume it as a fact that each individual seeks to satisfy both male and female wishes in his sexual life, we are prepared for the possibility that those [two sets of] demands are not met in the same object, and that they interfere with each other unless they can be kept apart and each impulse guided into a particular channel that is suited to it.⁵

Uncharacteristically for the Freudians, normality was not equated with health in this case. While a universal bisexuality in humans was acknowledged, psychoanalysis also operated upon an admitted assumption--that maleness and femaleness, masculinity and femininity, were opposites, complementary between individuals, but disruptive when combined in one psyche. Mary O'Malley, an

analyst from Washington, noted that all persons possessed both male and female characteristics, but then went on to state, "Between these two elements there is an unconscious hostility."⁶ Helene Deutsch, a Freudian analyst in Berlin, noted that "...the main source of her [Woman's] conflicts is the masculinity which she is destined to subdue".⁷

Freud believed that, in infancy, there were as yet no overwhelming differences between the sexes. In other words, a rigid polarity had not developed. In 1905 he wrote:

At the stage of the pre-genital sadistic-anal organization, there is as yet no question of male and female; the antithesis between active and passive is the dominant one. At the following stage of infantile genital organization, which we now know about, maleness exists, but not femaleness. The antithesis here is between having a male genital and being castrated.⁸

In 1928 a Berlin analyst, Jeanne Lampl-de-Groot, asserted that at this stage a little girl "is actually a little man".⁹

According to Freudian theory this state of affairs lasted only as long as a child was unaware of the anatomical differences between the sexes. Then, the innate and inevitable problems of human sexuality began to surface. A little boy, upon discovering that women were genitally different from himself, sought at first to deny that this was the case. He was unable to imagine that any person, especially a loved one such as the mother, could be dispossessed of a penis, the interpretation being that the individual was mutilated or deformed. A little girl, on the other hand, accepted her castrated state and did not seek to deny it. However, she was overcome with envy, and intent on gaining a

penis for herself.¹⁰ As Freud said, "She has seen it and knows she is without it and wants to have it".¹¹ The girl child had to find a means of compensation for her lack of a penis.

Discovering that what they so dearly desired was out of their reach, little girls substituted the wish for a child in place of the wish for a penis. Thus, even at this early stage of human development, Freudian psychoanalysis assigned the role of parenting a greater importance in the life of the female than in the life of the male. The desire for a child indicated that the female castration complex had been properly dissolved. In females, the dissipation of penis-envy also inaugurated the Oedipus complex, as the girl child believed it was her father who would give her the baby.

...the girl's libido slips into a new position along the line--there is no other way of putting it--of the equation "penis-child". She gives up her wish for a penis and puts in place of it a wish for a child: and with that purpose in view she takes her father as a love-object. Her mother becomes the object of her jealousy. The girl has turned into a little woman.¹²

Thus, the first two steps in the female's individual development were, first--a recognition of sexual differences and an immediate sense of inferiority, and second--desire for a child as compensation.

In little girls the fact of castration (i.e., their lack of a penis) was said to propel them into the situation of the Oedipus complex.¹³ Oppositely, it was believed that the fear of castration by the father induced little boys to give up their mother as a love-object, thereby terminating their Oedipus

complex. This difference in the psychosexual development of male and female children formed the base upon which the Freudians added further psychological differences between the sexes, differences which were again unfavourable and uncomplimentary to women.

In boys, the dissolution of the Oedipus complex, a result of the threat of castration, spurred the development of the super-ego. The super-ego was said to be all important to civilization and culture since it was defined as that part of the psyche which provided conscience and morality, objectivity and therefore reasoning capabilities. In the case of the male sex Freud stated that:

...the [Oedipus] complex is not simply repressed, it is literally smashed to pieces by the shock of threatened castration. Its libidinal cathexes are abandoned, desexualized and in part sublimated; its objects are incorporated into the ego, where they form the nucleus of the super-ego and give that new structure its characteristic qualities. In normal, or, it is better to say, in ideal cases, the Oedipus complex exists no longer, even in the unconscious; the super-ego has become its heir.¹⁴

In the little girl, however, the Oedipus complex was not smashed to pieces, but was actually led up to by the castration complex. Hence, in the female child, there existed no similar tangible incentive for demolition of the Oedipus complex as in the male. Therefore, the same possibility and incentive for super-ego growth was lacking in females.

The fear of castration being thus excluded in the little girl, a powerful motive also drops out for the setting-up of a super-ego and for the breaking-off of the infantile genital organization. In her, far more than in the boy, these changes seem to be the result of upbringing and of intimidation from outside which

threatens her with the loss of love.¹⁵

But what about the male? Surely in his case there was also a threatened loss of love if he persisted in pursuing his mother as a sex object. Yes, but it was secondary, overshadowed by the more horrible threat of actual castration. Together, the threat of castration and the relatively less important threat of the withdrawal of parental love ensured the complete dissolution of the Oedipus Complex in the male; thus males typically developed a strong super-ego. Because the female child did not fear the loss of a physical piece of her body, other factors, sociological ones, were constructed to compensate the female with some degree of super-ego which might not develop otherwise. However, these social factors were mere handmaids of anatomy because they arose from the physical reality of the female's state of penislessness.

While fear of castration was said to provide the primary impetus for the development of a super-ego, Freud had already defined women as castrated creatures. Thus he created a circular and hereditary theory wherein strong super-egos could only be passed from fathers to sons, in the family romance. Ernest Jones, paraphrasing Freud, stated that world morality was a male creation, as even what super-ego women did have was, as in the case of men, "...predominantly derived from reactions to the father."¹⁶ The most a woman could hope for was some kind of partial super-ego.

For women, the consequences flowing from this weak super-ego development were dire. In 1925 Freud stated that:

In girls the motivation for the dissolution of the Oedipus complex is lacking. Castration has already had its effect, which was to force the child into the situation of the Oedipus complex. Thus the Oedipus complex escapes the fate which it meets with in boys: it may be slowly abandoned or met with by repression, or its effects may persist far into women's normal mental life. I cannot evade the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in men. Their super-ego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men. Character-traits which critics of every epoch have brought up against women--that they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgements by feelings of affection or hostility--all these would be amply accounted for by the modification in the formation of their super-ego as inferred above.¹⁷

Women were qualitatively different from men in ways that placed them lower on a hierarchical scale of values. Such conclusions echoed the similarly "scientifically" supported theories of Herbert Spencer, the nineteenth-century Darwinian popularizer. He had argued that women were collectively lacking in "...those two faculties, intellectual and emotional, which are the latest products of human evolution--the power of abstract reasoning and that most abstract of the emotions, the sentiment of justice...".¹⁸ Thus, age-old notions about female deficiencies, those "Character-traits which critics of every epoch have brought up against women", were upheld by Freud.

What were the practical implications of this belief? Women should not dabble in those tasks which required objective or moral reasoning capabilities--for example, the profession of law, for men could do all those things better. The tasks of adding to or improving society would belong to men, as women lacked the

staying power to carry out "the great exigencies in life".

Freud thought that women did not contribute anything to civilization. In Totem and Taboo (1913), he credited the formation of patriarchal society (a male undertaking), with being a major impetus to civilization building and cultural development. In Civilization and its Discontents (1929) Freud explored this line of thought further.

Furthermore, women soon come into opposition to civilization and display their retarding and restraining influence--those very women who, in the beginning, laid the foundations of civilization by the claims of their love. Women represent the interests of the family and of sexual life. The work of civilization has become increasingly the business of men, it confronts them with ever more difficult tasks and compels them to carry out instinctual sublimations of which women are little capable.¹⁹

Women did not have the capacity to sublimate their sexual interests (men and children), in order to create the grander things in life, the trappings of civilization. In 1925 Freud had declared that women did not contribute much to society. By 1929, he was defining women fully in "opposition to civilization", through their "retarding and restraining influence". While Freud was critical of the repressive influences of civilization, he nevertheless defined it as higher on a human evolutionary scale. Thus women were not only less evolved personally (because they remained at a more infantile level of individual development), but also racially, since Freud regarded degrees of civilization as racially correlated.

This notion was one of the many late nineteenth- and turn-of-the-century legacies to Freud, which he incorporated into his

theory. Darwin's evolutionary theory was quickly adapted by political and social theorists and scientists to rationalize the existing social order. Women, children and blacks were often lumped together in an inferior category, in comparison with, and in contradistinction to white adult males.²⁰ Nineteenth-century experimenters and theorists found that women, children and racially inferior groups lacked those same qualities that Freud later found lacking in women. At the turn of the century the explanatory tool most commonly used to account for these presumed differences was brain size. Later, Freud explained these same inequalities in terms of the differential development of the super-ego.

However, not all Freudian analysts believed that women lacked motive for the development of a strong super-ego. Carl Muller-Braunschweig (Berlin) presented his own theory on this matter in 1926. In "The Genesis of the Feminine Super-Ego" he stated his belief that the Oedipus complex was not the first reaction-formation experienced by little girls. A reaction-formation is the "...development of a character trait that keeps in check and conceals another one, usually of the exactly opposite kind."²¹ The standard psychoanalytic position held that penis-envy was primary and the result of the female's first knowledge of genital differentiation. The Oedipus complex was said to be the first reaction-formation to result from it. Muller-Braunschweig disagreed, believing that penis-envy itself was a reaction-formation resulting from an unconscious denial of

an unconscious knowledge of the existence of the vagina.

I believe, rather that already at a very early stage expression is given in a little girl's mind to her feminine nature, and that the mode of this expression corresponds to an unconscious knowledge of the passive part of the female genital apparatus, i.e. of the vagina; further, that the penis-envy indicates a reaction-formation (though also a very early one) against this knowledge and against the passive attitude.²²

Why would the little girl rebel against this knowledge? Because she feared "...the primary, passive, masochistic attitude of a girl which is regarded as a danger by the infantile ego".²³ There was a fear of physical harm, invasion, rape by the father. Thus a parallel existed between a boy's castration anxiety and a girl's fear of violation. This implied similar motives of equal strength in prompting super-ego development: "A boy is guided by the danger of castration, a girl by that of violation by the overpowering father. Both protect themselves against these dangers by the reaction-formation of the super-ego."²⁴

While the concept of an early unconscious knowledge of the existence of the vagina would have strengthened the idea of innate psychological differences between the sexes, the cost, in other areas, would have been too high. Acceptance of Muller-Braunschweig's new theory would have necessitated a complete revision of female sexual theory because it re-interpreted the Oedipus complex and dismantled Freud's explanation for women's inferior reasoning capabilities, their weakened sense of morality and conscience. Other psychoanalysts were not converted to Muller-Braunschweig's new theory.

In 1929 Hanns Sachs published "One of the Motive Factors in the Formation of the Super-Ego in Women", which extended and buttressed Freud's original 1925 contribution to this area of psychoanalytic theory. Again, Sachs found that a girl did not experience the threat of castration which in boys led to the establishment of a super-ego. However, as Freud claimed, a super-ego would develop in women with the dissolution of the Oedipus complex. Freud had suggested that the threat of the withdrawal of love would prompt some super-ego development in the female. Sachs, while not disputing any of Freud's previous work, also developed his own theory on super-ego development in women.

Sachs theorized that desires directed toward the father originated in the vagina but became displaced to the mouth because they could not be satisfied in the former region. The frustration of those oral desires resulted in acceptance of the impossibility of the Oedipal situation.

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 Oedipus complex dies out, and therefore they can come to represent all the effects 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.²⁵

In this manner the female attained her super-ego.

However, the feminine super-ego was not identical to that in the male because the process by which it was arrived at had not been identical.

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.²⁶

This distinction would have important ramifications in a woman's sexual life. In renouncing desire for the father as an ideal (and one to be copied in other life situations), women were necessarily more inhibited than men. If carried too far inhibition could result in frigidity.²⁷ Still it was a chance that a woman was forced to take as she "...does not attain a super-ego at all unless the necessary renunciation of her claim to the penis leads to her accepting deprivation as a life-long ideal."²⁸ While new, Sachs' ideas did not conflict with any previously accepted work on the subject. Thus, when his theory was added to the existing body of works on the super-ego, woman became self-abnegating, in addition to all her negative characteristics. Conveniently, the sole virtue which was said to characterize woman's particular super-ego also happened to be beneficial to men.

Before leaving Sachs it should be noted that he too admitted that the definitions of masculine and feminine (concepts crucial to psychoanalytic theory), were uncertain, but valid nonetheless. In defense of his use of those concepts he echoed many other psychoanalysts when he stated that "...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".²⁹

The organic differences between men and women were genital and chemical. The genital differences consisted of the presence of a penis and testicles in men, a clitoris and vagina in women. However, the clitoris was never accepted as a valid part of the female, or more precisely, the feminine anatomy. The "real" female genital was the vagina. Women were required to transfer their leading sexual zone from the clitoris to the vagina at puberty. Aside from saying that it required a period of repression on the part of the female, Freud was not very explicit about how this was to occur. He stated his basic concept of this theory in 1905.

If we are to understand how a little girl turns into a woman, we must follow the further vicissitudes of this excitability of the clitoris. Puberty, which brings about so great an accession of libido in boys, is marked in girls by a fresh wave of repression, in which it is precisely clitoridal sexuality that is affected. What is thus overtaken by repression is a piece of masculine sexuality...When erotogenic susceptibility to stimulation has been successfully transferred by a woman from the clitoris to the vaginal orifice, it implies that she has adopted a new leading zone for the purposes of her later sexual activity.³⁰

In 1925 Helene Deutsch did attempt to explain how the transfer of sensation from the clitoris to the vagina was supposed to be effected.

The task of conducting the libido to the vagina...devolves upon the activity of the penis, and that in two ways.

First, libido must be drawn from the whole body....the vagina, under the stimulus of the penis and by a process of displacement 'from above downwards', take[s] over the passive role of the mouth in the equation: penis-breast. This oral sucking activity of the vagina is indicated by its

whole anatomical structure (with their corresponding terms).³¹

At this point, two aspects of Deutsch's theory should be noted. The vagina's role is a passive one, psychologically determined by its psychic link with the mouth, and further, this fact is correlated by biology (i.e. by the female vagina's "whole anatomical structure"). Deutsch continued:

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

As the clitoris formerly played its 'masculine' part by identification with the paternal penis, so the vagina takes over its role (that of the clitoris) by allowing one part of its functions to be dominated by an identification with the penis of the partner.³²

According to Deutsch, "The man attains his final stage of development when he discovers the vagina in the outside world and possesses himself of it sadistically."³³ Oppositely and complementarily, women attained their highest stage of development "through being masochistically subjugated by the penis". Further, they had not only to be subjugated by the penis, but identified with it.³⁴

Little girls were required to give up clitoral masturbation, in order to develop fully as women, as the clitoris corresponded to the penis in the male and was therefore a part of masculine sexuality. Sandor Lorand, a Hungarian analyst, stated it most simply when he said--"The clitoris is really the female penis."³⁵ Penis-envy and the inferiority of the clitoris in comparison with

the male genital also played a role in the cessation of masturbation. Freud noted that "...in general women tolerate masturbation worse than men".³⁶ Not having such a fine organ to work with, women developed a sense of inferiority that was exacerbated by masturbation. All this turmoil--rejection of the clitoris, cessation of masturbation and experience of an innate inferiority could not just be passed over by some practical female who thought it not worth the trouble, however. The whole procedure was said to be a necessary stage in the progression from infantile to true adult female sexuality.

...it appeared to me nevertheless as though masturbation were further removed from the nature of women than of men, and the solution of the problem could be assisted by the reflection that masturbation, at all events of the clitoris, is a masculine activity and that the elimination of clitoridal sexuality is a necessary precondition for the development of femininity.³⁷

Redundantly, Freud continued:

Analyses of the remote phallic period have now taught me that in girls, soon after the first signs of penis-envy, an intense current of feeling against masturbation makes its appearance, which cannot be attributed exclusively to the educational influence of those in charge of the child. This impulse is clearly a forerunner of the wave of repression which at puberty will do away with a large amount of the girl's masculine sexuality in order to make room for the development of her femininity.³⁸

The clitoris was not a valid piece of the female anatomy, but a throwback to an earlier bisexual era. Other essays by Freud characterize the clitoris as "...homologous to the masculine genital zone of the glans penis"³⁹ (1905), "...this small penis"⁴⁰ (1908) and "...a woman's real small penis"⁴¹ (1928). It was an idea that Freud had had for quite some time, and one which he

obviously did not want to let go. Failure to transfer sensitivity from the clitoris to the vagina would have severe repercussions for women in both their sexual and their social lives and these dangers will be discussed later in the context of abnormal female development.

Of course, not everyone agreed with Freud as to the nature (masculine or feminine) of the clitoris. Dissent, however, was minimal and did not find its way into the corpus of legitimate Freudian psychoanalytic theory. Dr. Karen Horney wrote in 1926 that "...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."⁴² Horney's status in the Freudian circle was seriously undermined by her increasingly defensive and pro-woman works on female sexuality. Horney, in determining the specific form female sexuality took and the reasons for it, gave greater weight to actual social inequalities between the sexes than was acceptable to her colleagues. Her later career in America was punctuated by demotion in the Freudian psychoanalytic structure. In 1941, as a result of her unorthodoxy, Horney's teaching privileges with the New York Psychoanalytic Institute were limited. Angered, she left of her own accord, and four other "culturalists" immediately followed.⁴³

Paul Bousfield, a Jungian analyst resident in London, took special exception to Freud's claim that normal women lose sensitivity in their clitoris. He reversed the Freudian concept

of the etiology of the castration complex in women, claiming that little girls did not naturally come to the conclusion that they were castrated (i.e., that they had once had a penis but had lost it). Rather, he stated that it was Freud and his followers who were castrating women: "They castrate her at puberty by denying the function of the clitoris as an organ of sexual feeling and substitute in adult women infantile forms of sex as a result of repression".⁴⁴ He also commented negatively on the Freudian assumption that the clitoris was a masculine organ, an assumption which formed the starting point for much Freudian theory on female sexual development. According to Bousfield, "It is not permissible for us to classify a nerve ending as either male or female. We must regard it as an organ common to both sexes in such a case until it is proved otherwise, in much the same way as we regard the nerves of the anus, the eyes, ears, or the tongue."⁴⁵

These statements were part of an article published in the Psychoanalytic Review in 1925. There Bousfield incorporated the results of an investigation he had conducted on the subject of genital sensitivity in women. While Freud's theories on the function of the clitoris had been based on material gleaned primarily from his patients, Bousfield had canvassed a group of women who were, as far as he could discern, normal (i.e., not undergoing analysis, and suffering from no apparent neurotic or hysterical symptoms). Thus, he claimed, his findings had greater validity. He found that:

Of 150 cases, three were completely anesthetic, fourteen were said to have pleasure referred to the vagina, but without an actual orgasm; and in 133 without exception, the clitoris was the seat of sensation, though about 60 of these cases also had variable vaginal and perineal and anal sensations simultaneously.⁴⁶

There was no response to Bousfield's article from the Freudian camp in either the Psychoanalytic Review or the International Journal of Psychoanalysis after its publication.

However, Bousfield had already incorporated the results of his study in a book entitled The Elements of Practical Psychoanalysis (1920). In a review of Bousfield's book, Ernest Jones, one of Freudian psychoanalysis' favorite sons, had commented on the statistics. Quite simply he said:

The novel view is put forward that no shifting of excitability from the clitoris to the vagina takes place as a rule in normal women; when it occurs it is to be regarded as a regression to cloacal erotism...This is, of course, the opposite of the psycho-analytic theory of sexual development.⁴⁷

Jones remained unconvinced by Bousfield's arguments and the conclusions which his data had prompted. Bousfield had called for more social equality between the sexes. Jones commented, "The lengths to which his feminism goes must be read to be believed." As a final criticism, and one which is also characteristic of the tone in which much psychoanalytic debate between the differing schools took place, Jones noted, "The style in which the book is written is slovenly, and the biographical references are always incomplete and most often inaccurate."⁴⁸

The primary, real female genital remained the passive vagina for the Freudians. Linked to the passivity of the vagina were two

seemingly contradictory character traits said to predominate in women--narcissism and masochism. In 1919 Freud wrote "On Narcissism" and recorded that distinct differences existed between the sexes in relation to self-love. He stated that, "Complete object-love of the attachment type is, properly speaking, characteristic of the male."⁴⁹ Men were more capable of loving persons other than themselves than women were. Freud believed female narcissism to be a function of the maturation of the female reproductive system.

A different course is followed in the type of female most frequently met with, which is probably the purest and truest one. With the onset of puberty the maturing of the female sexual organs, which up till then have been in a condition of latency, seems to bring about an intensification of the original narcissism, and this is unfavourable to the development of a true-object choice with its accompanying sexual overvaluation.⁵⁰

It was an inward and selfish love that most real women possessed. Narcissistic Woman could still develop some "object-love", however, and this from narcissism itself. Through the bearing of a child, originally a part of their own selves, they could direct their love outward.⁵¹ This was not the first time that Freud or a Freudian proffered childbearing to women as their only salvation from an undesirable and otherwise unavoidable psychological state. It would not be the last.

Freud, cognizant of the very poor light in which his theories placed women, protested that his statements were not the result of ill motives on his own part, but the findings of scientific psychology.

Perhaps it is not out of place here to give an

assurance that this description of the feminine form of erotic life is not due to any tendentious desire on my part to depreciate women. Apart from the fact that tendentiousness is very alien to me, I know that these different lines of development do correspond to the differentiation of functions in a highly complicated biological whole; further I am willing to admit that there are quite a number of women who love according to the masculine type and who also develop the sexual overvaluation proper to that type.⁵²

Again, Freud used as proof of the validity of psychoanalytic findings a seeming correlation with biology. His admission that there were many women who did not fit this type was compatible with his belief in the bisexuality of all humans and theoretically allowed for human variation. However, such women, according to Freud's system, would not be the "purest and truest" types. Their femininity was diluted.

In 1924 J. Harnik (Berlin), starting with what Freud had already written, added to the idea that the sexes were different in relation to the degree of narcissism they exhibited. Like Freud, he also believed that women became narcissistic at puberty and that this phenomenon was both psychological and biological.

...when puberty is reached there follows a reinforcement of sexual inhibitions, the appearance of the secondary sex characteristics, the development of 'beauty', and an intensification of narcissism. The latter condition must not be regarded simply as succeeding the former in time: it is a change enforced by the repression taking place at puberty, a change which yet betrays its origin in the psychological and biological traits that characterize it.⁵³

Harnik related that while men retained their genital as the source of their narcissism, women's narcissism became attached to their entire body. This was a function of the cessation of masturbation (giving up of the penis), which has already been

referred to as pivotal in the development of mature female sexuality. For a woman "...her physical beauty, and especially the beauty of her face, makes up to her for the lost penis."⁵⁴ In 1914 Freud had already concluded that "Women, especially if they grow up with good looks, develop a certain self-contentment which compensates them for the social restrictions which are imposed upon them in their choice of object."⁵⁵ At any rate, the Freudians were certainly more contented with women whose contentment lay in their looks.

In "A Child is Being Beaten" (1919) Freud associated the supposed passive character of women (resulting from the biological passivity of the vagina) with masochism innate to women. He used as the basis for the article four female cases and two male cases. When masochistic fantasies were related to him by males, he interpreted them as feminine manifestations because they were passive.

It must not be forgotten that when a boy's incestuous phantasy is transformed into the corresponding masochistic one, one more reversal has to take place than in the case of a girl, namely the substitution of passivity for activity...⁵⁶

The original phantasy, 'I am being beaten by my father', corresponds, in the case of the boy, to a feminine attitude, and is therefore an expression of that part of his disposition which belongs to the opposite sex.⁵⁷

A certain amount of masochism was normal in everyone, but men who displayed the same sort of masochism common to women seemed to be "...persons who would have to be described as masochists in the sense of a sexual perversion."⁵⁸

In 1924 Freud continued along the same line. He stated that masochism was "...an expression of the feminine nature...." Freud arrived at this conclusion from the study of masochistic fantasies which "...place the subject in a characteristically female situation; they signify, that is, being castrated, or copulated with, or giving birth to a baby."⁵⁹ He did not say whether or not these conclusions were based on more evidence than the six cases already referred to in "A Child is Being Beaten".

In her paper on female masochism (1930) Helene Deutsch stated that she would "...follow up the line of thought thus mapped out by Freud"⁶⁰ in his 1924 paper. She declared, "...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."⁶¹ While guilt could cause masochistic reactions in people in general, women had a specific, primary, innate, and biologically determined masochism as well.

This feminine form of masochism stemmed from the female renunciation of the penis/clitoris (i.e., cessation of masturbation), just as Harnik said narcissism did.

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 ⁶²erotogenic masochistic basis of the feminine libido.

Masochism and castration fantasies were the natural result of normal female development. When these characteristics were also discovered in men, they did not prompt a re-evaluation of female psychology, but were interpreted as signs of an individual or discrete abnormality in men.

Theodore Schroeder (New York), who published extensively in the Psychoanalytic Review, cited a case in which he also linked passivity with masochism and femininity. He related the story of a man who enjoyed performing cunnilingus and who was paid by a prostitute to let her practice fellatio on him (supposedly so that she could practice her trade more profitably).

Thus he was being supported, as his mother was not, and as a woman should be, in return for her sex service. Thus again the "feminine" in him had its way. He practiced cunnilingus in return and enjoyed it from the start. It gave him a greater consciousness of his unity with the feminine and a feeling of vanity in his role of humiliation, of masochism, and a consciousness of an unusual ⁶³power to please, or to withhold an unusual pleasure.

According to Schroeder, then, femininity was closely connected with vanity (narcissism) and masochism. He also revealed his belief that the function of women in society, their reason for existence and their means of existence, was sexual.

Karl Abraham presented the following as the normal course for a healthy woman to take in relation to the fact and the fantasy of castration.

The normal adult woman becomes reconciled to her own sexual role and to that of the 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.⁶⁴

One cannot help but wonder about the possible nature of those disturbing effects and question whether or not it was the woman herself who would be disturbed by them. If women had suddenly started to seek their gratification openly and aggressively, family and social structures would have been changed. Not so coincidentally, psychoanalysts found that what was best for the female psychologically was what she had been limited to all along--marriage and motherhood.

It was firmly believed by all committed to psychoanalysis that women's compensation for having been born female was to have a child, preferably male. Literary deconstructions à la Freudian psychoanalysis were very popular in the Psychoanalytic Review, as was psychohistory. An article entitled "The Lady From the Sea: A Fresh Approach to an Analysis of Ibsen's Drama" appeared in 1927. The author reiterated this concept of the male child as a woman's salvation, by stating, "It is rather a beautiful and imaginative symbolism that sees the birth-agony as the ship-wreck of a woman's life; and the delivery of a man-child on the maternal waters, as of a life-boat floated onto the wild seas of Reality."⁶⁵ In this manner women were compensated for their lack of a penis. In addition, this notion purported to provide a psychological explanation for the traditionally higher value placed on male as opposed to female progeny, and thus a

justification. Further, it was an attempt to make women complicitous in the under-valuation of their own sex, as it was their compensation which was said to be dependent upon the child's being male.

Helene Deutsch implied that women who felt no desire to have children remained in an infantile state.

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 [castration, rape and parturition] and the gulf between instinctual and the reproductive tendencies is bridged by masochism.⁶⁶

Deutsch here speaks of female masochism in relation to the "phantasy" of rape, whereby it becomes merely symbolic. Nevertheless, the practical result of such a predisposition to masochism was that it could not fail to be reflected in women's normal endeavours. While the rape fantasies were never meant to be carried out, they prepared the way for less violent reflections of a masochistic personality--the desire to endure childbirth, to serve and nurture, and to put the goals of others ahead of one's own. Women's masochism was said to be a pre-ordained result of their anatomical structure. And so was marriage and motherhood, if a woman ever wanted to grow up.

Helene Deutsch even implied that women, given a choice, would prefer to stay out of the male world that was associated with creativity and culture. She claimed that

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.⁶⁷

Men were rewarded for their efforts in life, women compensated.

Dr. L.S. London of New York related a case of an unhappy woman who, significantly, possessed a graduate degree in science. Through analysis he showed this woman a better avenue for her creative strivings. At the end of her treatment the patient acknowledged that "...a woman's energy is creative and for the propagation of the species and for the training of children--that a man's energy is for the support of the female".⁶⁸ Again, we find psychoanalytical work echoing nineteenth-century non-psychoanalytical beliefs. A recent work recorded the beliefs of a late nineteenth-century sociologist who argued that "...evolutionary law determined that man must labor and struggle for his existence while woman should not. Only when the male sustained the female in the struggle for life was she able to accomplish those reproductive functions assigned her in the division of labor".⁶⁹ London related that his patient "...is now changed, is very happy that she is a woman."⁷⁰ Similarly, a Chicago analyst who cured a woman of her fear of marriage, related that, "It is now almost two years with no return of her symptoms. She is married and a happy mother."⁷¹ In 1923 Dr. Gregory Stragnell, another New York analyst, commented harshly on women who wanted to do creative activities--"...teach, do

settlement work, write verse, do research work, ad infinitum, provided they are not required to function genitally."⁷² These women, he said, were engaging in a "false sublimation"; there was no real joy for them in these activities. Happiness came from functioning "genitally". The genital in question was, of course, the vagina.

The picture which the Freudians painted of women was not a pretty one, both in terms of valued character traits and potential for human growth. It would seem likely that many women would prefer to flee from their psychological "destiny" and at least attempt a more satisfying existence, one not in accordance with Freudian expectations for women. However, the delineation of specific consequences (as opposed to a general threat of maladjustment) that would befall women who tried to deny their "femininity" was ample cause for second thoughts. Freudians threatened that mental illness, organic disease and even disfigurement could result from deviation from the Freudian description of normal female development.

Abnormal female sexual development was attributed to two main (and connected) causes--failure to work out properly the Oedipus complex and the existence of a castration complex. One of the earliest explicit accounts of how a castration complex might manifest itself in women was presented by J.H.W. van Ophuijsen at a meeting of the Dutch Psycho-Analytical Society in June 1917. It was published in English in 1924 in the International Journal of Psychoanalysis with the title "Contributions to the Masculinity

Complex in Women".⁷³

Van Ophuijsen believed that, unlike men, some women experienced the castration complex without guilt. For them, there was instead bitterness, "...a sense of having been ill-treated". For these cases "...in which the protest (which seeks to make up for the want) is predominant...", he proposed "...to introduce the term masculinity complex".⁷⁴ As with the castration complex proper, the masculinity complex derived from the female's sense of inferiority at not having a penis.

The origin of the masculinity complex is, of course, to be traced to the sight of a male organ, belonging either to the father or the brother, or some other man; and in the history of most women patients, and without exception in those with a strongly-marked masculinity complex, there is found the memory of such an observation and of the comparison of the patient's own body with that of a man.⁷⁵

The comparison was inevitably unfavourable to the female child.

The castration complex, including the masculinity complex, manifested itself in a variety of ways. Van Ophuijsen cited cases where some of his patients behaved as if they physically possessed a penis. Analysis showed that "...in place of the genital so passionately desired, there is felt to be a 'wound', which is either painful or irritating, according to the manner in which the patient regards the lack of the organ."⁷⁶ Karl Abraham in his article "Manifestations of the Female Castration Complex" (written 1919, published 1922) also characterized the female genital as a wound.⁷⁷

Abraham's article was still heralded by Freud in 1933 as unsurpassed on the subject.⁷⁸ Nevertheless, a lot of

consideration had been given to the castration complex in the meantime. For purposes of explication and analysis it is useful to arrange the discussion into sub-topics, as opposed to individual authors and articles.

The theory of the castration complex incorporated the concepts of penis-envy and masculine protest in an effort to explain a whole range of phenomena--clitoral women, so-called "masculine" women, the presence of women in the professions and other intellectual pursuits, and the women's movement itself, as well as the reproductive diseases of women and other female ailments. J.C. Flugl (London) stated that women with short hair had complexes that were especially marked,⁷⁹ and Franz Alexander (Vienna) discovered that "...classical objectless kleptomania is met with only in women." Kleptomaniacs, "[b]y their thefts... [were] trying to make good the cosmic injustice of their bodily configuration."⁸⁰ The men he studied wanted a bigger one, the women just wanted one.

While short-haired women and stealing for fun as opposed to profit could be bothersome, far more disturbing was the existence of women whose sexuality did not neatly complement the male's. The clitoral woman, a woman who had not managed the tricky transfer of sensitivity from her clitoris to her vagina, was declared a frigid woman. In his Introductory Lectures on Psycho-Analysis (1916-1917) Freud stated, "The process of a girl's becoming a woman depends very much on the clitoris passing on this sensitivity to the vaginal orifice in good time and

completely. In cases of what is known as sexual anaesthesia in women the clitoris has obstinately retained its sensitivity."⁸¹ Karl Abraham was also working on the same subject in 1916. He too argued that the woman who retained a large degree of sensitivity in the clitoris was frigid. He also claimed that this arrested stage in female development corresponded to the developmental level in males who suffered from premature ejaculation.⁸² While Freud later accorded the clitoris a minimal role in mature female sexuality, his overall concept of the clitoral woman as a frigid woman remained intact.

In 1930 Helene Deutsch, corroborating Freud as always, stated that:

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.⁸³

To be a "true" woman meant achieving a "feminine-passive attitude", or giving up clitoral sensation for vaginal sensitivity. Thus, logically, only sexual intercourse would lead to orgasm. This corresponded nicely with the commonly held religious belief that the missionary position was the only permissible form sex could take. Coincidentally, sexual intercourse also happened to be the most direct route to motherhood.

For psychoanalysts marriage and motherhood were the prescription for normal healthy womanhood. Referring to women who

were not adjusted to their sexual status Helene Deutsch said "...it is evidently the task of psychoanalysis 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 role."⁸⁴

Dr. Martin W. Peck (Boston) in 1928 showed a Harvard audience, through an analysis of a series of dreams, how he had cured one woman of masculinity and castration complexes, leading her back to her natural path of femininity. These dreams are noteworthy for their misogynistic content. While most articles from the 1920s were not as blatantly violent towards women, it should also be noted that Peck interpreted these dreams strictly in the light of contemporary and orthodox Freudian theory.

In the course of the analysis the patient's dreams were said to have undergone "Development from an uncompromising masculine protest to a receptive heterosexual attitude...."⁸⁵ Already in dream two, Peck found that his patient was making headway. "Dream no. 2. A man resembling the analyst is teasing a little girl. He threatens to cut off her breasts with a knife. The little girl is smiling and seems not to mind."⁸⁶ Peck's assessment of the dream consisted of the following--"In the second dream there is implied the acceptance of castration in the analysis, and is a sign of analytical growth from childhood to maturity."⁸⁷ A woman's healthy response to sexual violence was said to be acceptance.

In the following dream and in Peck's analysis the importance of a woman's accepting a lack of control, privacy and power over

her own body are again presented.

November 24th. Dream. Patient is identified with a young girl who is having intercourse for the first time with a young man. There is defloration. The dreamer is aware of the pain in intercourse and the unpleasantness of the blood-flow. The girl's father and other people are in the room, but there still seems a sense of privacy, and everything is as it should be.

This dream, both for real life and the analytic situation, presents a striking contrast to those earlier in the series. There is represented complete attainment of heterosexuality. The dreamer functions in the passive and feminine role without fear or antagonism, all of which symbolizes psychological advance. For the first time some actual genital sensation accompanies the dream.⁸⁸

From Peck's analysis several of his own agendas become clear. First, heterosexuality was paramount. There was a necessity to indulge in heterosexual sex with "genital sensation". Secondly, the woman had to play a passive role in the sex act. Thirdly, because only the man who deflowered the patient and her father were identified in the dream, the idea that a woman passed from the ownership of her father to that of her husband, and with the former's approval, was presented and upheld. Without "fear or antagonism" the preferred woman functioned in a "passive and feminine role", fulfilling her social destiny without complaint. The anatomical and social destinies of women were really one and the same. In addition, destiny was synonymous with purpose.

The Freudians claimed that a failure to fulfill one's female destiny in any of a variety of ways would lead to serious problems. Leaving aside any discussion of the social upheaval that would result should women seriously alter the patriarchal status quo, analysts wisely focussed on the repercussions that

could manifest themselves at an individual, and often a physical level, instead. The warnings which Freudian analysts directed at women were not only frequently erroneous and sensational, but cruel as well.

The Freudians reinterpreted the various gynecological problems of women in light of psychoanalytic discoveries. Approaches ranged from simple statements that these were not organically produced phenomena to bizarre claims of having achieved spontaneous cures through psychoanalytic therapy. The psychic roots of diseases and symptoms in women were found to result from their inability or refusal to accept their natural biological, psychic and social status as women.

In 1921 George Groddeck (Berlin) wrote an article entitled "On the Psychoanalysis of Organic Conditions" which was published in the Internationale Zeitschrift fur Psychoanalyse. He presented the theory that "...every illness is a regression to childhood or infancy or even to the prenatal period where there is complete dependence on the mother."⁸⁹ Women were especially prone to develop such illnesses.

The countless diseases of women are forms of wish-fulfillment. The examinations and manipulations permit the realization of repressed exhibitionistic and other libidinous wishes. Groddeck calls attention in this connection to the fact that it is the unconscious which has developed gynecology, with all its advantages and disadvantages--a department of medicine that a hundred years ago was almost unknown.⁹⁰

A function of wish-fulfillment, Groddeck stated, "...pregnancy is often imitated by amenorrhea with swelling of the abdomen and

breasts",⁹¹ and he claimed to have cured a woman suffering from "...maldevelopment of one breast" through "...a long period of psychoanalytic treatment [whereby] symmetry of development was attained."⁹²

While not all analysts were as confident of the curative powers of psychoanalysis in these cases, they were in agreement as to what caused the seemingly organic conditions. Josef Eisler published an article similar to Groddeck's in the same journal a year later. He stated that amenorrhea may result from the desire to be a man, "...a conversion symptom expressive of this wish in accordance with which the organ refuses to perform its function."⁹³ The organ's refusal to perform its function was a physical reflection of the woman's refusal to perform her function--to be fertile and bear children.

In the case of a woman who was in labour for four and a half days, Eisler found repressed anal erotism, which he expressed with the formula feces=child (trying to retain the feces).⁹⁴ The full Freudian equation on this subject ran feces(gift)=penis=child.⁹⁵ Thus, the prolonged labour resulted from a castration complex, whereby the woman sought to deny her lack of a penis, unconsciously substituted the child for the penis she desired, and therefore refused to give it up. In two cases of spontaneous miscarriage where insufficient organic factors were found, Eisler found that "...a psychic factor, desire for revenge on the husband for neglect, a motive which is likely to lead to hysterical phenomena in women of the Medea type, had influenced

the uterine musculature."⁹⁶

In 1926 John Rickman (London) added a number of other female ailments to the list of those psychoanalytically explicable, in an article entitled "A Psychological Factor in the Aetiology of Discensus Uteri, Laceration of the Perineum and Vaginismus". Rickman decreed, "No one acquainted with psychoanalysis doubts the hysterical basis of vaginismus, which is one of the most striking examples of lack of psycho-sexual adaptation to a partner."⁹⁷ Again, the onus was on women to adapt to male sexual needs.

Rickman went on to claim that a castration complex was the at the root of one woman's prolapsed uterus which had not been helped by gynecological treatment.

...she saw in the descent of the uterus the possibility of obtaining a protruding genital which she had envied in her brother. The gynaecologist's efforts were being defeated by an unconscious wish, or rather several: the need for self-punishment expressed in the continuance of the pains, "which were like labour pains" (and like them gratifying to the unconscious!), and by the cancellation of the castration-complex by growing the coveted organ herself.⁹⁸

Smith Ely Jelliffe, co-editor of the Psychoanalytic Review, related an almost identical case in the same year- "In a personally partly analyzed patient this wish [for a penis] was expressed by a pushing down of the bladder and uterus until the cervix protruded from the vagina. This was clearly identifiable in the analysis with a penis...."⁹⁹

Rickman further theorized that laceration of the perineum in childbirth resulted from a repression of incestuous desires. When

in labour, he stated, the physician became identified with the father in the patient's unconscious. A desire to remove herself from the embarrassing situation resulted in the woman behaving hysterically, forcing contractions which aggravated the birth process.

The sexual element in the situation, the genital relation to a father-*imago*, places a greater strain on their super-ego than it will bear, the patient loses touch with him in the act of birth as she did with his forerunner, the husband, at the time of conception, and, disregarding injury and extra pain, she behaves regressively, expelling the child as she expels faeces, with force and without delicacy.¹⁰⁰

According to Rickman, then, a woman should act like a lady, even during childbirth. Morning sickness and false alarms in pregnancy were also declared by Rickman to be "hysterical manifestations". Helene Deutsch had said the same thing in her 1925 article "The Psychology of Women in Relation to the Functions of Reproduction".¹⁰¹ Over and over again psychoanalysts solemnly substantiated even the most ridiculous and misogynistic theories of their colleagues with their own data.

In actuality, prolapsed uteri, laceration of the perineum and many other gynecological maladies commonly resulted from early and repeated pregnancies. Despite advances in medical knowledge which improved health care generally, problems and even deaths connected with pregnancy and childbirth did not significantly decline, at least in the United States, until the 1940s.¹⁰² Thus, in the face of a failure to overcome the physical damage which all too often accompanied pregnancy and childbirth, some psychoanalytic members of the medical community decided to

blame the patient for their own disorders.

Pregnancy, well into the twentieth century, remained noticeably hazardous to a woman's health. No doubt prompted by women's common and natural fear of pregnancy, psychoanalysts countered potential declines in maternity, with the warning that a failure to have children might be even more damaging to female health. Dr. John Holland Cassity of Washington was convinced that if there was a link between infertility and cancer of the sexual parts, its etiology was psychological, not physical. Cassity gave a favourable review to a book by one Elida Evans entitled A Psychological Study of Cancer:

The author of this book demonstrates beyond the shadow of a doubt that normal cancer cases have unique psychological make-ups in common...women of this type, longing for children and unable for various reasons, to acquire them, not infrequently develop cancer of the breast or, less often, of the uterus.¹⁰³

In the nineteenth century too, "...despite the commonsensical view that many...ailments resulted from childbearing, physicians often contended that far greater ailments could be expected in childless women." There existed the belief that "Motherhood was woman's normal destiny, and those females who thwarted the promise immanent in their body's design must expect to suffer".¹⁰⁴ Thus, in both the nineteenth and the twentieth century it was believed that woman's destiny was to suffer because of her reproductive organs, whether naturally through childbirth, or less naturally through the denial of reproduction.

As if all these threats were insufficient to ensure that women sought their happiness only in the role of wife and mother, J. Harnik and Helene Deutsch issued yet one more warning to recalcitrant women--if they did not properly adjust to their status and functions as women, they would become ugly. Harnik, like Freud,¹⁰⁵ believed that continued masturbation in puberty was characteristic only of the male. Women's narcissism was said to become diffused onto their entire bodies as a result, while the male's remained more localized and less encompassing. Women who continued to masturbate were warned that they would never become sexually mature individuals; they would remain in an infantile state. However, and just in case some women thought the former an acceptable price to pay for continued masturbation, and therefore less narcissism, Harnik offered a few other unhappy results for contemplation. He claimed that

...in young girls who had not been able to overcome the impulse to masturbate after the monthly periods began, the secondary sex characteristics, and especially the breasts, were imperfectly developed. Further experience then showed that it is these same girls who retain unchanged throughout puberty, sometimes throughout life, a childish slenderness, the undifferentiated boyish figure and boyish appearance which belongs to the pre-pubertal period. There are some cases indeed where this trait is accompanied by a certain uncomeliness of face which is permanent.¹⁰⁶

Women who continued the masculine activity of masturbation after puberty would not only be less narcissistic, they would have a lot less to be narcissistic about.

Similarly, Helene Deutsch distinguished "...two characteristic types of women according to their mental reactions

to pregnancy." In "...women who endure their pregnancy with visible discomfort and depression" she found that a "...similar unfavourable change takes place in their bodily appearance: they become ugly and shrunken...."¹⁰⁷ Psychology was determining the truths of biology in this case.

The Freudians constructed a human psychology that was overwhelmingly favourable to men and depreciatory of women. Then, in order to ensure that women did not lightly dismiss that theory, the Freudians engaged in intimidation tactics. They claimed that the greatest fears of women would be realized if their lives were not lived in a manner consistent with the Freudian caricature of healthy femininity.

Endnotes

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2.S. Freud, "The Psychogenesis of a case of Homosexuality in a Woman" (1920) in Standard Edition, Vol. 18, p. 171. (hereafter cited as Freud, "Psychogenesis").

3.S. Freud, Three Essays on the Theory of Sexuality (1905) in Standard Edition, Vol. 7, p. 219. (hereafter cited as Freud, Three Essays).

4.Freud, "Psychogenesis", p. 171.

5.Ibid., p. 106.

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22. Carl Muller-Braunschweig, "The Genesis of the Feminine Super-Ego" in International Journal of Psychoanalysis, Vol. VII, nos. 3&4, 1926, p. 359.

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28. Ibid., p. 50.

29. Ibid., p. 50.

30. Freud, Three Essays, pp. 220-221.

31. Helene Deutsch, "The Psychology of Women in Relation to the Functions of Reproduction" in International Journal of Psychoanalysis, Vol VI, no. 4, 1925, pp. 408-409 (hereafter cited as Deutsch, "Reproduction").

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35.Sandor Lorand, "A Horse Phobia: A Character Analysis of an Anxiety Hysteria" in Psychoanalytic Review, Vol. VIV, no. 2, 1927, p. 177.

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40.S. Freud, "On the Sexual Theories of Children" (1908) in Standard Edition, Vol. 9, p. 217.

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42.Karen Horney, "The Flight From Womanhood" in International Journal of Psychoanalysis, Vol. VII, nos. 3&4, p. 334.

43.Jack L. Rubins, ed., Developments in Horney Psychoanalysis 1950.....1970 (Huntington, New York: Robert E. Krieger Publishing Company, 1972), p. 28. Franz Alexander, a psychoanalyst from Berlin who worked with Horney in Chicago in the 1930s, spoke of the problem which Horney's revisionist theories created for orthodox Freudian theory and some of his main objections to Horney's approach. According to Jack Rubins "...their differences were due to the extent she wished to revise classical analytic thinking...his areas of disagreement with Horney, mostly focussed on what he considered her too 'antibiological and antigenetic' approach. But surprisingly, he himself was to be later included in the same group of culturally-oriented Neo-Freudians...". pp. 24-25.

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73.J.H.W. van Ophuijsen, "Contributions to the Masculinity Complex in Women" in International Journal of Psychoanalysis, Vol. V, no. 1, 1924, pp. 39-49.

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77.Abraham, "Manifestations", p. 3.

78.S. Freud, "Female Sexuality" (1931) in Standard Edition, Vol. 21, p. 241. It seems that Van Ophuijsen has been somewhat overlooked when credit is given for work done on the female castration complex. Freud himself adopted the term masculinity complex in his 1919 paper "A Child is Being Beaten", but seemed unaware that it had originated with Van Ophuijsen (Strachey, Standard Edition, Vol. 19, p. 253). Much more recently Juliet Mitchell, in her 1974 defense of Freudian psychoanalysis as not incompatible with feminism, credited Abraham with beginning the debate on the female castration complex, in his article "Manifestations of the Female Castration Complex" (1922). Mitchell made this assertion on the erroneous belief that Van Ophuijsen's article had not been published until 1924, when it appeared in the International Journal of Psychoanalysis (Mitchell, p. 122). In fact, a version of it had already appeared in the Internationale Zeitschrift fur Psychoanalyse in 1917, (abstracted in the Psychoanalytic Review, Vol. X, no. 3, 1923, pp. 336-337), a journal which published all the major figures in psychoanalysis, including Abraham. Finally, Abraham himself referred to van Ophuijsen's article on p. 10 of his aforementioned article.

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93.Josef Eisler, "On Hysterical Uterine Phenomenon" in Internationale Zeitschrift fur Psychoanalyse, Vol. IX, no. 3, 1922. Abstracted by Clara Willard in Psychoanalytic Review, Vol. XVI, no. 1, 1929, p. 79.

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Chapter III

Homosexuality: A Study in Abnormal Development, Its Causes and Characteristics

The problem of homosexuality had a ready-made place within Freudian sexual psychology. Freudian psychology exploited the sexual fears and prejudices of society in order to promote the continuation of rigid and grossly stereotyped distinctions between the sexes, distinctions which ensured male dominance over women.

Homosexuality was said to be a perversion--something in the psychosexual development of the homosexual individual had gone awry. Since normal psychosexual development was claimed to be gender specific and heterosexual, it followed that the homosexual was someone who possessed and displayed characteristics which had previously been designated by Freudians (and before that by tradition) as belonging to the opposite sex. In the 1920s the linking of cross-gender traits with homosexuality pervaded Freudian psychoanalytic writings.

Kate Millett, in the feminist classic, Sexual Politics (1969), stated, "All the forces of psychoanalysis came to be gathered to force woman to 'adjust' to her position, that is to

accept it and submit, for the security of society and the strength of traditional marriage depend upon her accepting her fate."¹ Homosexuality, however, threatened patriarchy by threatening marriage which was itself part of "Patriarchy's chief institution...the family".² Family relationships, between husband and wife, parents and children, were judged by psychoanalysts to be healthy or unhealthy, free of or full of homosexual elements, depending on whether or not sexual stereotypes were acted out and enforced.

Lillian Faderman, in Surpassing the Love of Men (1981), noted that while male homosexuality was traditionally more worrisome to society than lesbianism, this ceased to be the case when women slowly came to be allowed the means of financial self-support. Previously, whether a woman preferred the company of men or women romantically was immaterial. For most women there were no alternatives to marriage and thus "patriarchy's chief institution" was not threatened by lesbianism.³ By the 1920s, however, women were beginning to enjoy some employment opportunities which permitted self-support and therefore personal autonomy. Marriage was no longer an inevitable financial necessity. As a psychological counter to this material reality psychoanalysts equated career desires in women, as well as the entire feminist movement, with lesbianism. Indeed, the Freudians were likely to deem anything which threatened the patriarchal status quo as homosexual in etiology.

In psychoanalytic circles responsibility for homosexual

development was credited to both environmental and biological causes. Organic predispositions were often argued, but precipitating factors just as frequently appeared alongside the innate. The relative weight assigned to each etiological factor varied with both the analyst and the patient. Freud stated, "...this question [of environmental versus congenital factors in homosexuality] is a fruitless and inapposite one."⁴ While he recognized an "organic factor in homosexuality", he also believed that this "...does not relieve us of the obligation of studying the psychical processes connected with its origin."⁵ Above all, those "psychical processes" were said to be characterized by mental characteristics and behaviour that deviated from gender norms. One did not even have to practice homosexual acts to be labelled a homosexual--the possession of cross-gender traits was sufficient for the diagnosis. In a brilliant move Freudians created two sub-categories of homosexuality--overt and latent, and they made ample use of the latter category. Latent homosexuals did not engage in overt homosexual activity; they might not even have been aware that they possessed any undue attraction to members of their own sex. How then could they be said to be homosexuals?

The historical development which made such a claim possible was the creation of the homosexual as species in the nineteenth century. Michel Foucault, in The History of Sexuality, stated that the homosexual as individual was one result of the overall proliferation of discourse on sexuality during the eighteenth and

nineteenth centuries. That discourse resulted in a codification of sexual behaviour and a "...new persecution of peripheral sexualities...."⁶ Previous to its reification, however, homosexual behaviour was simply viewed as one of many deviant sexual activities.⁷ This conceptualization of homosexuality primarily in terms of the individual rather than the act, more something one was than something one did, eventually made it possible to ignore the act completely. The homosexual "personality" was created, supplanting the homosexual act in chronology and importance.

Freudians considered latent homosexuality to be an invisible but still dangerous disease. Latent homosexuality was said to be at the root of a number of other mental illnesses. Anyone could be a latent homosexual. As in the case of overt homosexuality, it was manifest in behaviour that was deemed contrary to the individual's sex. The Freudian concept of latent homosexuality, because it was both vague and extreme, left a wide margin for interpretation and abuse. Who could tell when a latent homosexuality might become overt; how could one be safe from this perversion, especially in light of the essential bisexuality in which the Freudians themselves believed? Capitalizing on sexual fears, analysts prescribed stereotypical masculine and feminine behaviour as both a counter to potential homosexuality and a visible sign of healthful heterosexuality.

Freud, while discussing the reasons for homosexuality in one woman, denied that conventional ideas about masculinity and

femininity could be used as scientific proof of congenital homosexuality. Despite this disclaimer, he accepted and used those definitions as indicators or signs of some abnormality, whether congenital or acquired, and found them important enough to record. Thus, just as in the case of the a priori assignment of activity as masculine and passivity as feminine, Freud chose to ignore his own disclaimer almost as soon as he had made it. In "The Psychogenesis of a Case of Homosexuality in a Woman" (1920), Freud noted that his female patient possessed some physical traits that could be termed masculine. In addition, she possessed character traits which Freud said did not belong to the "true" female type. "Some of her intellectual attributes could also be connected with masculinity: for instance, her acuteness of comprehension and her lucid objectivity, in so far as she was not dominated by her passion."⁸ In 1922 Karl Abraham explicitly linked masculine traits in women with homosexuality. Of lesbians he said, "They love to exhibit their masculinity in dress, in the way of doing their hair, and in their general behaviour."⁹

In an extended case study of an exhibitionist in 1925, Dr. Ben Karpman of Saint Elizabeth's Hospital began by stating that the patient was "...very much of the feminine make-up." While the man engaged in no "...active or passive homosexual activities..." it was still clear to Karpman that his patient was "...exceedingly weak heterosexually...."¹⁰ Dr. Lucille Dooley who performed the routine physical examination had discovered that the patient was not entirely male physiologically. She found him

to be

...a tall, slender, rather undernourished, narrow chested white male, youthful in appearance and distinctly of feminine type. He has an effeminate type of voice, his obvious lack of aggressiveness and even his modes of expression resembling strongly those of a woman rather than of a man.¹¹

Dr. Winifred Richmond contributed more evidence of a homosexual component after mentally examining the patient. She found that "He abhors crudity in any form, the slightest roughness seems to jar his finer sensibilities; and he himself is the incarnation of gentility and daintiness."¹²

Karpman's contribution to the study included a family and personal history, and confirmed his own and his colleagues' suspicions. He found that the patient had not displayed sufficient interest in masculine activities as a child. "As he was growing up he did not appear to care for sports and beyond his bicycle, a temporary interest in military drill and a passion to navigate small boats, he showed but little interest in the activities of boys."¹³ One wonders what other activities and how many of them would have satisfied Karpman's standard for sufficient youthful masculine interest.

Through dream analysis Karpman claimed to have unearthed the patient's homosexuality. "There is also a strong homosexual component in the dream", he wrote, because "Behind the doctor stands the father, who, too, knew exactly how to do things. He wishes to put himself in his father's care. It may be a homosexual transfer to the analyst."¹⁴ In the mind/body

etiological position, more likely to be encountered in members of the Washington than the New York group, Karpman claimed that "...his difficulties are...the result of psychobiologic arrested development, of ontogenetic evolution ceasing at the homosexual and perhaps even lower level."¹⁵

Dr. Frederick Patry, a psychoanalyst at the Utica State Hospital, also took a combined physiological and psychological approach to the question of sexual orientation. In a case study of bisexuality he included a photograph of the patient (nude, but with his eyes covered by a black rectangle), and directed the reader to "Note overdevelopment of mammary glands".¹⁶ As Stephen Jay Gould and others have pointed out, scientific theorists and experimenters have often interpreted questionable evidence as indisputable proof of their own pet theories, the areas of race and sex differentiation being most prone to this type of "scientific" data fixing.¹⁷ Thus it was not too surprising to note that the so-called "overdevelopment" of the patient's "mammary glands" was minimal, and exactly what one would expect in a man only five and one-half feet tall who weighed 194 lbs. Nevertheless, Patry claimed the patient's physique as evidence for the physiological basis of bisexuality. Behaviourally, Patry found that

Histories of adult bisexuals often reveal manifestations of the opposite sex characteristics, e.g., as a boy he may have been excessively inclined to don the dress of girls, or show undue interest in the opposite sex object. In adult life the subject, e.g., a young woman may masquerade in men's clothes.¹⁸

The common tendency of children to play dress-up was used, in retrospect, as proof of abnormal sexuality.

Homosexuality was applied as an explanation or symptom of many mental illnesses. In a study of manic depressives, Dr. Lucille Dooley of Saint Elizabeth's Hospital found a potential homosexuality to be behind one patient's disorders. As a child this woman felt a necessity to choose one parent over the other, and she was never sure that she had made the correct choice. Dooley's interpretation was that "The deeper meaning of the question for the patient is in her wavering between homosexuality and heterosexuality, and between masculine and feminine traits. She is masculine in appearance due to endocrine disturbances as has been mentioned."¹⁹ In actuality, the endocrine disturbances were assumed primarily on the basis of the woman's low voice. In addition, Dooley arrived at her conclusion despite the fact that the patient had never shown any overt signs of homosexuality.

William White, co-editor of the Psychoanalytic Review and Superintendent of Saint Elizabeth's, found that a person's sexual orientation greatly influenced their choice of work. In "Psychoanalysis and Vocational Guidance: A Lecture" he claimed that among homosexuals

...are found many masseurs, rubbers, bathing attendants who may be dominated by the partial tendency of either looking or touching. In this group are also found waiters who may not only be masochistic but have a distinctly passive homosexual tendency, a 'will to subjection'. Undoubtedly there would be found many latent, unconscious homosexuals among the men who deal in women's clothes, such as salesmen in department stores, ladies' tailors milliners, men who are interested in and do embroidery. A number of male cooks

would probably come in this category.²⁰

Women, not men, should cook, sew and wait on people. Men who willingly undertook the devalued tasks usually designated as appropriate for women, were suspected of sharing women's mental characteristics as well--their masochism, passivity and natural servitude. And, as we have seen, this was a clear indication of homosexuality. As such, White presented another argument in favour of the traditional division of labour according to sex.

Correspondingly, women who wanted to enter the professions were labelled masculine and lesbian. Thus, in light of the feminist efforts to reduce many overt differences (inequalities) between the sexes, Freudians linked feminists and their goals with lesbianism in an effort to discredit the movement. Through their "scientific" psychological discoveries--discoveries which ostensibly proved that essential differences existed between the psychological make-ups of the two sexes--the Freudians attempted to invalidate the social criticisms of feminists. Feminist complaints about the status of women were said to arise from the feminists' own psychological maladjustments.

Karl Abraham discounted feminist arguments for social reform as nothing more than the result of an unresolved castration complex. After a comment on the masculine appearance of some lesbians he continued by stating that:

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 today.²¹

Thus, like William White, Abraham argued that the conventional division of labour between the sexes reflected essential differences between them. Their complaints were mere "...conscious arguments...of limited value...the result of rationalisation--a process which veils the motives lying deeper."²²

In one homosexual patient, in whom Freud claimed to have found "...a strongly marked 'masculinity complex'", he also recorded feminist leanings. He related that "She was in fact a feminist; she felt it unjust that girls should not enjoy the same privileges as boys and rebelled against the lot of women in general".²³ Freud found a homosexual who was a feminist. Abraham found many feminists to be homosexuals, overt or latent.

According to Freud and his followers, women who sought to enter the professions were really only still upset that they had not been born men. In addition to the danger of lesbianism, protest of this sort could lead to other disruptions in the sex life of women. Jeanne Lampl-de-Groot (Berlin) warned of some of these possible ill effects. The maladjusted woman, she said

...seeks for over-compensation for her bodily inferiority on some other plane than the sexual (in her work, her profession). But in doing so, she represses sexual desire altogether, that is, remains sexually unmoved....Her belief in her possession of the penis has then been shifted to the intellectual sphere; there the woman can be masculine and

compete with the man.²⁴

Again, the woman who entered the male-dominated professional world was masculine, suffering from penis-envy and an unresolved castration complex. If she did not become an overt lesbian, this type of woman would still not be able to lead a full sexual life with a man--she would be frigid. The two cases Lampl-de-Groot cited in support of her theory were said to exhibit distinct homosexual tendencies.

Ernest Jones, writing in 1927, also found that even though some women might appear to keep men as their sex objects, homosexual factors were insidiously present when a woman wanted to be accepted on the same terms as a man. "To this group belongs the familiar types of women who ceaselessly complain of the unfairness of women's lot and their unjust ill-treatment by men"²⁵--feminists.

When Mathilde and Mathias Vaerting published The Dominant Sex: A Study in the Sociology of Sex Differentiation in 1923, it received a very poor review in the pages of the International Journal of Psychoanalysis. The Vaertings' thesis was that "...the psychological differences, and many of the bodily ones, between the sexes are not fundamental, but are due to sociological differences." Ernest Jones offered a short, but comprehensive criticism: "Like Adler, therefore, the authors take up the topsy-turvy position of basing their psychology on sociology instead of vice-versa."²⁶

In 1927, William White reviewed Wilhelm Stekel's

Frigidity in Woman in Relation to Her Love Life. White wrote that Stekel had "...really made a contribution to the present day psychology of woman which ought to be taken into consideration in the evaluation and understanding of the various social movements which have attained such prominence in recent years."²⁷ Once again psychology was presented as preceding social reality. The implication of White's statement was that the psychological problems of women had contributed to the creation of the women's movement, or that feminists were simply psychologically maladjusted, abnormal, unhealthy women. S.E. Jelliffe, White's co-editor, neatly summed up the Freudian position on the women's movement when he referred to "...the feminist equality 'masculinity complex'...."²⁸

The institution of marriage has traditionally been characterized by male authority over women, rather than female domination or by an equality of position. Psychoanalysts, no less than the clergy, upheld this hierarchy within marriage. This situation has depended upon the possession of authority and superior power by the male--physically, emotionally, intellectually, and perhaps most importantly, economically. As always their tool was the concept of "healthy normality". While psychoanalysts ostensibly worried about men losing their maleness and hence their mental health, this masculinity was in fact a synonym for power. Thus, for a woman to lose her femininity meant a gain in power--in the absolute scheme of things a more valuable situation than powerlessness. However, psychoanalysts warned

that, as in the male, there would also be a corresponding loss of mental health and quality of life for women. This was the threat posed by analysts to men and women who might have wished to depart from the societal limitations imposed on them because of their sex. A healthy marriage, according to psychoanalysts, was one in which the male firmly held the reins of power, while the female submissively and happily acquiesced. Any deviation from this marital ideal was an indication of and a contributor to homosexuality, or both symptom and cause.

Thus it was that husbands and wives were sometimes blamed for encouraging homosexuality in their spouses. In 1924, Dr. Gregory Stragnell, a psychoanalyst resident in New York, had a patient who he claimed exhibited strong homosexual tendencies. This man, significantly, was "...married to a woman more aggressive than himself."²⁹ The sexual role of the husband had been usurped by the wife. This state of affairs could not fail to warp other aspects of their relationship. Stragnell disapproved of some of their sexual practices: "In his amorous relations with his wife, who in many ways satisfied his bisexual or more directly his homosexual masochistic component, he took a keen delight in sucking her nipples. This no doubt gave him an infantile erotic pleasure plus the symbolized fellatio satisfaction."³⁰

According to Stragnell, the patient exhibited abnormal behaviour by pausing to spend a large amount of time on his wife's breasts, before consummating the sexual act. This tallied

with Freud's definitions of perverse sexual behaviour as presented in Three Essays. There, Freud stated that any use of the lips or tongue for sexual purposes, excepting moderate kissing, was a perversion.³¹ Generally, perversions were "...sexual activities which either (a) extend, in an anatomical sense, beyond the regions of the body which are designed for sexual union, or (b) linger over the intermediate relations to the sexual object which should normally be traversed rapidly on the path towards the final sexual aim."³² One of the ways in which this passage could be interpreted was that extensive foreplay was unhealthy and that the ultimate union of the genitals should be arrived at quickly, lest the sexual act deteriorate into a perversion. Adherence to this belief would seriously undermine the likelihood of sexual pleasure for women. Within psychoanalysis, healthy enjoyment of human sexuality was reduced to sexual intercourse.

Another New York analyst, Dr. L.S. London, found he had a patient whose homosexual component was also being brought to the fore by a masculine wife. "In the analysis of the case it was ascertained that although the patient had been married twelve years, he had never had any real sexual relationship with his wife, who encouraged his homosexuality by being a woman of the masculine type. She was frigid, a school teacher, and without doubt a homosexual."³³ Note the non sequitur in the second sentence of the quote. In the context of psychoanalysis, however, it is a non sequitur only because the theory has been left out,

just the conclusion being present. The link made between being a teacher and therefore a lesbian accorded with standard Freudian theory which assessed women with non-domestic interests as not wholly feminine. Her character was also held in some degree responsible for the homosexuality of her husband, in addition to her own.

This approach to marital dynamics was perfectly logical. Real men wanted real women, a complementarity of opposites. If an individual did not want to subscribe to heterosexual gendered reality it was likely that he or she would require a partner who was similarly deviant. If these latent homosexuals did not become overt homosexuals they would then seek a heterosexual object whose behaviour and characteristics were in contradistinction to their sex. In this way a homosexual relationship would be approximated. Stragnell wrote that in women, "A compromise may be reached by the finding of a gratification of the homosexual component in some wobbly male. In this instance the relationship would be, according to the plan suggested by Jelliffe, a masochistic male component fitting into the sadistic female homosexual component."³⁴ Again masochism normatively (heterosexually) belonged to the female, sadism to the male.

Tampering with assigned marital roles could also damage the children of a marriage. Another belief about homosexuality that psychoanalysts repeatedly expressed was that behind the homosexual lurked a domineering or "masculine" mother. Her own character was said to contribute to the development of

homosexuality in her children, either in a primary or secondary manner. While the concomitant to the masculine mother was a weak or feminine father, it was the mothers who received the bulk of the attention from psychoanalysts. This is only logical when one takes into account that the female was (and for the most part, still is) held to be the natural primary care taker of children. Children were her responsibility.

Edward W. Lazell, a M.D. from St. Elizabeth's, expounded on the problems masculine women could create in their children in two papers written in 1920 and 1921. Referring to ex-soldiers suffering from schizophrenia, he stated that the guilt component (a function of the schizophrenia) was usually "homo-erotic" in form.³⁵ The familial pattern of so-called passive or submissive homosexuals was said to be the following. "In these cases the father was a weak man, while the mother is usually found to have been an aggressive woman and dominated the father. The patient submits to the mother as a female".³⁶ Here there was an implication that the amount of authority a woman exercised over her children should be determined by the child's sex. It was another argument for the greater freedom allowed male children. On the other hand it was implied that female children were healthiest when brought up in an atmosphere of submission. In 1921 Lazell reiterated that the paranoid/submissive homosexuals had mothers who "...showed a great deal of masculine protest. In other words the mother was the man of the family."³⁷ The "masculinity complex", that manifestation of the "castration

complex", was not only detrimental to the woman herself, but to the children she raised as well. Such emotional blackmail acted as a rearguard for other, more structured attempts, to keep the sexes in their spheres (i.e. legal, professional restrictions).

Abraham, in his "Manifestations of the Female Castration Complex", said that women with castration complexes "...undermine the heterosexuality of the growing-up girl."³⁸ Thus Gregory Stragnell was supported by one of the foremost psychoanalytic thinkers, when he found a masculine mother to be at the root of homosexual desires in the dreams of one of his patients.

Her mother was a capable woman who augmented her power over her husband by a series of hysterical illnesses...The father had been noted for his docile qualities and his integrity. The mother was living and still enjoying her hysteria in a modified form.

The mother played a considerable role in the formation of the psychosexual life of the dreamer and every dream she had presented had been filled with mother figures.³⁹

Abraham wrote that these sorts of mothers avoid the genitals in the male child and fawn over the buttocks, guiding their sons to "...an altered orientation of the libido" (i.e. homosexuality and misogyny).⁴⁰ Psychoanalysis, by curing these women, could also have a prophylactic effect. According to Abraham, "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 of children to a great extent, and thus help the coming generation."⁴¹

Clear gendered messages were a crucial factor in the healthy upbringing of children. In the words of one New York analyst:

"The childhood technique and reaction-patterns, should be in harmony with the actual sex of the child, and the unduly prolonged ignorance of sexual distinction will be avoided, if wholesome heterosexual development is to be encouraged."⁴²

The mothers of homosexual men were a far cry from the loving maternal ideal. It is somewhat surprising then, to find that the mothers of homosexuals were also said to be the recipients of an exaggerated affection in their sons. Robert Rigall, a member of the British Psychoanalytic Society, stated, "The importance of a mother fixation can hardly be overestimated in these cases of inversion."⁴³ Paul Schilder, a Viennese psychoanalyst agreed. He found that all his homosexual patients exhibited a strong love for their mothers and sisters.⁴⁴

Female analysts, no less than male analysts, subscribed to this value system and described case histories accordingly. Dr. Mary O'Malley, a Clinical Director at Saint Elizabeth's, expressed her disapproval of mothers who showed strong character traits. Referring to "Case 2" who "Showed very bad heredity", O'Malley informed her readership that "Mother living and is of a domineering disposition, the ruler of the family, suffering from rheumatism."⁴⁵ "Case 3" was somewhat better off. "The mother was an inoffensive domestic woman who devoted her energies entirely to her household duties and to the rearing of her children."⁴⁶ Apparently, this mother was sufficiently inoffensive to warrant a description in proper sentences. The difference in tone is striking.

Another example of the way in which homosexuality was used by psychoanalysts to try to create the type of world they wanted to see was in the connections made between homosexuality and alcohol. Some analysts accused all alcoholics of being homosexuals. In 1915 Dr. Viktor Tausk, then living in Vienna, claimed, "Evidence of the homosexual origin of addiction to alcohol is the fact that it is nearly always partaken of in the company of the same sex."⁴⁷ Dr. L. Pierce Clark, a New York analyst concurred. In 1919 he wrote, "The formerly unjustly laughed-at social tea was the sublimated expression of female homosexuality; but alcohol is more satisfactory...".⁴⁸ In addition he claimed, "The healthy man has distaste for tenderness between man and man, but alcohol dissolves this repugnance. Men drink, fall around one another's necks and weep. Every drinking bout has a touch of homosexuality."⁴⁹ While the regrettable limitations placed on women through the promotion of dichotomous characteristics for the sexes far exceeded those placed on men, men also paid a price for their masculinity. L. Pierce Clark, whether intentionally or not, provided one example. Friendships between men were supposed to take place within well-defined boundaries that precluded intimacy.

Most analysts, however, modified their views on alcohol according to sex, disapproving most when alcohol consumption was by women. Again, this circumstance mirrored early twentieth-century social mores. In 1926 the International Journal of Psychoanalysis printed a previously published article by Karl

Abraham who was only recently deceased. Written in 1908, it was not considered out of date eighteen years later. Implying that social restrictions placed on feminine alcohol consumption had a base other than simple convention he stated that:

Girls have no occasion to turn to alcohol at puberty, for alcohol does away with the effects of repression, the resistances, and if a woman sacrifices these she loses in charm for men. Women who display a strong inclination towards alcohol would probably, on closer observation, always reveal a strong homosexual component.⁵⁰

Robert Rigall, British psychoanalyst and doctor, claimed that in both men and women "...alcohol excess hinders the sublimation of homosexuality",⁵¹ just as L. Pierce Clark and Viktor Tausk had argued. However, like Abraham, Rigall also noted that this was more the case for women than men. Men might drink to accentuate a normal masculine aggression, one that was consistent with heterosexuality. Women, on the other hand, were "...more likely to drink in order to bring out the masculine side of their bisexuality",⁵² which of course referred to their homosexual side.

Similarly, tobacco smoking was deemed an essentially male activity, one inappropriate for women. In 1922, A.A. Brill, sometime president of both the New York and American psychoanalytic societies, wrote "Tobacco and the Individual". It was published in the International Journal of Psychoanalysis, and was nicely summarized by Jelliffe in the Psychoanalytic Review:

Male aggression is also evidenced in the tobacco habit, and as modern man bears the heaviest load of civilization he smokes, chews, and drinks more than the woman who is passive by nature. The women smokers that one met in former years, especially in Anglo-Saxon countries, mostly belonged to the

aggressive prostitute type, but as present-day social and economic conditions hamper the woman in the exercise of her maternal functions, and force her into activities that are essentially unfeminine, she, too, gradually takes to smoking.⁵³

Psychoanalytic theories subsumed women who were professionals, feminists, alcohol consumers, and smokers under the label lesbian. Similarly, men who engaged in activities that were traditionally associated with women were also labelled homosexual. The Freudian formula ran--female + masculine = homosexual; male + feminine = homosexual.

Psychoanalytic theories on homosexuality mirrored common stereotypes; they accepted and restated popular beliefs about the characteristics and causes of homosexuality. Men who were homosexuals were not real men, lesbians not real women; something in their psycho-sexual development had gone awry. Further, the notion of "latent" homosexuality became a garbage pail diagnosis for the Freudians, one in which they could toss many a patient's paranoia or depression. While this diagnosis was no doubt a convenient time and energy saving device for the analyst, it has a greater significance. The concept of latent homosexuality spread a much wider net than sharply delineated definitions of heterosexuals and homosexuals could have done. It meant that persons who displayed cross-gender characteristics, but who were nevertheless firmly entrenched in heterosexual relationships, were not really evidence that unstereotyped behaviour and heterosexuality could co-exist in an individual. Thus the Freudians allowed no loopholes through which women could escape

their assigned roles, and still remain within the Freudian definition of the normal. As if that were not enough, the threatened possibility of creating homosexuality in a child became another tool or means of keeping the sexes within their prescribed spheres. Given the general disparagement of homosexuals, the contempt in which society held and still holds homosexuals, these threats were likely quite effective in maintaining sharp distinctions between the sexes.

Endnotes

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3. Lillian Faderman, Surpassing the Love of Men: Romantic Friendship Between Women from the Renaissance to the Present (New York: Morrow, 1981).

4. S. Freud, "The Psychogenesis of a Case of Homosexuality in a Woman", Standard Edition, Vol. 18, p. 154 (hereafter cited as Freud, "Psychogenesis").

5. Ibid., p. 230.

6. Michel Foucault, The History of Sexuality: Volume I (New York: Pantheon Books, 1978), p. 42.

7. John Boswell, Christianity, Homosexuality, and Social Tolerance (Chicago: The University of Chicago Press, 1980).

8. Freud, "Psychogenesis", p. 154. It should be noted that, as far as her romantic passion for the other woman was concerned, Freud did believe the patient's life to be dominated by it. Thus, in this quote, "passion" refers to the greater susceptibility of women to be ruled by their emotions, a belief ubiquitous in Freudian theory.

9. Karl Abraham, "Manifestations of the Female Castration Complex" in International Journal of Psychoanalysis, Vol. II, no. 1, 1922, p. 9 (hereafter cited as Abraham, "Manifestations").

10. Ben Karpman, "The Sexual Offender II: A Contribution to the Study of the Psychogenesis of Sexual Crimes" in Psychoanalytic Review, Vol. XII, no. 1 and no. 2, 1925, p. 69.

11. Ibid., p. 69.

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13. Ibid., 177.

14. Ibid., p. 161.

15. Ibid., p. 175.

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17. Stephen J. Gould, The Mismeasure of Man (New York: W.W. Norton, 1981); Elizabeth Fee, "Science and the Woman Problem" in Sex Differences: Social and Biological Perspectives: Historical Perspectives, Michael S. Teitelbaum, ed. (New York: Anchor Books, 1976), pp. 175-223; Stephanie A. Shields, "Functionalism, Darwinism, and the Psychology of Women" in American Psychologist, Vol. 30, 1975, pp. 739-754.

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19. Lucille Dooley, "A Psychoanalytic Study of Manic Depressive Psychoses" in Psychoanalytic Review, Vol. VIII, no. 1, 1921, pp. 50-51.

20. William A. White, "Psychoanalysis and Vocational Guidance: A Lecture" in Psychoanalytic Review, Vol. X, no. 3, 1923, p. 257.

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22. Ibid., p. 2.

23. Freud, "Psychogenesis", p. 169.

24. Jeanne Lampl-de-Groot, "The Evolution of the Oedipus Complex in Women" in International Journal of Psychoanalysis, Vol. IX, no. 3, 1926, p. 338.

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27. William A. White, Review of Wilhelm Stekel's Frigidity in Woman in Relation to her Love Life, in Psychoanalytic Review, Vol. XIV, no. 1, 1927, p. 123.

28. Smith Ely Jelliffe, "Varia" in Psychoanalytic Review, Vol. XII, no. 4, 1925, p. 483.

29. Gregory Stragnell, "The Golden Phallus" in Psychoanalytic Review, Vol. XI, no. 3, 1924, p. 299 (hereafter cited as Stragnell, "Golden Phallus").

30.Ibid., p. 301.

31.S. Freud , Three Essays on the Theory of Sexuality, Standard Edition, Vol. 7, p. 151. Freud stated that "The use of the mouth as a sexual organ is regarded as a perversion if the lips (or tongue) of one person are brought into contact with the genitals of another, but not if the mucous membranes of the lips of both of them come together. This exception is the point of contact with what is normal."

32.Ibid., p. 150.

33.L.S. London, "Traumatization of the Libido, With the Report of Three Cases" in Psychoanalytic Review, Vol. XVI, no. 2, p. 185.

34.Stragnell, "Golden Phallus", p. 316.

35.Edward W. Lazell, "Psychology of War and Schizophrenia" in Psychoanalytic Review, Vol. VII, no. 3, 1920, p. 243. There were a large number of articles in the period directly after World War I which dealt with the question of shell shock, or as the Freudians called it, "war neurosis". The war itself was seen only as a precipitating factor in the mental breakdowns of these patients, the real cause of emotional collapse was said to be in the person's own psyche. The Freudian reduction of the causation of shell shock to narcissism and homosexuality mirrored the common denigration of deserters and mental casualties of war as cowards and fags.

36.Ibid., p. 243.

37.Edward W. Lazell, "The Group Treatment of Dementia Praecox" in Psychoanalytic Review, Vol. VIII, no. 2, 1921, p. 172.

38.Abraham, "Manifestations", p. 27.

39.Gregory Stragnell, "Condensation and Resymbolization in Dream Interpretation" in Psychoanalytic Review, Vol. X, no. 4, 1923, p. 431.

40.Abraham, "Manifestations", p. 28.

41.Ibid., pp. 28-29.

42.Theodore Schroeder, "Psycho-Genetics of One Criminal" in Psychoanalytic Review, Vol. XI, no. 3, 1924, p. 290.

43.Robert M. Rigall, "Homosexuality and Alcoholism" in Psychoanalytic Review, Vol. X, no. 2, 1923, p. 168.

44. Paul Schilder, "On Homosexuality: A Lecture" in Psychoanalytic Review, Vol. XVI, no. 4, 1929, p. 380.

45. Mary O'Malley, "Transference and Some of its Problems in Psychoses" in Psychoanalytic Review, Vol. X, no. 1, 1923, p. 13.

46. Ibid., p. 20.

47. Viktor Tausk, "On the Psychology of Alcoholic Occupation Delirium" in Internationale Zeitschrift fur Psychoanalyse, Vol. III, no. 3, 1922, abstracted by Clara Willard in Psychoanalytic Review, Vol. IX, no. 4, 1922, p. 450.

48. L. Pierce Clark, "A Psychological Study of Some Alcoholics" in Psychoanalytic Review, Vol. VI, no. 2, 1919, pp. 271-272.

49. Ibid., p. 274.

50. Karl Abraham, "The Psychological Relations Between Sexuality and Alcoholism" in International Journal of Psychoanalysis, Vol. VII, no. 1, 1926, p. 8.

51. Robert M. Rigall, "Homosexuality and Alcoholism" in Psychoanalytic Review, Vol. X, no. 2, 1923, p. 157.

52. Ibid., p. 163.

53. A.A. Brill, "Tobacco and the Individual" in International Journal of Psychoanalysis, Vol. III, no. 4, 1922, abstracted by Smith Ely Jelliffe in Psychoanalytic Review, Vol. XI, no. 4, 1924, p. 457.

Conclusion

Freudian psychology has been popularly perceived as a sexually liberating force. After a century of not discussing sex, so the story goes, Freud brought it out into the light for the psychological betterment of all concerned. Freudian theory, it was claimed, could free society from the sexual repression that was said to characterize the late nineteenth century, thereby effecting a prophylaxis and cure of sexually rooted neuroses. Freud's earliest patients were mostly women whose sexual repression had ended in disturbing psychological problems. Freud ostensibly offered to return to women their lost sexuality.

This assessment of Freudian psychoanalysis is false. Freudian psychoanalysis was not sexually liberating, and especially not for women. Nor was Freud's approach to human sexuality the radical break from previous approaches that the psychoanalysts would have had the public believe. Thus there is irony in the familiar Freudian taunt that objections to psychoanalysis were rooted in prudish fears about its candor and its sexually liberating nature. If Freudian psychoanalysis has been improperly placed within the context of a new twentieth-century, positive and healthy attitude to human sexuality, how

then is it to be appraised? Which context or contexts are more appropriate?

Michel Foucault has noted that one of Freud's claims to originality was his willingness to discuss not only the perversions, the abnormalities of human sexuality, but also its normal state.¹ However, while Freud's discussion of normal sexuality may have been novel, the description and definition of that sexuality was highly familiar. Freudian psychoanalysis was value-laden and the values embedded in it were the traditional social values of the late nineteenth and early twentieth centuries. Key concepts in Freudian theory reflected enduring prejudices about the relative value of men and women. Penis-envy, a feeling which every female was supposed to experience, was said to be initiated by the mere sight of a male genital. The concept of penis-envy presupposed that the object to be envied was desirable, valuable and worthy of envy. It was assumed that this fact would be immediately and universally apparent. This assumption mirrored the actual status of men in society where male superiority and preferability were self-fulfillingly evident, at least in terms of accepted social values.

The Freudians developed the concept of the castration complex to account for those women who refused to believe that they were indeed lacking this ostensibly valuable part. Freudians argued that these women unconsciously believed that they possessed a penis. The behaviour that resulted from the castration complex was called masculine protest. The idea of a

masculine protest on the part of women who refused to be feminine (i.e., conform to the traditional stereotype of femininity) was another attempt to protect the male prerogative in areas of greatest social status. It denied women a natural right to further education, professional goals, and a life outside the context of husbands and families. The Freudians labelled unhealthy that behaviour which society called improper.

Freudian theory denied women's bodies an integrity of their own, a reality separate from its correlative status vis-à-vis male biology and sexuality. Again this view reflected a social reality according to which an individual woman's identity and social status was inseparable from her husband's. By referring to women as castrated, Freudian theory set women against a male and preferable norm. When contradictions arose they were ignored. Because women possessed an anatomical part, the clitoris, that did not correlate with the biologically rooted Freudian psychological rationalization of sexual inequality, the function of this part was taken from them. As one contemporary critic correctly noted--women were not castrated creatures, but the Freudians did try to castrate them.

So-called clitoral orgasms were said to be an indication of infantilism and maladjustment. This notion had a pragmatic element. The putative concept of vaginal orgasms placed the woman's sexual pleasure in neat parallelism to the male's. It made sexual pleasure in the female as dependent on the male organ as possible, and satisfaction of male sexual urges as simplistic

as possible.

Often following closely on the heels of a diagnosis of masculine protest or castration complex was a diagnosis of homosexuality. The Freudian conception of homosexuality relied heavily on the acceptance of gender stereotypes, an integral part of their overall sexual theory. The loose and broadly encompassing manner in which homosexuality was defined made it an easy and widely applicable diagnosis, one amply suited to overuse and abuse. Analyses of individual case studies leave no doubt as to one ulterior motive for the overwhelming use of this diagnosis. It served to keep both men and women operating in their own assigned spheres. Homosexuality was said to be at the root of a variety of psychological ills. Thus the theory implied, and indeed patients were informed, that a cure of whatever ailed them would be manifest in the cessation of all activities deemed inappropriate to their sex. The assumptions and values, implicit in Freudian theory and explicit in its practice, did not denote the radical transformation between the nineteenth century and the first part of the twentieth century that was erroneously claimed by both proponents and opponents of Freudian psychoanalysis. As such, Freudian theories can be placed within a context of reaction.

The social values to which both the nineteenth and early twentieth centuries subscribed were, at the most general level, those of patriarchy and patriarchy's institutions--heterosexual marriage and the family. The system of patriarchy includes

compulsory heterosexuality, male authority over women and children, the submission of women to men, and a sexual division of labour. Patriarchy assigns woman the tasks of bearing and raising children, the role of wife and mother. Whatever tasks are seen as natural extensions of that role are permitted, and not much else.

Freudians did not expand on these limited roles for women. Instead, they disputed the arguments of feminists who were seeking a new equality and dignity for women in their own right. Freudians sought to provide a new rationalization for the maintenance of the traditional power structure of patriarchy. They labelled so-called clitoral women infantile and frigid; women with gynecological problems, maladjusted. This labelling activity reflected an annoyance with women who were not quietly and easily performing their allotted functions within the social context of patriarchy. Psychoanalysts were prescribing behaviour which would ensure that women maintained an under-valued, but necessary position, in the existing social construct.

Discussions on sex played an important role in the early twentieth-century attempt to reaffirm the traditional limitations placed on women. Like the Victorians, the Freudians defined women as essentially passive in nature. However, while the Victorians argued that women's passivity resulted in their merely enduring sex, the Freudians argued that passivity was no less than a necessary prerequisite for women's sexual enjoyment. Why did the Freudians pick this issue on which to disagree with Victorian

values about women? Why was the end result of women's passivity declared not to be frigidity after all, but its opposite--sexual fulfillment? When Victorian society constructed the ideal woman as pure and uninterested in sex an acceptable avenue of defense was left open for women. "In other words, the Victorian Woman sought to achieve a sort of sexual freedom by denying her sexuality, by resorting to marital continence or abstinence in an effort to keep from being considered or treated as a sex object."² That left men with less than total power over women. The Freudians, among others, attempted to rectify that situation. The characterization of women changed not one bit, except to say that passivity no longer implied frigidity, but was itself redefined to be a necessary part of women's sexuality.

Freud was not alone in his efforts to buy women off with the promise of sexuality. The sexologists, contemporaries of Freud's, had been busily discussing and cataloguing human sexuality for most of the latter half of the nineteenth century. Sheila Jeffreys, in The Spinster and her Enemies, revealed that in the 1920s, in return for giving up rights to remain unmarried, have equal opportunities, or engage in relationships with women, the sexologists were prepared to give women sexuality, in the form of sexual intercourse.³ According to Jeffreys:

The 1920s witnessed a concerted onslaught on the problem of the "resisting" woman, to persuade, blackmail or therapise her into the performance of an activity, namely sexual intercourse....Rather than being about the opening up to men and women of the possibility of sexual choice, the 1920s sexual revolution was about narrowing women's options to the role of complements of men in the act of sexual intercourse. The process...was...a story of man's war against woman's

resistance to the use of her body as the maintenance of the structures of male dominance.⁴

Freud, who claimed that his psychoanalytic method had nothing in common with the conscious therapies of the sexologists, was really engaged in a task with identical goals--the coercion of women back into the power structure of comprehensive male authority. In return for giving up all pretense to real social equality, Freud was also prepared to give women sex, again in the form of sexual intercourse. However, sexual intercourse, for sex theorists of the 1920s, was "...both a metaphor for the subjection of women and a method of effecting that subjection."⁵

The format in which Freudian psychoanalysis structured its reactionary arguments was scientific. No scientific theory is, nor can be, formulated without assumptions being present. According to Margaret J. Osler, "Scientific activity always takes place within a framework of assumptions about the nature of the world and the kind of knowledge it is possible to acquire about that world." Those assumptions she calls a "conceptual framework".⁶ Significantly:

Conceptual frameworks cannot be established or rejected on scientific grounds, for they provide the criteria for establishing whether a given statement or method is true or scientific. They are simply assumed although there are always complex social, intellectual, and historical reasons why one or another (or several!) conceptual frameworks are accepted at any given time...If the choice of conceptual framework cannot be made on "scientific" grounds, how is it made? It seems to me that such choices are made on pragmatic considerations: what do we wish to accomplish by means of our science? Do we want a science which is part of a holistic world view, one which is integrated with theology and political philosophy?...Such considerations...are ultimately based on values: which system is a better means to a stated end? Which ends are the most compatible with our

values? These values may be moral values, especially in the social sciences where choice of conceptual framework may depend on what one considers the just society to be or what model of human nature best expresses one's moral outlook.⁷

What the Freudians wished to accomplish by means of their science was a rigidly dichotomized world based on sex and gender, a society where women continued to be undervalued to the benefit of men. In order to reach this goal, they couched their explanations for the inferior status of women in immutable and essentialist terms. Values were present in Freudian psychoanalysis from the very beginning, when Freud chose a biological conceptual framework for his psychology. The biological framework ensured immutability.

In addition, the scientific criteria by which psychoanalysts proudly admitted that they accepted some theories over others favoured a perpetuation of the sexual status quo. Smith Ely Jelliffe of the Psychoanalytic Review abstracted and applauded an article written by British analyst G. Bose as "A very useful and straightforward presentation of the psychoanalytic method as authentic and scientific in the best sense of the word."⁸ Two of the guiding principles which that article set forth for psychoanalysis were: "Of two theories the more familiar one is the more likely" and "...the greater number of facts that could be explained by a theory the greater is its chance of validity".⁹ Obviously, a theory of inferiority of women was very familiar to analysts in the 1920s. That theory, in accordance with the second criteria, also explained a wide range of facts concerning women's

inferior social status. Thus theories prejudicial to women were perpetuated within the structure of a scientific approach to theoretical probability. According to a recent work, this characteristic of the discipline simply preserving conventional wisdom is not unique to psychoanalysis, but is also characteristic of the more "scientific" parts of psychology. "What happens all too often, is that a scientific-appearing approach in such fields becomes a mask for the perpetuation of conventional values and practice."¹⁰

Science, medicine and learning more generally have frequently been used to justify the status quo--the inferior status of women, some races and classes. Phrenology was used to substantiate notions about the inferiority of women and blacks; IQ tests were employed as a tool of racist immigration policies in the United States; social Darwinism eased the conscience of capitalism with regard to the poor, and stalled governmental adoption of organized ameliorative measures.¹¹ Social values about the relative worth of women have been scientified in a number of ways. For example, in the nineteenth century smaller brains in women were said to result in inferior reasoning capabilities;¹² women's reproductive systems were said to draw vital energies necessary to intellectual development away from the brain to the gonads.¹³

The medical profession, as a specific branch of science, has played an identifiable role in the transmission of social values. Haller and Haller, in The Physician and Sexuality in Victorian

America, have amply documented how Victorian morality was supported and affirmed in contemporary medical theories and by individual practitioners.¹⁴ Just as Victorian society found in the medical profession a mouthpiece for its values and a guardian of them, so too Freudian theories, propounded by the medical community, became a vehicle for transmitting a particular set of values to its clients.

In addition, where the place of women in society was concerned, it was the very same values which were being transmitted by physicians of both the nineteenth and the twentieth centuries. To recall, both the doctors in the Haller and Haller study of the nineteenth century, and the early twentieth century Freudians, exhorted women to fulfill their natural function in life as wives and mothers. Failure to do so was said to result in physical and or psychological problems. Both Freudian and nineteenth century sociological thought proclaimed that evolution had assigned women the function of reproduction, men the function of financially supporting the family structure.¹⁵

In both Freudian and nineteenth-century medical thought women were regarded as "lesser" men.¹⁶ The Freudians attributed women's desire to escape the constraints of domestic life to masculine protest, a castration complex, and homosexuality. In the nineteenth century too "Woman's efforts to escape from the home circle merely precipitated any number of newer medical theories to explain her actions."¹⁷

Freudian theory on women was, in the largest analysis,

simply the continuation of a long tradition of learned anti-female thought. Freudians upheld age-old notions about the inferiority of women--that women are more emotional and more governed by their emotions, that they are less capable of logical thought and therefore not suited to intellectual pursuits, that women are naturally defined primarily by their reproductive functions, and that their place is in the home.

Similar ideas can be traced all the way back to the ancients. The Bible condemns woman to suffer pain in pregnancy and childbirth and to be forever subject to her husband because of her sin. (Genesis 3:16) In Freudian theory woman's sin is her anatomy which still determines that she shall suffer and remain subject to her husband. Rosemary Agonito in her book History of Ideas on Women noted that "...Aristotle maintains that woman is a mutilated or incomplete man, a thesis that has enjoyed a long and persistent history culminating in Freud's theories about woman."¹⁸ Ian MacLean in The Renaissance Notion of Woman stated that in the Renaissance:

...woman is considered to be inferior to man in that the psychological effects of her cold and moist humours throw doubt on her rationality; furthermore, her less robust physique predisposes her, it is thought, to a more protected and less prominent role in the household and in society. Although apparently not bound by the divine institution of matrimony, doctors nonetheless produce a "natural" justification for women's relegation to the home and exclusion from public office, and provide thereby, as well as coherence with a central tenet of theology, an important foundation on which arguments in ethics, politics and law are based.¹⁹

Whether through the notion of sin, bodily humours, or biologically determined psychological development, the consensus in learned circles has often been that woman is lesser, that she is limited in specific ways that legitimate her relegation to the domestic sphere and her lack of rights relative to men.

Freudian theory, whatever its other radical and revolutionary elements, was conservative with respect to the relationship between the sexes. By far the greatest gains for women in terms of political, sexual and economic autonomy have occurred in the twentieth century. Freudian psychoanalysis in no way contributed to those advances, but sought instead to create a new scientific bulwark against the idea of the natural equality of the sexes. Freudian theories about female sexuality and female psychology were anything but liberating for women.

Endnotes

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4. Ibid., pp. 192-193.

5. Ibid., p. 181.

6. Margaret J. Osler, "Apocryphal Knowledge: Misuse of Science" in Science, Pseudo-Science and Society, eds. Marsha P. Hanen, Margaret J. Osler and Robert G. Weyant, Calgary Institute for the Humanities (Waterloo, Ontario: Wilfred Laurier Press, 1980), p. 277.

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