

CHAPTER XXII

MANIFESTATIONS OF THE FEMALE CASTRATION COMPLEX¹ (1920)

THE psychological phenomena which we ascribe to the so-called castration complex of the female sex are so numerous and multiform that even a detailed description cannot do full justice to them. These questions are made still more complicated by their relations to biological and physiological processes. The following investigation, therefore, does not pretend to present the problem of the female castration complex in all its aspects, but is limited to the purely psychological consideration of material gathered from a wide field of clinical observation.

I

Many women suffer temporarily or permanently, in childhood or in adult age, from the fact that they have been born as females. Psycho-analysis further shows that a great number of women have repressed the wish to be male; we come across this wish in all products of the unconscious, especially in dreams and neurotic symptoms. The extraordinary frequency of these observations suggests that the wish is one common to and occurring in all women. If we incline to this view we place ourselves under the obligation of examining thoroughly and without prejudice the facts to which we attribute such a general significance.

Many women are often quite conscious of the fact that certain phenomena of their mental life arise from an intense

¹ [No. 67, A. B.]

dislike of being a woman; but, on the other hand, many of them are quite in the dark as regards the motives of such an aversion. Certain arguments are again and again brought forward to explain this attitude. For instance, it is said that girls even in childhood are at a disadvantage in comparison to boys because boys are allowed greater freedom; or that in later life men are permitted to choose their profession and can extend their sphere of activity in many directions, and in especial are subjected to far fewer restrictions in their sexual life. Psycho-analysis, however, shows that conscious arguments of this sort are of limited value, and are the result of rationalization—a process which veils the underlying motives. Direct observation of young girls shows unequivocally that at a certain stage of their development they feel at a disadvantage as regards the male sex on account of the inferiority of their external genitals. The results obtained from the psycho-analysis of adults fully agree with this observation. We find that a large proportion of women have not overcome this disadvantage, or, expressed psycho-analytically, that they have not successfully repressed and sublimated it. Ideas belonging to it often impinge with all the force of their strong libidinal cathexis against the barriers which oppose their entry into consciousness. This struggle of repressed material with the censorship can be demonstrated in a great variety of neurotic symptoms, dreams, etc.

This fact that the non-possession of a male organ produces such a serious and lasting effect in the woman's mental life would justify us in denoting all the mental derivatives relating to it by the collective name 'genital complex'. We prefer, however, to make use of an expression taken from the psychology of male neurotics, and to speak of the 'castration complex' in the female sex as well. And we have good reason for this.

The child's high estimation of its own body is closely connected with its narcissism. The girl has primarily no feeling of inferiority in regard to her own body, and does not recognize that it exhibits a defect in comparison with the boy's. Incapable of recognizing a *primary* defect in

her body, she later forms the following idea: 'I had a penis once as boys have, but it has been taken away from me',—a theory which we repeatedly come across. She therefore endeavours to represent the painfully perceived defect as a secondary loss and one resulting from castration.

This idea is closely associated with another which we shall later treat in detail. The female genital is looked upon as a *wound*, and as such it represents an effect of castration.

We also come across phantasies and neurotic symptoms, and occasionally impulses and actions, which indicate a hostile tendency towards the male sex. In many women the idea that they have been damaged gives rise to the wish to revenge themselves on the privileged man. The aim of such an impulse is to castrate the man.

We find therefore in the female sex not only the tendency to represent a painfully perceived and primary defect as a secondary loss, a 'having been robbed', but also active and passive phantasies of mutilation alongside each other, just as in the male castration complex. These facts justify us in using the same designation in both sexes.

II

As was mentioned above, the girl's discovery of the male genitals acts as an injury to her narcissism. In the narcissistic period of its development the child carefully watches over its possessions and regards those of others with jealousy. It wants to keep what it has and to get what it sees. If anyone has an advantage over it two reactions occur which are closely associated with each other: a hostile feeling against the other person associated with the impulse to deprive him of what he possesses. The union of these two reactions constitutes *envy*, which represents a typical expression of the sadistic-anal developmental phase of the libido.¹

The child's avaricious-hostile reaction to any additional possession it has noticed in another person may often be

¹ For a more detailed discussion of the character-trait of envy, cf. Chapter XXIII., 'Contributions to the Theory of the Anal Character'.

lessened in a simple manner. It may be told that it will eventually receive what it longs for. Such pacifying promises may be made to a little girl with respect to many things about her body. She can be assured that she will grow as big as her mother, that she will have long hair like her sister, etc., and she will be satisfied with those assurances; but the future possession of a male organ cannot be promised her. However, the little girl herself applies the method that has often been successful to this case, too; for some time she seems to cling to this expectation as to something self-evident, as though the idea of a lifelong defect were quite incomprehensible to her.

The following observation of a little girl of two is particularly instructive in this respect. One day, as her parents were taking coffee at table, she went to a box of cigars that stood on a low cabinet near by, opened it, and took out a cigar and brought it to her father. Then she went back and brought one for her mother. Then she took a third cigar and held it in front of the lower part of her body. Her mother put the three cigars back in the box. The child waited a little while and then played the same game over again.

The fact of the repetition of this game excluded its being due to chance. Its meaning is clear: the child endowed her mother with a male organ like her father's. She represented the possession of the organ not as a privilege of men but of adults in general, and then she could expect to get one herself in the future. A cigar was not only a suitable symbol for her wish on account of its form. She had of course long noticed that only her father smoked cigars and not her mother. Her impulse to put man and woman on an equality is palpably expressed in presenting a cigar to her mother as well.

We are well acquainted with the attempts of little girls to adopt the male position in urination. Their narcissism cannot endure their not being able to do what another can, and therefore they endeavour to arouse the impression that at least their physical form does not prevent them from doing the same as boys do.

When a child sees its brother or sister receive something to eat or play with which it does not possess itself, it turns its eyes to those persons who are the givers, and these in the first instance are its parents. It does not like to be less well off than its rivals. { The small girl who compares her body with her brother's, often in phantasy expects that her father will give her that part of the body she so painfully misses; for the child still has a narcissistic confidence that she could not possibly be permanently defective, and she readily ascribes to her father that creative omnipotence which can bestow on her everything she desires.

But all these dreams crumble after a time. The pleasure principle ceases to dominate psychical processes unconditionally, adaptation to reality commences, and with it the child's criticism of its own wishes. The girl has now in the course of her psychosexual development to carry out an adaptation which is not demanded of boys in a similar manner; she has to reconcile herself to the fact of her physical 'defect', and to her female sexual rôle. The undisturbed enjoyment of early genital sensations will be a considerable aid in facilitating the renunciation of masculinity, for by this means the female genitals will regain a narcissistic value. }

In reality, however, the process is considerably more complicated. Freud has drawn our attention to the close association of certain ideas in the child. In its eyes a proof of love is almost the same thing as a *gift*. The first proof of love which creates a lasting impression on the child and is repeated many times is being suckled by the mother. This act brings food to the child and therefore increases its material property, and at the same time acts as a pleasurable stimulus to its erotogenic zones. It is interesting to note that in certain districts of Germany (according to my colleague Herr Koerber) the suckling of a child is called *Schenken* (to give, to pour). Within certain limits the child repays its mother's 'gift' by a 'gift' in return—it regulates its bodily evacuations according to her wishes. The motions at an early age are the child's material gift *par excellence* in return for all the proofs of love it receives.

Psycho-analysis, however, has shown that the child in this early psychosexual period of development considers its fæces as a part of its own body. The process of identification further establishes a close relation between the ideas 'fæces' and 'penis'. The boy's anxiety regarding the loss of his penis is based on this assimilation of the two ideas. He is afraid that his penis may be detached from his body in the same way as his fæces are. In girls, however, the phantasy occurs of obtaining a penis by way of defæcation—to make one themselves, therefore—or of receiving it as a gift, in which case the father as *beatus possidens* is usually the giver. The psychological process is thus dominated by the parallel, motion = gift = penis.

The little girl's narcissism undergoes a severe test of endurance in the subsequent period. Her hope that a penis will grow is just as little fulfilled as her phantasies of making one for herself or of receiving it as a gift. Thus disappointed, the child is likely to direct an intense and lasting hostility towards those from whom she has in vain expected the gift. Nevertheless, the phantasy of the child normally finds a way out of this situation. Freud has shown that besides the idea of motion and penis in the sense of a gift there is still a third idea which is identified with both of them, namely, that of a child. Infantile theories of procreation and birth adequately explain this connection.

The little girl now cherishes the hope of getting a child from her father as a substitute for the penis not granted her, and this again in the sense of a gift. Her wish for a child can be fulfilled, although not till in the future and with the help of a later love-object. It is therefore an approximation to reality. By making her father her love-object, she now enters into that stage of libido development which is characterized by the domination of the female Oedipus complex. At the same time her maternal impulses develop through her identification with her mother. The hoped-for possession of a child is therefore destined to compensate the woman for her physical defect.

We regard it as normal for the libido in a woman to be

narcissistically bound to a greater extent than in a man, but it is not to be inferred from this that it does not experience far-reaching alterations right up to maturity.

The girl's original so-called 'penis envy' is replaced in the first instance by envy of her mother's possession of children, in virtue of her identification with her mother. These hostile impulses need sublimation just as the libidinal tendencies directed towards her father do. A latency period now sets in, as with boys; and similarly when the age of puberty is reached the wishes which were directed to the first love-object are re-awakened. The girl's wish for the gift (child) has now to be detached from the idea of her father, and her libido, thus freed, has to find a new object. If this process of development takes a favourable course, the female libido has from now on an expectant attitude towards the man. Its expression is regulated by certain inhibitions (feelings of shame). The normal adult woman becomes reconciled to her own sexual rôle and to that of the man, and in particular to the facts of male and female genitality; she desires passive gratification and longs for a child. Her castration complex thus gives rise to no disturbing effects.

Daily observation, however, shows us how frequently this normal end of development is not attained. This fact should not astonish us, for a woman's life gives cause enough to render the overcoming of the castration complex difficult. We refer to those factors which keep recalling to her memory the 'castration' of the woman. The primary idea of the 'wound' is re-animated by the impression created by the first and each succeeding menstruation, and then once again by defloration; for both processes are connected with loss of blood and thus resemble an injury. A girl need not have experienced either of these events; as she begins to grow up, the very idea of being subjected to them in the future has the same effect on her. And we can readily understand from the standpoint of the typical infantile sexual theories that delivery (or child-birth) is also conceived of in a similar manner in the phantasies of young girls; we need only call to mind, for example, the 'Cæsarian

section theory' which conceives of delivery as a bloody operation.

In these circumstances we must be prepared to find in every female person some traces of the castration complex. The individual differences are only a matter of degree. In normal women we perhaps occasionally come across dreams with male tendencies in them. From these very slight expressions of the castration complex there are transition stages leading up to those severe and complicated phenomena of a pronounced pathological kind, with which this investigation is principally concerned. In this respect also, therefore, we find a similar state of affairs to that obtaining in the male sex.

III

In his essay on 'The Taboo of Virginity' Freud contrasts the normal outcome of the castration complex, which is in accord with the prevailing demand of civilization, with the 'archaic' type. Among many primitive peoples custom forbids a man to deflorate his wife. Defloration has to be carried out by a priest as a sacramental act, or must occur in some other way outside wedlock. Freud shows in his convincing analysis that this peculiar precept has arisen from the psychological risk of an ambivalent reaction on the part of the woman towards the man who has deflorated her, so that living with the woman whom he has deflorated might be dangerous for him.

Psycho-analytical experience shows that an inhibition of the psychosexual development is manifested in phenomena which are closely related to the conduct of primitive peoples. It is by no means rare for us to come across women in our civilization of to-day who react to defloration in a way which is at all events closely related to that archaic form. I know several cases in which women after being deflorated had an outburst of affect and hit or throttled their husband. One of my patients went to sleep beside her husband after the first intercourse, then woke up, attacked him violently and only gradually came to her senses. There is no mistaking the significance of such conduct: the woman revenges

herself for the injury done to her physical integrity. Psychoanalysis, however, enables us to recognize a historical element in the motivation of such an impulse of revenge. The most recent cause of the woman's desire for retaliation is undoubtedly her defloration; for this experience serves as a convincing proof of male activity, and puts an end to all attempts to obliterate the functional difference between male and female sexuality. Nevertheless every profound analysis reveals the close connection of these phantasies of revenge with all the earlier events—phantasied or real—which have been equivalent to castration. The retaliation is found to refer ultimately to the injustice suffered at the hands of the father. The unconscious of the adult daughter takes a late revenge for the father's omission to bestow upon her a penis, either to begin with or subsequently; she takes it, however, not on her father in person, but on the man who in consequence of her transference of libido has assumed the father's part. The only adequate revenge for her wrong—for her castration—is the castration of the man. This can, it is true, be replaced symbolically by other aggressive measures; among these strangling is a typical substitutive action.

The contrast between such cases and the 'normal' end-stage is evident. The normal attitude of love towards the other sex is both in man and woman indissolubly bound up with the conscious or unconscious desire for genital gratification in conjunction with the love-object; whereas in the cases just described we find in the person a sadistic-hostile attitude with the aim of possession arising from anal motives, in place of an attitude of love with a genital aim. The patient's impulse to take away by force is evident from numerous accompanying psychical conditions; and closely connected with her phantasy of robbery is the idea of transferring the robbed penis to herself. We shall return to this point later.

As has already been mentioned, the woman's desires to be masculine only occasionally succeed in breaking through in this 'archaic' sense. On the other hand, a considerable number of women are unable to carry out a full psychical adaptation to the female sexual rôle. A third possibility

is open to them in virtue of the bisexual disposition common to humanity—namely, to become homosexual. Such women tend to adopt the male rôle in erotic relations with other women. They love to exhibit their masculinity in their dress, in their way of doing their hair, and in their general behaviour. In some cases their homosexuality does not break through to consciousness; the repressed wish to be male is here found in a sublimated form in the shape of masculine pursuits of an intellectual and professional character and other allied interests. Such women do not, however, consciously deny their femininity, but usually proclaim that these interests are just as much feminine as masculine ones. They consider that the sex of a person has nothing to do with his or her capacities, especially in the mental field. This type of woman is well represented in the woman's movement of to-day.

It is not because I value their practical significance lightly that I have described these groups so briefly. But both types of women are well known and have been discussed in psycho-analytical literature, so that I need not enlarge on the subject and can rapidly pass on to the consideration of the *neurotic transformations* of the castration complex. Of these there are a great number, and I will endeavour to describe accurately—some of them for the first time—and to render them intelligible from a psycho-analytical point of view.

IV

The neurotic transformations originating in the female castration complex may be divided into two groups. The phenomena of the one group rest on a strong, emotionally-toned, but not conscious desire to adopt the male rôle, *i.e.* on the phantasy of possessing a male organ; those of the other express an unconscious refusal of the female rôle, and a repressed desire for revenge on the privileged man. There is no sharp line of demarcation between these two groups. The phenomena of one group do not exclude those of the other in the same individual; they supplement each other. The preponderance of this or that attitude can nevertheless

often be clearly recognized, so that we may speak of the preponderating reaction of a *wish-fulfilment type* or of a *revenge type*.

We have already learned that besides the normal outcome of the female castration complex there are two abnormal forms of conscious reaction, namely, the homosexual type and the archaic (revenge) type. We have only to recall the general relation between perversion and neurosis with which we are familiar from Freud's investigations in order to be able to understand the two neurotic types above described in respect of their psychogenesis. They are the 'negative' of the homosexual and sadistic types described above; for they contain the same motives and tendencies, but in repressed form.

The psychical phenomena which arise from the unconscious wishes for physical masculinity or for revenge on the man are difficult to classify on account of their multiplicity. It has also to be borne in mind that neurotic symptoms are not the sole expressions of unconscious origin which have to concern us here; we need only refer to the different forms in which the same repressed tendencies appear in dreams. As I have said at the beginning, therefore, this investigation cannot pretend to give an exhaustive account of the phenomena arising from the repressed castration complex, but rather lays stress on certain frequent and instructive forms of it, and especially some which have not hitherto been considered.

The *wish-fulfilment* which goes farthest in the sense of the female castration complex comprises those symptoms or dreams of neurotics which convert the fact of femininity into its opposite. In such a case the unconscious phantasies of the woman make the assertion: 'I am the fortunate possessor of a penis and exercise the male function'. Van Ophuijsen gives an example of this kind in his article on the 'masculine complex' of women.¹ It concerns a conscious phantasy from the youth of one of his patients, and gives us therefore at first only an insight into the patient's still unrepressed active-homosexual wishes; but at the same

¹ 'Beiträge zum Männlichkeitskomplex der Frau' (1917).

time therefore it clearly demonstrates the foundation of those neurotic symptoms which give expression to the same tendencies after they have become repressed. The patient used to place herself in the evening between the lamp and the wall and then hold her finger against the lower part of her body in such a manner that her shadow appeared to have a penis. She thus did something very similar to what the two-year-old child did with the cigar.

In conjunction with this instructive example I may mention the dream of a neurotic woman. She was an only child. Her parents had ardently desired a son and had in consequence cultivated the narcissism, and particularly the masculinity wishes, of their daughter. According to an expression of theirs she was to become 'quite a celebrated man'. In her youthful day-dreams she saw herself as a 'female Napoleon', in which she began a glorious career as a female officer, advanced to the highest positions, and saw all the countries of Europe lying at her feet. After having thus shown herself superior to all the men in the world, a man was to appear at last who surpassed not only all men but also herself; and she was to subject herself to him. In her marital relations in real life she had the most extreme resistance against assuming the feminine rôle; I shall mention symptoms relating to this later. I quote here one of my patient's dreams.

'My husband seizes a woman, lifts up her clothes, finds a peculiar pocket and pulls out from it a hypodermic morphia syringe. She gives him an injection with this syringe and he is carried away in a weak and wretched state.'

The woman in this dream is the patient herself, who takes over the active rôle from the man. She is able to do this by means of a concealed penis (syringe) with which she practises coitus on him. The weakened condition of the man signifies that he is killed by her assault.

Pulling out the syringe from the pocket suggests the male method of urinating, which seemed enviable to the patient in her childhood. It has, however, a further significance. At a meeting of the Berlin Psycho-Analytical Society Boehm has drawn attention to a common infantile sexual

theory according to which the penis originally ascribed to both sexes is concealed in a cleft from which it can temporarily emerge.

Another patient, whose neurosis brought to expression the permanent discord between masculinity and femininity in most manifold forms, stated that during sexual excitation she often had the feeling that something on her body was swelling to an enormous size. The purpose of this sensation was obviously to give her the illusion that she possessed a penis.

In other patients the symptoms do not represent the wish to be masculine as fulfilled, but show an expectation of such an event in the near or distant future. While the unconscious in the cases just described expresses the idea, 'I am a male', it here conceives the wish in the formula, 'I shall receive the "gift" one day; I absolutely insist upon that!'

The following conscious phantasy from the youth of a neurotic girl is perfectly typical of the unconscious content of many neurotic symptoms. When the girl's elder sister menstruated for the first time she noticed that her mother and sister conversed together secretly. The thought flashed across her, 'Now my sister is certainly getting a penis', and that therefore she herself would get one in due course. This reversal of the real state of affairs is highly characteristic: the acquisition of that longed-for part of the body is precisely what is put in place of the renewed 'castration' which the first menstruation signifies.

A neurotic patient in whom psycho-analysis revealed an extraordinary degree of narcissism one day showed the greatest resistance to treatment, and manifested many signs of defiance towards me which really referred to her deceased father. She left my consulting room in a state of violent negative transference. When she stepped into the street she caught herself saying impulsively: 'I *will not* be well until I have got a penis'. She thus expected this gift from me, as a substitute for her father, and made the effect of the treatment dependent upon receiving it. Certain dreams of the patient had the same content as this idea which suddenly

appeared from her unconscious. In these dreams, being presented with something occurred in the double sense of getting a child or a penis.

Compromises between impulse and repression occur in the sphere of the castration complex as elsewhere in the realm of psychopathology. In many cases the unconscious is content with a substitute-gratification in place of a complete fulfilment of the wish for a penis in the present or the future.

A condition in neurotic women which owes one of its most important determinants to the castration complex is *enuresis nocturna*. The analogy between the determination of this symptom in female and male neurotics is striking. I may refer to a dream of a male patient of fourteen who suffered from this complaint. He dreamt that he was in a closet and urinating with manifest feelings of pleasure, when he suddenly noticed that his sister was looking at him through the window. As a little boy he had actually exhibited with pride before his sister his masculine way of urinating. This dream, which ended in enuresis, shows the boy's pride in his penis; and enuresis in the female frequently rests on the wish to urinate in the male way. The dream represented this process in a disguised form and ended with a pleasurable emptying of the bladder.

Women who are prone to *enuresis nocturna* are regularly burdened with strong resistances against the female sexual functions. The infantile desire to urinate in the male position is associated with the well-known assimilation of the ideas of urine and sperma, and of micturition and ejaculation. The unconscious tendency to wet the man with urine during sexual intercourse has its origin in this.

Other substitute formations show a still greater displacement of the libido in that they are removed some distance from the genital region. When the libido for some reason or other has to turn away from the genital zone it is attracted to certain other erotogenic zones, the particular ones chosen being a result of individual determinations. In some neurotic women the nose acquires the significance of a surrogate of the male genital. The not infrequent neurotic attacks of

redness and swelling of the nose in women represents in their unconscious phantasy an erection in the sense of their desire to be masculine.

In other cases the eyes take over a similar rôle. Some neurotic women get an abnormally marked congestion of the eyes with every sexual excitation. In a certain measure this congestion is a normal and common accompaniment of sexual excitation. However, in those women of whom we are speaking it is not simply a case of a quantitative increase of the condition, lasting for a short period; but they exhibit a redness of the sclerotics accompanied by a burning sensation, while swelling persists for several days after each sexual excitation, so that in such cases we are justified in speaking of a *conjunctivitis neurotica*.

I have seen several women patients, troubled by many neurotic consequences of the castration complex, who thought of this condition of the eyes, which was often associated with a feeling of having a fixed stare, as an expression of their masculinity. In the unconscious the 'fixed stare' is often equivalent to an erection. I have already alluded to this symptom in an earlier article dealing with neurotic disturbances of the eyes.¹ In some cases the person has the idea that her fixed stare will terrify people. If we pursue the unconscious train of thought of these patients who identify their fixed stare with erection, we can understand the meaning of their anxiety. Just as male exhibitionists seek among other things to terrify women by the sight of the phallus, so these women unconsciously endeavour to attain the same effect by means of their fixed stare.

Some years ago a very neurotic young girl consulted me. The very first thing she did on entering my consulting-room was to ask me straight out whether she had beautiful eyes. I was startled for a moment by this very unusual way of introducing oneself to a physician. She noticed my hesitation, and then gave vent to a violent outburst of affect on my suggesting that she should first of all answer *my* questions. The general behaviour of the patient,

¹ Cf. Chapter IX.

whom I only saw a few times, made a methodical psychoanalysis impossible. I did not succeed even in coming to a clear diagnosis of the case, for certain characteristics of the clinical picture suggested a paranoid condition. Nevertheless, I was able to obtain a few facts concerning the origin of her most striking symptom, and these, in spite of their incompleteness, offered a certain insight into the structure of her condition.

The patient told me that she had experienced a great fright as a child. In the small town where she was living at that time a boa constrictor had broken out from a menagerie and could not be found; and as she was passing through a park with her governess she believed that she suddenly saw the snake in front of her. She became quite rigid with terror, and ever since was afraid that she might have a fixed stare.

It could not be decided whether this experience was a real one or whether it was wholly or partially a phantasy. The association, snake = rigidity, is familiar and comprehensible to us. We also recognize the snake as a male genital symbol. Fixity of the eye is then explicable from the identification, fixed eye = snake = phallus. The patient, however, protected herself against this wish for masculinity, and put in its place the compulsion to get every man to assure her that her eyes were beautiful, *i.e.* had feminine charms. If anyone hesitated to answer her question in the affirmative it is probable that she became exposed to the danger of being overwhelmed by her male-sadistic impulse which she repressed with difficulty, and fell into a state of anxiety at the rising force of her masculine feelings.

I should like to point out here that these various observations by no means do justice to the great multiplicity of the symptoms belonging to this group. Besides these examples which illustrate the vicarious assumption by various parts of the body of the male genital rôle, there are others which show that objects which do not belong to the body can also be made use of for the same purpose, provided their form and use permits in any way of a symbolic interpretation as a genital organ. We may call to mind the

tendency of neurotic women to use a syringe and to give themselves or relatives enemas.

There are numerous points of contact here with the normal expressions of the female castration complex, especially with typical female symptomatic acts. Thrusting the end of an umbrella into the ground may be mentioned as an example. The great enjoyment many women obtain from using a hose for watering the garden is also characteristic, for here the unconscious experiences the ideal fulfilment of a childhood wish.

Other women are less able or less inclined to find a substitutive gratification of their masculinity wishes in neurotic surrogates. Their symptoms give expression to a completely different attitude. They represent the male organ as something of secondary importance and unnecessary. To this attitude belong all the symptoms and phantasies of *immaculate conception*. It is as though these women want to declare by means of their neurosis: 'I can do it by myself'. One of my patients experienced an immaculate conception of this kind while in a dream-like, hazy state of consciousness. She had had a dream once before in which she held a box with a crucifix in her hands; the identification with the Virgin Mary is here quite clear. I invariably found that neurotic women who showed these phenomena exhibited especially pronounced anal character-traits. The idea of being 'able to do it alone', expresses a high degree of obstinacy, and this is also prominent in these patients. They want, for example, to find out everything in their psychoanalysis by themselves without the help of the physician. They are as a rule women who through their obstinacy, envy, and self-overestimation destroy all their relationships with their environment, and indeed their whole life.

V

The symptoms we have so far described bear the character of a positive wish-fulfilment in the sense of the infantile desire to be physically equal to the man. But the last-mentioned forms of reaction already begin to approxi-

mate to the *revenge type*. For in the refusal to acknowledge the significance of the male organ there is implied, although in a very mitigated form, an emasculation of the man. We therefore approach by easy stages to the phenomena of the second group.

We regularly meet two tendencies in repressed form in the patients of this second group: a desire to take revenge on the man, and a desire to seize by force the longed-for organ, *i.e.* to rob him of it.

One of my patients dreamed that she and other women were carrying round a gigantic penis which they had stolen from an animal. This reminds us of the neurotic impulse to steal. So-called kleptomania is often traceable to the fact that a child feels injured or neglected in respect of proofs of love—which we have equated with gifts—or in some way disturbed in the gratification of its libido. It procures a substitute pleasure for the lost pleasure, and at the same time takes revenge on those who have caused it the supposed injustice. Psycho-analysis shows that in the unconscious of our patients there exist the same impulses to take forcible possession of the 'gift' which has not been received.

Vaginismus is from a practical point of view the most important of the neurotic symptoms which subserve repressed phantasies of castrating the man. The purpose of vaginismus is not only to prevent intromission of the penis, but also, in the case of its intromission, not to let it escape again, *i.e.* to retain it and thereby to castrate the man. The phantasy therefore is to rob the man of his penis and to appropriate it.

The patient who had produced the previously-mentioned dream of the morphia syringe showed a rare and complicated form of rejection of the male at the beginning of her marriage. She suffered from an hysterical adduction of her thighs whenever her husband approached her. After this had been overcome in the course of a few weeks there developed as a fresh symptom of refusal a high degree of vaginismus which only completely disappeared under psycho-analytic treatment.

This patient, whose libido was very strongly fixated on her father, once had a short dream before her marriage, which she related to me in very remarkable words. She said that in the dream her father had been run over and had 'lost some leg or other and his money'.¹ The castration idea is here not only expressed by means of the leg but also by the money. Being run over is one of the most frequent castration symbols. One of my patients whose 'totem' was a dog dreamed that a dog was run over and lost a leg. The same symbol is found in phobias that some particular male person may be run over and lose an arm or a leg. One of my patients was the victim of this anxiety with reference to various male members of her family.

For many years, and especially during the late war, I have come across women who take particular erotic interest in men who have lost an arm or a leg by amputation or accident. These are women with particularly strong feelings of inferiority; their libido prefers a mutilated man rather than one who is physically intact. For the mutilated man has also lost a limb, like themselves. It is obvious that such women feel an affinity to the mutilated man; they consider him a companion in distress and do not need to reject him with hate like the sound man. The interest some women have in Jewish men is explicable on the same grounds; they regard circumcision as at any rate a partial castration, and so they can transfer their libido on to them. I know cases in which a mixed marriage of this kind was contracted by women chiefly as a result of an unconscious motive of this nature. They also show an interest in men who are crippled in other ways and have thereby lost their masculine 'superiority'.

It was the psycho-analysis of a girl seventeen years old that gave me the strongest impression of the power of the castration complex. In this case there was an abundance of neurotic conversions, phobias, and obsessive impulses, all of which were connected with her disappointment at being a female and with revenge phantasies against the

¹ [*Vermögen* ('money') also means 'capacity' and 'sexual potency'.—*Trans.*]

male sex. The patient had been operated on for appendicitis some years previously.¹ The surgeon had given her the removed appendix preserved in a bottle of spirit, and this she now treasured as something sacred. Her ideas of being castrated centred round this specimen, and it also appeared in her dreams with the significance of the once possessed but now lost penis.² As the surgeon happened to be a relative it was easy for her to connect the 'castration' performed by him with her father.

Among the patient's symptoms which rested on the repression of active castration wishes was a phobia which can be called *dread of marriage*. This anxiety was expressed in the strongest opposition to the idea of a future marriage, because the patient was afraid 'that she would have to do something terrible to her husband'. The most difficult part of the analysis was to uncover an extremely strong rejection of genital erotism, and an intense accentuation of mouth erotism in the form of phantasies which appeared compulsively. Her idea of oral intercourse was firmly united with that of biting off the penis. This phantasy, which is frequently expressed in anxiety and phenomena of the most varied kinds, was in the present case accompanied by a number of other ideas of a terrifying nature. Psycho-analysis succeeded in stopping this abundant production of a morbid imagination.

These kinds of anxiety prevent the subject from having intimate union with the other sex, and thereby from carrying out her unconsciously intended 'crime'. The patient is then the only person who has to suffer from those impulses, in the form of permanent sexual abstinence and neurotic anxiety. The case is altered as soon as the active castration phantasy has become somewhat distorted and thereby unrecognizable to consciousness. Such a modification of the manifest content of the phantasies makes it possible for the tendencies in question actually to have stronger external effects. It can, for instance, cause the idea of robbing the

¹ The removal of the vermiform appendix often stimulates the castration complex in men as well.

² Another patient imagined she had a brother and had to remove his appendix.

man of his genital to be abolished and the hostile purpose to be displaced from the organ to its function, so that the aim is to destroy his potency. The wife's neurotic sexual aversion will now often have a repelling effect on the man's libido so that a disturbance of his potency does actually occur.

A further modification of the aggressive impulse is seen in an attitude of the woman to the man that is fairly frequent and that can be exceedingly painful to him; it is the impulse to *disappoint* him. To disappoint a person is to excite expectations in him and not fulfil them. In her relations with the man the woman can do this by responding to his advances up to a certain point and then refusing to give herself to him. Such behaviour is most frequently and significantly expressed in *frigidity* on the part of the woman. Disappointing other persons is a piece of unconscious tactics which we frequently find in the psychology of the neuroses and which is especially pronounced in obsessional neurotics. These neurotics are unconsciously impelled towards violence and revenge, but on account of the contrary play of ambivalent forces these impulses are incapable of effectually breaking through. Since their hostility cannot express itself in actions, these patients excite expectations of a pleasant nature in their environment and then do not fulfil them. In the sphere of the female castration complex the tendency to disappoint can be formulated in respect of its origin as follows:

First stage: I rob you of what you have because I lack it.

Second stage: I rob you of nothing. I even promise you what I have to give.

Third stage: I will not give you what I have promised.

In very many cases frigidity is associated with a conscious readiness on the part of the woman to assume the female rôle and to acknowledge that of the man. Her unconscious striving has in part as its object the disappointment of the man, who is inclined to infer from her conscious willingness the possibility of mutual enjoyment. Besides this, she has the desire to demonstrate to herself and her partner that his sexual ability is of no importance.

If we penetrate to the deeper psychic layers we recognize how strongly the desire of the frigid woman to be male dominates her unconscious. In a previous article I have attempted to show in accordance with Freud's well-known observations on frigidity¹ that this condition in the female sex is the exact analogue of a disturbance of potency in the man, namely, 'ejaculatio præcox'.² In both conditions the libido is attached to that erotogenic zone which has normally a similar significance in the opposite sex. In cases of frigidity the pleasurable sensation is as a rule situated in the clitoris and the vaginal zone has none. The clitoris, however, corresponds developmentally with the penis.

Frigidity is such an exceedingly widespread disturbance that it hardly needs to be described or exemplified. On the other hand, it is less well known that the condition has varying degrees of intensity. The highest degree, that of actual anæsthesia, is rare. In these cases the vaginal mucous membrane has lost all sensitiveness to touch, so that the male organ is not perceived in sexual intercourse. Its existence is therefore actually denied. The common condition is a relative disturbance of sensitivity, in which contact is perceived but is not pleasurable. In other cases a sensation of pleasure is felt but does not go on to orgasm, or, what is the same thing, the contractions of the female organ corresponding with the climax of pleasure are absent. It is these contractions that signify the complete and positive reaction of the woman to the male activity, the absolute affirmation of the normal relation between the sexes.

Some women do obtain gratification along normal paths but endeavour to make the act as brief and prosaic as possible. They refuse all enjoyment of any preliminary pleasure; and in especial they behave after gratification as if nothing had happened that could make any impression on them, and turn quickly to some other subject of conversation, a book or occupation. These women thus give themselves up to the full physical function of the woman

¹ *Drei Abhandlungen zur Sexualtheorie*, 4. Aufl., S. 83f.

² Cf. Chap. XIII.

for a few fleeting moments only to disown it immediately afterwards.

It is an old and well-known medical fact that many women only obtain normal sexual sensation after they have had a child. They become, so to speak, only female in the full sense by the way of maternal feelings. The deeper connection of this is only to be comprehended in the light of the castration complex. As we know, a child was at an early period the 'gift' which was to compensate the little girl for the missed penis. She receives it now in reality, and thus the 'wound' is at last healed. It is to be noted that in some women there exists a wish to get a child from a man against his will; we cannot fail to see in this the unconscious tendency to take the penis from the male and appropriate it in the form of a child. The other extreme in this group is represented by those women who wish to remain childless at all costs. They decline any kind of 'substitute', and would be constantly reminded of their femininity in the most disturbing manner if they became mothers.

A relative frigidity exists not only in the sense of the degree of capacity for sensation, but also in the sense that some women are frigid with certain men and capable of sensation with others.

It will probably be expected that a marked activity on the part of the man is the most favourable condition to call forth sexual sensations in women who are frigid in this second sense. This, however, is not always the case; on the contrary, there are many women in whom a debasement of the man is just as essential a condition of love as is the debasement of the woman to many neurotic men.¹ A single example may be given in illustration of this by no means rare attitude. I analyzed a woman whose love-life was markedly polyandrous, and who was invariably anæsthetic if she had to acknowledge that the man was superior to her in any way. If, however, she had a quarrel with the man and succeeded in forcing him to give in to her, her frigidity disappeared completely. Such cases show very

¹ See Freud, 'Beiträge zur Psychologie des Liebeslebens', sections I. and II.

clearly how necessary is the acknowledgement of the male genital function as a condition of a normal love-life on the part of the woman. We also meet here with one source of the conscious and unconscious impulses of prostitution in women.

Frigidity is practically a *sine qua non* of prostitution. The experiencing of full sexual sensation binds the woman to the man, and only where this is lacking does she go from man to man, just like the continually ungratified Don Juan type of man who has constantly to change his love-object. Just as the Don Juan avenges himself on all women for the disappointment which he once received from the first woman who entered into his life, so the prostitute avenges herself on every man for the gift she had expected from her father and did not receive. Her frigidity signifies a humiliation of all men and therefore a mass castration to her unconscious; and her whole life is given up to this purpose.¹

While the frigid woman unconsciously strives to diminish the importance of that part of the body which is denied her, there is another form of refusal of the man which achieves the same aim with opposite means. In this form of refusal the man is nothing else than a sex organ and therefore consists only of coarse sensuality. Every other mental or physical quality is denied him. The effect is that the neurotic woman imagines that the man is an inferior being on account of his possession of a penis. Her self-esteem is actually enhanced, and indeed she can rejoice at being free from such a mark of inferiority. One of my patients who showed a very marked aversion to men had the obsessing hallucination of a very big penis whenever she saw a man. This vision continually brought to her mind the fact that there was nothing else in men than their genital organ, from which she turned away in disgust, but which at the same time represented something that greatly interested her unconscious. She had certain phantasies connected with this vision which were of a

¹ The remarks of Dr. Theodor Reik in a discussion at the Berlin Psycho-Analytical Society have suggested this idea to me.

complementary nature. In these she represented herself as though every opening in her body, even her body as a whole, was nothing else than a receptive female organ. The vision therefore contained a mixture of over-estimation and depreciation of the male organ.

VI

We have already shown that the woman's tendency to depreciate the importance of the male genital undergoes a progressive sexual repression, and often appears outwardly as a general desire to humiliate men. This tendency is often shown in an instinctive avoidance of men who have pronounced masculine characteristics. The woman directs her love-choice towards the passive and effeminate man, by living with whom she can daily renew the proof that her own activity is superior to his. Just like manifest homosexual women, she likes to represent the mental and physical differences between man and woman as insignificant. When she was six years old one of my patients had begged her mother to send her to a boys' school in boy's clothes because 'then no one would know that she was a girl'.

Besides the inclination to depreciate men there is also found a marked sensitiveness of the castration complex towards any situation which can awaken a feeling of inferiority, even in the remotest way. Women with this attitude refuse to accept any kind of help from a man, and show the greatest disinclination to follow any man's lead. A young woman betrayed her claims to masculinity, repressed with difficulty, by declining to walk along a street covered in deep snow in her husband's footsteps. A further very significant characteristic of this patient may be mentioned here. As a child she had had a strong desire for independence, and in adolescence she used to be very envious of the calling of two women in particular—the cashier in her father's office, and the woman who swept the street in her native town. The cause of this attitude is obvious to the psycho-analyst. The cashier sweeps money together and the crossing-sweeper sweeps dirt, and

both things have the same significance in the unconscious. There is here a marked turning away from genital sexuality in favour of the formation of anal character traits, a process which I shall mention in another connection.

How strong a person's disinclination to be reminded of her femininity in any way can be is already well shown in the behaviour of children. It not infrequently happens that little girls give up knowledge they have already obtained of procreation and birth in favour of the stork fable. They dislike the rôle bestowed upon them by Nature, and the stork tale has the advantage that in it children originate without the man's part being a more privileged one than theirs in respect of activity.

The most extreme degree of sensitiveness in regard to the castration complex is found in the rarer case of psychical depression. Here the woman's feeling of unhappiness on account of her femininity is wholly unrepressed; she does not even succeed in working it off in a modified form. One of my patients complained about the utter uselessness of her life because she had been born a girl. She considered the superiority of men in all respects as obvious, and just for this reason felt it so painfully. She refused to compete with men in any sphere, and also rejected every feminine act. In particular she declined to play the female rôle in sexual life, and equally so the male one. In consequence of this attitude all conscious eroticism was entirely foreign to her; she even said that she was unable to imagine any erotic pleasure at all. Her resistance against female sexual functions assumed grotesque forms. She transferred her rejection of them to everything that reminded her, if only remotely, of bearing fruit, propagation, birth, etc. She hated flowers and green trees, and found fruit disgusting. A mistake which she made many times was easily explicable from this attitude; she would read *furchtbar* ('frightful') instead of *fruchtbar* ('fruitful'). In the whole of Nature only the winter in the mountains could give her pleasure; there was nothing to remind her there of living things and propagation, but only rock, ice, and snow. She had the idea that in marriage the woman was of quite

secondary importance, and an expression of hers clearly showed how much this idea was centred in her castration complex. She said that the ring—which was to her a hated female symbol—was not fit to be a symbol of marriage, and she suggested a nail as a substitute. Her over-emphasis of masculinity was quite clearly based on her penis envy as a little girl—an envy which appeared in a strikingly undisguised form when she was grown up.

In many women the failure to reconcile themselves to their lack of the male organ is expressed in neurotic horror at the sight of wounds. Every wound re-awakens in their unconscious the idea of the 'wound' received in childhood. Sometimes they have a definite feeling of anxiety at the sight of wounds; sometimes this sight or the mere idea of it causes a 'painful feeling in the lower part of the body'. At the commencement of her psycho-analysis the patient whom I mentioned above as having a complicated form of vaginismus spoke of her horror of wounds before there had been any mention of the castration complex. She said that she could look at large and irregular wounds without being particularly affected, but that she could not bear to see a cut in her skin or on another person, however small it was, if it gaped slightly and if the red colour of the flesh was visible in the depth of the cut. It gave her an intense pain in the genital region coupled with marked anxiety, 'as though something had been cut away there'. (Similar sensations accompanied by anxiety are found in men with a marked fear of castration.) In many women it does not need the sight of a wound to cause feelings of the kind described; they have an aversion, associated with marked affect, to the idea of surgical operations and even to knives. Some time ago a lady who was a stranger to me and who would not give her name rang me up on the telephone and asked me if I could prevent an operation that had been arranged for the next day. On my request for more information she told me she was to be operated on for a severe uterine hæmorrhage due to myomata. When I told her it was not part of my work to prevent a necessary and perhaps life-saving operation she did not reply, but ex-

plained with affective volubility that she had always been 'hostile to all operations', adding, 'whoever is once operated on is for ever afterwards a cripple for life'. The wild exaggeration of this statement becomes comprehensible if we remember that from the point of view of the unconscious an operation of this sort has made the little girl a 'cripple' in early childhood.

VII

A tendency with which we are well acquainted and which we have already mentioned leads in the sphere of the female castration complex to modifications of the woman's aversion to that which is tabooed, and even to a conditional admission of it and in especial to compromise formations between impulse and repression.

In some of our patients we come across phantasies which are concerned with the possibility of an acceptance of the man and which formulate the conditions under which the patient would be prepared to reconcile herself to her femininity. I will mention a certain proviso which I have met with many times; it is: 'I could be content with my femininity if I were absolutely the most beautiful of all women'. All men would lie at the feet of the most beautiful woman, and the woman's narcissism would consider this power not a bad compensation for the defect she is so painfully aware of. It is in fact easier for a beautiful woman to assuage her castration complex than for an ugly one. Nevertheless, this idea of being the most beautiful of all women does not have the aforesaid softening effect in all cases. I know of a woman who said: 'I should like to be the most beautiful of all women so that all men would adore me. Then I would show them the cold shoulder.' In this case the craving for revenge is clear enough; this remark was made by a woman of an extremely tyrannical nature which was based on a wholly unsublimated castration complex.

Most women, however, are not so extreme. They are inclined to compromise and to satisfy themselves with relatively harmless expressions of their repressed hostility. In this connection we are able to understand a characteristic

trait in the conduct of many women. We must keep in view the fact that sexual activity is essentially associated with the male organ, that the woman is only in the position to excite the man's libido or respond to it, and that otherwise she is compelled to adopt a waiting attitude. In a great number of women we find resistance against being a woman displaced to this necessity of waiting. In their married life these women take a logical revenge upon the man in that they *keep him waiting* on every occasion in daily life.

There is another proviso of a similar nature to the above mentioned 'If I were the most beautiful woman'. In some women we find a readiness to admit the activity of the male and their own passivity, provided that they are desired by the most manly (greatest, most important) man. We have no difficulty in recognizing here the infantile desire for the father. I have already related from one of my psycho-analyses an example of a phantastic form of this idea. I was able to follow the development of a similar phantasy through different stages in the psycho-analysis of other patients. The original desire ran: 'I should like to be a man'. When this was given up, the patient wished to be 'the only woman' ('the only woman belonging to my father' being originally meant). When this wish had to give way to reality, too, the idea appeared: 'As a woman I should like to be unmatchable'.

Certain compromise formations are of far greater practical importance, and though well known to psychoanalysts nevertheless merit special consideration in this connection. They concern the acknowledgement of the man, or, to be more correct, his activity and the organ serving it, under certain limiting conditions. The woman will tolerate and even desire sexual relations with the man so long as her own genital organ is avoided, or is, so to speak, considered as non-existent. She displaces her libido on to other erotogenic zones (mouth, anus) and softens her feelings of displeasure originating in the castration complex by thus turning away her sexual interest from her genital organ. The body openings which are now at the disposal

of the libido are not specifically female organs. Further determinants are found in the analysis of each of this kind of cases, one only of which need be mentioned, namely, the possibility of active castration through biting by means of the mouth. Oral and anal perversions in women are thus to a considerable extent explicable as effects of the castration complex.

Among our patients we certainly have to deal more frequently with the negative counterpart of the perversions, *i.e.* with conversion symptoms which occur in relation to the specific erotogenic zones, than with the perversions themselves. Examples of this kind have already been given above. I referred among other cases to that of a young girl who had a phobia of having to do some horrible thing to her husband in the event of her marriage. The 'horrible thing' turned out to be the idea of castrating him through biting. The case showed most clearly how displacement of the libido from the genital to the mouth zone can gratify very different tendencies simultaneously. In such phantasies the mouth serves equally to represent the desired reception of the male organ and its destruction. Facts like these warn us not to be too ready to over-estimate a single determinant. Although in the preceding presentation we have estimated the castration complex as an important impelling force in the development of neurotic phenomena, we are not justified in over-valuing it in the way Adler does when he represents the 'masculine protest' as the essential *causa movens* of the neuroses. Experience that is well-founded and verified anew every day shows us that precisely those neurotics of both sexes who loudly proclaim and lay emphasis on their masculine tendencies frequently conceal—and only superficially—intense female-passive desires. Our psycho-analytic experience should constantly remind us of the over-determination of all psychical structures. It has to reject as one-sided and fragmentary every psychological method of working which does not take into full account the influence of various factors on one another. In my present study I have collected material belonging to the castration complex from a great number of psycho-

analyses. And I should like to say expressly that it is solely for reasons of clearness that I have only occasionally alluded to the ideas connected with female-passive instincts which none of my patients failed to express.

VIII

Women whose ideas and feelings are influenced and governed by the castration complex to any great extent—no matter whether consciously or unconsciously—transplant the effect of this complex on to their children. They influence the psychosexual development of their daughters either by speaking disparagingly of female sexuality to them, or by unconsciously showing their aversion to men. The latter method is the more permanently effective one, because it tends to undermine the heterosexuality of the growing girl. On the other hand, the method of depreciation can produce really traumatic effects, as when a mother says to her daughter who is about to marry, ‘What is going to happen now is disgusting’.

It is in particular those neurotic women whose libido has been displaced from the genital to the anal zone who give expression to their disgust of the male body in this or a similar manner. These women also produce serious effects on their sons without foreseeing the result of their attitude. A mother with this kind of aversion to the male sex injures the narcissism of the boy. A boy in his early years is proud of his genital organs; he likes to exhibit them to his mother, and expects her to admire them. He soon sees that his mother ostentatiously looks the other way, even if she does not give expression to her disinclination in words. These women are especially given to prohibiting masturbation on the grounds that it is disgusting for the boy to touch his genital organ. Whereas they are most careful to avoid touching and even mentioning the penis, they tend to caress the child’s buttocks and are never tired of speaking of its ‘bottom’, often getting the child to repeat this word. They also take an excessive interest in the child’s defæcatory acts. The boy is thus forced into a new orientation of his

libido. Either it is transferred from the genital to the anal zone, or the boy is impelled towards a member of his own sex—his father in the first instance—to whom he feels himself bound by a bond which is quite comprehensible to us. At the same time he becomes a woman-hater, and later will be constantly ready to criticize very severely the weaknesses of the female sex. This chronic influence of the mother's castration complex seems to me to be of greater importance as a cause of castration-fear in boys than occasionally uttered threats of castration. I can produce abundant evidence for this view from my psycho-analyses of male neurotics. The mother's anal-erotism is the earliest and most dangerous enemy of the psychosexual development of children, since she has more influence on them in the earliest years of life than the father.

To everyone of us who is a practising psycho-analyst the question occurs at times whether the trifling number of individuals to whom we can give assistance justifies the great expenditure of time, labour and patience it involves. The answer to this question is contained in what has been said above. If we succeed in freeing such a person from the defects of his psychosexuality, *i.e.* from the difficulties of his castration complex, we obviate the neuroses of children to a great extent, and thus help the coming generation. Our psycho-analytic activity is a quiet and little appreciated work and the object of much attack, but its effect on and beyond the individual seems to us to make it an aim worth a great deal of labour.

SELECTED PAPERS OF
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