# FRUSTRATED AMBIVALENCE OF THE MATING INSTINCT.

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SEXUALITY is ambivalent because love is expressed biologically in the primitive terms of life—we kill or we die. Mating, according to the psycho-somatic theory of family sexuality (Turner, 1947), is accomplished by a portrayal of the conditions of the hunt. The male portrays his hunting of the inferior species. The female in mating, therefore, is identified with the inferior species until the orgasm, when she is identified with the superior species which kills the hunting male. The female loves the male, who pledges his hunting, and the male loves the female, who pledges herself by enacting the environmental realities which he meets when hunting. Thus the young are provided for in ambivalence by a hunting father, and by a mother who teaches them to hunt by presenting to them the conditions of the hunt. Thus by further sublimation of the primitive ambivalence the father is the civilized breadwinner and the mother one's first guide, philosopher and friend.

It should be appreciated that the psycho-somatic sexual theory of the family describes the emotions of the sexual act as exhibiting the emotions of daily life. The male who hunts in daily life, in coitus exhibits hunting. When hunting he risks his life, and he portrays his death in the orgasm. The female in her daily life of motherhood provides a sense of the quality and reality of the environment to her children that they may learn their way of life, and in mating she again provides this sense of the environment in which the hunter exhibits his hunting and death.

The daily life of the family may be regarded conversely as a sublimation of their sexual emotions. It is in this sense that this paper describes symptoms of anger and fear in daily life as being sexual.

The anger and fear are often not noticeable in health, for we are unaware, usually, of the emotional content of our instincts unless they are frustrated (McDougall, 1940). Thus the dog chasing a rabbit to kill it appears merely to be running, but if it is frustrated in its efforts one hears the bark, and sees the hair bristled and the teeth bared, and one is aware of the anger which passed unnoticed when the dog was not frustrated in its hunting. Yet the dog had been using the emotion of anger to run after the rabbit. "Emotion moves us, hence the name." The dog which is not going to bite, on account of disinclination, training or external impediment, is often the one which barks loudest, and the instinct to bite, being frustrated, is obvious in the barking.

Again, a person who is running away from an enemy and is showing a clean pair of heels shows no other sign of fear. But should his path be barred and

his enemy begin to catch up on him, then will be seen the staring eyes and the nervous agitation proclaiming that it was with fear he had been running.

Similarly, in the realm of physiology we are unaware in health of the visceral peristalsis, but the latter is evident most painfully in intestinal obstruction.

Thus I assume that symptoms of ambivalence denote frustration of the normal ambivalence of sexuality. The ambivalent emotions, having been frustrated and having therefore become obvious to the patient, have been viewed by the patient with alarm, for although the common philosophy of people acknowledges a certain degree of association of love with anger and fear, the intimate association of these which they find in themselves when frustrated, is more than they can understand or appreciate without aid. The ambivalent emotions, having been frustrated, then become rejected also, and the symptoms of illness represent these frustrated and rejected emotions.

It is my custom in psychotherapy to give an outline of the theory immediately the patient has declared symptoms which can be explained by it. I then deduce and explain the aspect of sexuality which has been misunderstood. I find that it gives great encouragement to patients to find that their symptoms can be regarded as misunderstandings of normal and valuable love. They feel reassured, and having said that they have never looked at it that way before, they straightway declare more of their intimate troubles.

The theory is also a great help to the psychiatrist in disposing himself to listen to the patient's troubles, for he knows that, instead of having to interpret on a pathological basis only, he has something of good news about the symptoms to tell his patients.

The next stage in treatment is to find the cause of the frustration, which may require slight or deep analysis. One may then encounter well-known mechanisms of the mind which relate to ambivalence, but there will often be omission to mention these mechanisms in the précis to follow, whether or not they have been considered with the patient in any particular case, for it will suffice if this paper establishes that a psycho-somatic theory of ambivalence as an integral part of normal sexuality is useful in psychotherapy, if the patients are to convert their emotions from symptoms to healthy living.

That we marry " for better, for worse " is stated verbally in the marriage service, and is implicit in the ordered sequence of the coital act. Thus it is good for the family to hunt their prey, but bad, of course, to be hunted.

The first section of this paper will describe the aberrations of ambivalence in men and women who are orienting themselves to the family's need for what is good in the environment; and the second section will describe the aberrations of ambivalence in other men and women who are orienting themselves to what is harmful in the environment.

The third section will consider ambivalence relating to both the good and the bad in life as it disturbs the affections of a series of women, and the fourth section will repeat the consideration of ambivalence regarding both the good and the bad in life, as exhibited in the symptoms of a series of men.

All case-histories in this paper are of out-patients. By excluding case-histories of in-patients one wishes to emphasize that the ambivalent emotions

to be described are compatible with the patients concerned being socially acceptable.

Each case-history is presented as a précis of that part only of each case which is appropriate to the particular aspect of the subject of ambivalence in family sexuality which it is illustrating.

Nor is it held that the element which is chosen for description from each case is characteristic of the diagnosis. The aspects of each case have been chosen only to illustrate the theory. This method has been chosen rather than the full account of a few cases in order to show the varied application of the theory of normal ambivalence which is possible in clinical practice.

## I. *Ambivalence Expressing in Love the Need for the Good Things in the Environment.*

This section will describe a selection of patients whose symptoms represented a frustration of that part of sexuality which portrays either the human hunter or the desired death of his prey.

B. Y—, a single man aged 31, diagnosed as an immature personality, complained of "continual nervous tension," being worried over details, and of having no self-confidence. He complained of difficulty in making decisions. Anything that altered his way of life upset him; a dispute would leave him shaky, and he often had to remind himself he was a grown man.

He said it was just as if he wanted Mother to decide for him; he had to give up work repeatedly on account of the symptoms of his immature personality.

Much repressed aggression was found during seventeen psychotherapeutic interviews in five years. Free association in several interviews led him to thoughts of his mother's death: he remembered that at 10 to 12 years of age he would lie awake dreading the time when she would be dead (although his mother did not then show any signs of dying). He was attached very closely to his mother, with whom he quarrelled constantly. He would sometimes fear that he would lose control of himself and stab her. At the age of 7 he used to have awful thoughts of what would happen if he did it; and so he came to avoid all causes of death, and was a very timid boy.

It was deduced by me that he was misunderstanding what were valuable sexual thoughts, not recognized by him as such. He was told the psycho-somatic theory of family sexuality and its explanation of ambivalence. The emotional situation of his childhood was also related to the needs of the future, should his hoped-for marriage mature. It was explained to him that his repressed childish aggressiveness towards his mother, whom he loved, implied a childish demonstration of a potentiality of confident manhood.

He was told that this quality of aggressiveness was, when understood rightly, sublimated properly and directed into his work, most valuable to him as a responsible adult.

It was pointed out to him also that, when in due course he married, his wife would expect this quality in him, and would hope that he would pledge it with her in their sexual intercourse.

He did marry later and settled down well to work also, managing a business of his own, making his own decisions manfully.

He was able to sublimate a man's duty to hunt for his family, for he had accepted the psycho-somatic sexual significance of his early phantasy of stabbing his mother.

G. I—, a single girl of 20 years, was diagnosed as incipient hebephrenic depression. She was solitary, and unable to make friends. In describing her illness she was incoherent in describing many visceral symptoms.

The psychotherapeutic consideration of her hebephrenic tendencies as such is irrelevant to this paper, and indeed, although she recovered from the worst effects

of the illness and enjoyed her work, she still did not find it easy to make friends.

It transpired, as the treatment progressed through twenty-three interviews in fifteen months, that she had had a fear of death since puberty at 14 years of age. In this particular respect she was evidently misunderstanding her sexuality, as many another girl has done.

At 15 she had threatened suicide because her boy friend was breaking off a love affair. As adolescence developed, ideas of death were often in her mind, and she had less and less to do with boys.

She told me she thought there must be something wrong with herself: but she was reassured that in respect of her ideas of death she was merely making a mistake about her sexuality. She was told the normal place of fear of death in a woman's sexual desire of love and in her attractiveness for the opposite sex. She was, as it were, " dying " to be kissed and wishing for the " lady-killer," to which she quite agreed.

At a later stage in the treatment she asked about superstitions, for example about wearing green. Free association on green proceeded thus—grass—cemetery —grave—me lying there—man at the office. She was therefore recommended to wear green. Asked for another superstition she gave " walking under a ladder." Free association gave—it is only unlucky if a man is not on it ! She began to realize that in respect of her fear of death she was normal emotionally after all, for she was appreciating the good that was latent in her ideas of death.

Z. T—, a girl aged 15½ years, suffered from hysteria with schizophrenic tendencies. Four months before being seen she had had an attack of depression, when she would " blush at nothing." She became very apologetic for fancied ills she had done the family, and made herself a nuisance by persisting in waiting on the family. She would bruise herself and say she did not want to go on living, and asked the family to kill her. This lasted a week, and then was repeated for another week shortly before seeing me.

After further inquiries I asked her what was happening in her life at that time, and she told me that just before her first attack she heard that her boy friend had been accused of getting another girl pregnant but that it proved later that this was untrue. Her second attack of wanting to be killed by her family was after she had given up this boy friend because he seemed more interested in someone else. Now she had got another boy friend. It was explained to her in terms of the psycho-somatic theory that her love having been frustrated by her first boy friend's disappointing behaviour she had felt the normal emotions of sex unhappily. She had merely, as it is said, been dying for love, though in an unstable adolescent fashion. She was feeling better now because she had found another boy friend. There was no need now to ask the family to kill her, for she had found her own " lady-killer," and that meant someone who, when she married eventually, would do the indispensable and good thing of hunting for the family as the bread-winner. Ambivalence was thus restored to her and everything was at ease.

She was only seen on the one occasion, and it was hoped there would be no need for a lengthy treatment. The first follow-up visit by the psychiatric social worker, a few weeks later, confirmed that she was still well. It was reported, " She wonders how she can have been so silly " to behave as she did, but she did so again. Her symptoms returned, and it was evident that she needed further inquiry into the development of her personality, to elucidate why her normal sexual ambivalence for the good things of life (that is for her family killing prey for food) should be so disorganized that stress in her life should disturb her behaviour unduly, so that she said she did not want to go on living and asked the family to kill her.

A. C—, a young man of 26 years, had been married for a year. He had a compulsive symptom of a desire to strangle his wife. He was therefore frightened to be left alone with her.

He was told the psycho-somatic theory of coitus, and that his symptom was therefore an aberration of normal feeling. But why should it have gone wrong with him ? He says the desire first came to him after their holiday the previous year. He and his wife had decided to have a child, and had started normal coitus on the holiday instead of coitus interruptus as had been the case in the previous months of marriage. It was pointed out to him that with the decision to have a

child his wife would want to know all the more that he was a good hunter, and to receive, in coitus, his pledge of his services as such for the hoped-for child.

I saw him again the following week when he had had no further urges to strangle his wife. He said he no longer felt he did not know " what to put it down to," and had not minded so much being left alone with his wife. It was again pointed out to him that the urge stands for something valuable. He was seen for the third and last time three weeks later, when he was quite light hearted about himself, did not mind staying alone with his wife and had never given his obsession a thought.

The psychiatric social worker visited a year later and was told that there had been no return of his symptoms. He was very grateful for what had been done for him in the few interviews he had had, and in the event of a relapse of symptoms he would not hesitate to return for treatment again.

These cases have illustrated that to love and live, a man must accept the primitive need to kill and a woman must accept the emotions of the desired prey. This is the meaning of coitus up to, but not including, the stage of the orgasm, and frustration of the genital or sublimated expression of these emotions reveals their nature in the form of symptoms.

## II. *Ambivalence which Acknowledges in Love what is Harmful in the Environment.*

This section concerns emotions which are expressed in the orgasm as a dramatic representation of tragedy. The man, when hunting, is exposed to being killed by a superior species, that is, by a non-human force. It is fitting and proper that this risk, inherent in his duty, and inculcated by her in the offspring, should be acknowledged in love, for we marry for better, for worse.

P. N—, a married woman aged 32 years, who had been a Sunday School teacher and superintendent for many years, suffered from anxiety neurosis.

There was a history of perspiration, fainting, palpitation and pain in the left side for nine months. In her fainting attacks she would see rapidly changing pictures " in front of my eyes " ; she said her mind was " conflicted and confused," and that she had been " unbearably depressed," and had slept badly. She had, she said, an unexplained guilty feeling.

At her third interview she complained of distressing " wrong thoughts " which were just the opposite of what she wants to think, e.g. that she does not love her husband—that his continued asthma might lead to their separation—and as if she might do away with him. He had sustained his illness by being gassed when doing his duty fighting for his home and country. At the sixth interview she told me that her illness started when she opened a registered letter from the Ministry of Pensions to her husband, detailing his record of illness : she " realized " then that he had been more ill than she had thought, and she went " numb " and " taut." When, later, her husband was worse with asthma and coughing and had to be X-rayed it resulted in her losing her " feelings of love " for him ; this tormented her. She also, at another time, told me that her emotional feelings dried up similarly when her father died suddenly when she was 14 years old. She had, on these occasions, put all her energies into her work until she had " snapped " and gone weak and helpless.

Puberty came early to her, at 10 years of age, and she was satisfactorily adjusted to her emotions, but from the time of her father's death she found it hard to show her feelings, e.g. at giving a demonstration of music lessons, in case the sexual element in her should be detected, and later she could not feel for her ill husband.

She was told quite early the psycho-somatic theory of coitus, and she was often advised on the sexual acceptance by the orgasm of the mortal danger experienced by the male when he is out hunting. It was pointed out to her that her father's death, and the possibility, as she feared, of her husband getting pulmonary tuberculosis and dying were not the result of her feelings, which need not therefore " dry up " or cause her to go " taut." She could only be responsible for their deaths if she actually killed them. She came to another interview complaining

that she had had a very bad week—thoughts and feelings—wanted to go out of the house—(if you didn't ?)—would go mad—(and then ?)—sit down—(and, if not ?) —do away with my husband. She was advised to express these feelings about external reality to him in tenderness, and not to inhibit them because her father died actually.

She recovered steadily from her symptoms, and established normal sexual relations with her husband physically, and also for the first time, she said, emotionally. She was no longer over-inhibited sexually on account of the death of her father, or the possibility of the death of her husband ; rather, she acknowledged these dangerous possibilities sexually.

She had fifteen interviews in six months. When visited eighteen months later by the psychiatric social worker, she said that, although she had occasional days when she had some return of her symptoms, she kept very well.

V. H—, a married man, 27 years of age, was diagnosed as suffering from incipient hebephrenia.

He said he did not enjoy anything and had difficulty in getting on with others. He was depressed, had a general feeling of disaster overtaking him, and he complained unduly of the injustices of life. He was incoherent in explaining various bizarre ideas relating to his body, and he had facial mannerisms. He complained of constant frontal headache, saying there was a gap behind the bone of his forehead ; and he said, " Food makes me ache between the legs."

He said he loved his wife—" she means everything to me "—but he felt guilt about having sexual intercourse with her. He was an ambitious young man, always trying to " better " himself by taking instructional courses (concerning his work). He approached the treatment with a determination to discover the cause of his illness ; and in respect of his guilt about intercourse, he said that he did in fact continue to have sexual intercourse with his wife, for he had a fear of losing her if she was not satisfied in the act.

As guilt is associated normally with the idea of punishment, and punishment with the idea of death, his particular guilt about sexual intercourse suggested to me that amongst other psychological factors he had a misunderstanding, for some reason, of the emotions of his orgasm, in which is acted the possible family tragedy of his death ; the subsequent course of his self revelations confirmed my guess.

He also stated, " I love my mother—I hate my father." Since the domesticated father is not only the breadwinner, but also plays a part in the education and training of the children, he often stands, instead of the mother, for the superior species, which can harm the child, and by punishment he warns them of the dangers of their wrongdoing. The mother, who traditionally is often only thought of as the weaker sex, is often identified, by popular ideas, with only the inferior species which it is desirable to hunt. The patient's statement regarding his parents, " I love my mother—I hate my father," may therefore be paraphrased, " I love hunting an inferior species for food for the family, but I cannot accept the justice of risking my life to a superior species whilst doing so," which again suggests a faulty unconscious acceptance of the meaning of the orgasm.

In subsequent interviews he gave a piecemeal account of guilt for masturbation, in which one can appreciate that there had been gross misunderstanding of the orgasm by the patient.

The following story was slowly elicited from his unconscious mind, and pieced together and interpreted, and his attitude to it resynthesized during many of the thirty-six interviews he was given.

When he was 19 he went one day to the lavatory at work, and there masturbated, as was his wont up to six times daily. He felt ashamed about it, but in order to keep absolutely physically fit, and to make something of himself he had " left the girls alone " so as not to weaken his body. (This belief, of course, represents a very frequent misunderstanding of the male orgasm.) On this particular occasion his " feeling was high." He had a vision of a woman, seen from the hips up, but without a head, arms outstretched to him ; he imagined he was having intercourse with her and wanted to give her a baby, and he had " gone wild " about it. Then came the sperm and, such was his illusion, it was green ! He thought he was dying. He thought his inside was coming out. He thought his brains were green with decay, for he had always believed " a man gave a woman a baby by his brains coming away with his sperm." Hence, he said, he has ever since tried overhard

to get knowledge and to repair his decayed and partly lost brains, which he felt had left a gap behind his forehead. Here, from his unconscious mind, was the explanation of his symptom of frontal headache as if there were a gap behind the forehead.

In his unconscious mind he had felt his father knew about it and was glad, and he felt the foreman at work might know and that it would show in his eyes; he wondered what his mother would say. I assured him that his feelings of dying stood for his willingness to risk his life for his children to be, and that his mother, wife and all of us would like to know that.

However, at the time of the incident he panicked, and when the foreman told him to go downstairs for something, he collapsed at the bottom of the stairs, was taken home unconscious in an ambulance and was in bed for some weeks. " I was never the same after that, nor so intelligent, and I have a guilty conscience." He had misinterpreted the emotions of the orgasm.

There was much other case material which is not recorded here, for it is irrelevant to the present theme of the rehearsal in the orgasm of the potential death of the male when hunting for the family.

The devastating emotions of the orgasm had not been accepted by him as representing the virtue of male virility, risking its life for the family. His normal emotions therefore showed themselves as symptoms.

The reasons, not all detailed here, why he had been unable to accept his orgasm were explained to him, and he was encouraged to accept this emotion and to express it in his marriage and to sublimate it in his work. He did so and came to regard with equanimity his foreman inspecting his work.

He was discharged from treatment, and a year later he was still maintaining a very marked improvement. He was physically fit and was working in the mines, where he had risen to the position of under-manager.

He maintained his improvement to the end. One and a half years after treatment ceased he died suddenly from acute heart failure during an influenzal epidemic. The reality of death had come to him.

According to the psycho-somatic theory of family sexuality it is normal biology to accept the presence of death and of its causes; and the frustration of genital or sublimated expression of the instinct leads to morbid awareness of the instinct, in cognitive, affective or conative symptoms.

## III. *Ambivalence in Women*, portraying their reaction in love to the good and the bad in life.

The following cases have been chosen for their demonstration of the patient's failure in each case to accept, whether genitally or in sublimation, the emotions of both the beginning and the end of coitus.

D. Y—, a woman, aged 46, was seen at the request of the Magistrate's Court, five days after an episodic attack of melancholia, in which she had attempted suicide by gassing herself.

Her husband having left her a year after marriage, she had been cohabiting with another man for twenty-three years and had had seven children, all living, by him. He had left her seven months previously and married another woman, who had since separated from him when she discovered he was already the father of children.

The patient had taken a very sensible view of his behaviour when he had left her, and she had put the children first in her mind. Normal ambivalence had therefore continued for her children.

The man then returned to the mother of his children and slept in the house for several nights, although seldom speaking and never giving any assurance of his future behaviour. Her ambivalence for him was therefore under severe strain. Here was the adult object of her love, but he did not appear to want her love.

He left again, apparently for ever, " without saying a word," and she denied within herself that she loved him, so breaking up her ambivalence. Love no longer controlled the violent emotions of love, and she attempted suicide. It was on the morning that he left her that she unsuccessfully put her head in the gas oven.

She told me she did not want him back, that she did not love him now.

I did not believe her statement, for if her love for him had really left her on his departure, so would her violent emotions have left her. I called her disbelieving bluff, and pointed out to her that she did still love the man; she then quite agreed and determined wisely to make allowances for this in future. She even added gratuitously that she would be willing to have him back.

This was a much safer and more stable attitude, for ambivalence was restored to her fully, even though the opportunity for its expression was very limited by the default of the man she loved.

I then saw her mother, who thought that the patient and her paramour had meant a lot to each other over the years, which confirmed me in my opinion of the case.

The next case of broken ambivalence is that of a woman whose sexual emotions, being without love and hope, were manifest as fear and cynicism.

U. A—, a single young woman of 27 years, had an anxiety neurosis. She complained that for a year she had had a morbid fear of death. She would lie awake in bed at night and picture herself in a fatal accident. She said she "got keyed up inside and in a sweat," had "pains in chest," headache and sickness; she continued, "I worry I might cause Tb. to come on or affect my heart"; "It feels as if a hand is inside me tightening everything up"; "I am trying to see into the future and am afraid of it"; "How much longer have I got to live?"

Explanations were given her of a woman's sexual emotions of desire—how she portrays the frightened little creature she wishes her mate to kill, and how the rejection within the mind of these emotions could leave them expressed in the form of nervous symptoms, as meaningless fear of death.

It was discovered then that she was, and had been for many years, in a bitter and cynical frame of mind, with loss of hope and faith in love. She had a deep-seated bitterness because of the faithlessness of her father, who, she was told, did not stick by her mother when the latter was illegitimately pregnant with her by him. She wished her father, whom she knew by sight, had been faithful but, as he was not, she had concluded she must be wrong to expect faithfulness; this left her feeling bitter towards her father and men in general. She was therefore in a frame of mind to expect disaster to a family to come by default of the man, and not from an unfavourable environment, and so she fell in love at 23 years of age with a man who, she "knew" in advance, would not be faithful to her. Her mother had constantly taught her bitterness about love, and in this love affair at 23 she, the daughter, had opened her heart wide to bitterness.

The orgasm, according to the psycho-somatic theory, signifies the acceptance of a possibility of familial disaster—the man when out hunting for the family is exposed to mortal danger. He is not killed by his default in the primitive situation, for the tragedy occurs when he is being faithful to his duty. But this young woman's father was not faithful, and it was apparently by his fault that the family life came to disaster; she had concluded, therefore, that all men were failures due to unfaithfulness, and in her cynicism she despised them. Her normal emotions of the orgasm were not therefore sublimated normally into a love for men, believing them to be by nature ready even to risk their lives for those they love.

She nursed all her feeling for the faithless man, whom she did not trust. Her emotions were therefore of no avail and, being thus frustrated, showed as a morbid fear of death and as cynicism.

She was persuaded successfully that the original little girl who expected faithfulness was right. Ambivalence was restored thus to her and her outlook became less cynical and much sweeter. She lost her symptom of fear of death, because fear was now expressed in a disposition to love someone she might meet in the future, whom she could expect to be faithful. She later became happily engaged to marry a man in whom she had faith.

She was seen on eight occasions in four months. A year later the psychiatric social worker visited the mother, who "says that her daughter has been very well since she finished treatment, and that there has been no return of symptoms."

In the following case, too, the cure was achieved by giving the patient an understanding of the sexual emotions, which were being expressed, all unknown to her, in her symptoms.

L. S—, a married woman, aged 39 years, who had two children, a boy of 13 and

a girl of 9 years, suffered from an anxiety state. She was a Sunday School teacher. She said she had dreaded going out alone since the age of 15 years, when she had imagined she was going to get lockjaw, etc., that she would collapse and die or go mad. She had a desire " to run away from the fear."

She had improved a little as the years went by, but had been worse since her second child was born nine years ago. She was frightened of being " hemmed in," and she feared to go out ; she was frightened she would scream and knock someone down. When out alone she continually thought of the next place of " refuge," e.g. her doctor. She found she could not hide her fears from her children, for she would decide to go somewhere and at the last moment she would cancel her plan.

When young she had been warned darkly and obscurely about sex, for her father was very strict about " rudeness " ; and though she was attached to him, she was not comfortable in his presence and felt a " restraint " when talking to him.

She thought that only after the birth of her second child did she " reach a proper experience " in coitus, but at the same time she became more troubled with the emotions of fear and anger in her life.

Thus her symptoms had been associated particularly with the two periods in her life when she had experienced an increase of sexuality, at puberty and after the birth of her second child. She was given explanations in terms of the psycho-somatic theory of family sexuality, of the significance of fear being followed by anger in women, e.g. her desire to scream and then knock someone down.

She started to improve in confidence and went out more on her own. She was therefore beginning to accept her feelings, although she said she had in the past hated to let people know she had any feelings, and even in Sunday School she did not wish people to realize when she was in earnest.

At her third interview the rapport was stable and sufficient enough for her to remember and speak of other characteristics about herself. She said that she had always felt a difficulty about speaking of intimate affairs, which she did not find in her friends. As a child she could not frame the word " bosom " or " breast," even in a hymn, for she would feel very self-conscious and thought people would be looking at her.

She then gave instances of other difficulties which illustrate well the evidence of frustration in the normal sequence of fear and anger in female sexual emotions. In her early 'teens a boy friend sent her a Christmas card and she thought he had gone too far ; she panicked and got furious, stamping about, and burnt the card.

At about 20 years of age she used to walk to work with a man who lived in a house on the opposite side of the road. One day he said she was a nice person and would make a good wife ; she panicked, ran home and there stamped and raged. She experienced a similar reaction in marriage if sexual intercourse went wrong.

The normal sequence of emotions of the female were explained to her again. These emotions were to be accepted in her personality even though she had been brought up in ignorance and with an uncompanionable father.

During the next few interviews it was also necessary to extend the explanation sympathetically to the relation of her emotional life to her attitude to God and religion, for religion was prominent in the organization of her sublimations, but the exposition of this aspect of her case is outside the limits of this article.

After ten interviews in six months she was discharged from treatment. She said that she had been doing very well, going out on her own, the " funny feelings " not bothering her so much, and she had even been on top of trams, about which her children were very thrilled.

The follow-up report of the psychiatric social worker, who visited eighteen months later, reads : " She was quite pleased at being looked up. She says that she is very much better. She can now go out and about on her own without worrying unduly, and she feels that the treatment did her a lot of good. She says, however, that she does get actual return of the symptoms, and she would certainly not say that she was no longer a nervous person. However, she can cope with the symptoms and says that she does not take any notice of them."

This result is regarded as very encouraging in view of the long-standing anxiety state of twenty-four years' duration ; the result was obtained in ten interviews, by explanation of her symptoms and anamnesis in terms of the psycho-somatic theory of family sexuality.

L. I—, a married woman aged 32, who had one child aged 5 years, suffered from hysteria. She complained of headaches, crying, and a fear of going silly, with a desire to rush out and scream. She also complained of " dizzy bouts " in which she would " shake and sweat." The illness had started two years previously with collapse and weakness when she was in bed for nine months, but she was not referred to a psychiatrist at the commencement of the illness.

It transpired during psychotherapy that her illness started when her husband, on discharge from the army, forsook his steady work as a carpenter for gambling and living by his wits. It was sending her silly, she said, that he also would not tell her what he was up to, and her mind could not be at rest. She lost all faith in, and feeling for him. She had a sharp pain in the left side of the lower abdomen, and feared that it had ruined her sexually. It was then that she had collapsed and been in bed for nine months. Previously sexual intercourse had been satisfactory, but she now had no feeling for her husband, and thought it was because there was something seriously wrong with her sexuality.

She was, of course, told the psycho-somatic theory of family sexuality, and in particular that her fears and weakness represented her desire for intercourse, which was frustrated by her unwillingness to give herself in coitus to her gambling husband whom she distrusted. When she appreciated this she was amazed to think how concerned she had been about herself, when she had thought she ought to go to the hospital for an X-ray on account of her weakness.

She also spoke of attacks of " ague," " shaking all over," when worried about her husband's gambling. It made her feel wild, as if she wanted to have nothing more to do with him, nor to let him see how she felt. She would like to " shake " her husband—" I feel as if I would like to wring something out of him." She was advised that these feelings represent those of the female in sexual orgasm, except that they were frustrated by her not wanting to have anything to do with him or to let him see how she felt.

She was therefore reassured that she had her full share of sexuality, but that she was not willing to share it with her gambling husband. She was told that her problem, then, was whether to do without sexual intercourse possibly for life, because she could not give herself to her husband, or whether to lower her standards and give herself to him. She could not accept either alternative, and though she had thought of unfaithfulness, she had decided against that. As she went on talking she came to feel sorry for him, and she was told that was the best attitude she could settle on in the circumstances: to be sorry for him expressed her belief in herself and also her love for him; it expressed the weakness displayed by the female in the invitation to intercourse. and it also expressed the superiority of the female in orgasm; it expressed her belief in goodness and also the recognition of badness; it expressed the sexual recognition of marriage for better or worse.

She steadily improved during the twelve interviews in seven months, during which the above was elicited and discussed. At the third interview she said she had been much better, and had taken more interest in her clothes and other people. After nine interviews in four months she said she had all but lost her symptoms, e.g. she still occasionally had " a fear of going silly, but it goes after ten minutes instead of staying for a week," Her relations with her husband, sexual and social, improved, and before discharge " recovered " she said she had " a more settled mind "—she used previously to think she must be going mad because she " never knew what to think "—it was the explanation of her symptoms, by the psycho-somatic theory of sexuality, which had modified her attitude and enabled her to know " what to think " about her emotions.

A year later the psychiatric social worker reported that, although the husband's misbehaviour continued, the patient was free from symptoms.

## IV. *Ambivalence in Men*, associating love with an exhibition of their reaction to the good and bad in life.

In the following cases frustration of ambivalence has made symptoms of the emotions of the hunter in victory and defeat.

I. H—, a married man, aged 54 years, was referred by his general practitioner for " violent rages over nothing. He is losing all his friends and breaking up his family life."

The patient told me that he had always been bad tempered, but for six months he had been getting much worse ; he felt he was losing his resistance to his temper, and more and more he would not give in to anybody, his boss or anyone else. When in a temper he would shout and give untrue personal abuse, saying to people that they had no mental powers and were fit for the lunatic asylum, and so on. If crossed by his wife he would be in a mood to kill and smash up the house. He feared greatly for his own sanity, and was completely willing to tell everything if only he could be cured.

His symptoms proved unmistakably to be sexual equivalents ; the precipitating factor six months previously had been disagreement with his wife over their sexual intercourse. He told me about it at the second interview. " Sexual intercourse used to be twice weekly, but she objected and it came to once a week. She insisted on it being at a special time ; there is always a row before it starts, and I have come to detest her." He had, he said, hit her three times in their married life, and hit her hard—it was over sexual difficulties. The other weekly occasion used to be downstairs. She insisted on sitting in a chair and he had to kneel on a cushion, which he said was humiliating to him and against his religion, for he held that a man should get on his knees to no one but God.

When a patient has told me so much of his distressing story, I endeavour straightaway to assuage his guilt and misapprehension by telling him, in the light of the psycho-somatic theory of family sexuality, of the normal aspect of his story.

Coitus was therefore described to him as an act of love by which he demonstrates his primitive powers as an aggressive hunter and his willingness to risk the humiliation of death. He cannot evade these emotions in sexual intercourse, but he can believe in a happier and more loving expression of them than he and his wife had achieved.

This information loosened the patient's reserve, as is usual, and he told me more. He said that he had told his wife that if he went mad, it would be due to her brutality and the brutality of other women, including his mother. When he was 3 years old, and his father was dying, he screamed and his mother thrashed him. It may, of course, have been due to her distressed exasperation, or his memory may have exaggerated what happened, but that was how he remembered it, and he had not forgiven his mother. She also thrashed him with a buckle and strap when he tried to run away from home at the age of 7 ; she thrashed him till she could thrash no more. This again may not have been exactly so, but that was his memory, and he had not forgiven her.

He was now given a further explanation of the primitive direct expression of the world which may harm them given by a mother to her children in suckling and in scolding them. That is normal, but his own mother had not conveyed her love or the meaning of her violence to him. Thus, when he was alarmed by the presence of death in the family, his mother had been frenzied in her primitive duty of bringing home to him that death is a reality which he must accept and fear. Again, it had been with frenzy that she had instructed him regarding the danger which threatens a child away from home ; I wished him to remember that, underlying her cruel treatment, there had been the valuable primitive love which a mother shows when she impresses the reality of danger upon a child. One could only wish that she had done the same duty less painfully and more lovingly, as, for example, in the basic example of suckling ; for the mother's duty thereafter is to impress dangerous reality upon a child by sexual sublimation, in pleasurable play or kindly advice, to save it learning at first hand of danger by harmful bodily distress.

At the next interview, which was a week later, he reported distinct improvement. He had been aware of incidents in which, previously, he would have flown into a temper, but on these occasions he had not done so.

He could now remember further painful memories from the past. Thus at seven, for example, a dark-haired school mistress caned him, he said, in error for another boy who had spoken in class. He rebelled and the six strokes were repeated on each hand ; but he rebelled twice more, and twice more he was caned till his hands swelled up to his forearms.

For this his mother, next day, assaulted the school teacher, and after that he himself was expelled. Ever since that time he has been unable, he said, to be friends with dark-haired people, and has gone out of his way to be cruel to them.

He was advised that it is the duty of adults to impress the fear of dangers

on a child, and this at least the dark-haired teacher was doing. If his dark-haired friends remind him of the dangers that beset him, that is all to the good and if to that they, unlike the school teacher, add friendship, that is better still. But at the time of this and other incidents there had been aroused in him a deep, resentful anger which was not recognized by him as being associated with love—ambivalence had broken down and he had been left with most gruesome sentiments.

At 17, he continued, a cousin tempted him to sexual intercourse, and just before penetration she ran off, saying that that was how babies were born. For many years after that he loathed women and would have nothing more to do with them. I persuaded him he was carrying around with him the emotions of sexual intercourse without the love attached normally to them. He had not understood his emotions, nor allowed them to pursue their course in a spiritual way by understanding the girl.

At the next interview, a fortnight later, he reported " very great improvement " ; there had been " no flare up," and he was " not making so many blunders at work." Some insomnia continued, however, with " drumming in the ears like the noise of a sea shell," and sometimes he awoke with a suffusion of the right eye. Some more difficulties, relating to the present and to his experiences in the 1914–18 war, were discussed in the same vein as above, and a fortnight later he again reported a continued improvement.

His hopes were discussed with him and the treatment was reviewed. He said that he was quite calm and felt altogether better—that he had only come to me just in time, for he had felt like killing, and had been on the point of smashing the house and running away. He was discharged recovered after seven interviews in eight weeks. Ambivalence had been restored to him in a large measure. That is not to say that his temper was no longer violent in the following years, for it was habitual for him at the age of 54 years to be bad tempered, but this was now within bounds, and was associated with sufficient respect for others to make ambivalence possible ; indeed, my follow-up letter of inquiry, two and a half years later, elicited that he had progressed favourably.

M. E— was a single young man, aged 23 years, who had an hysterical paresis of the left arm. He was a pleasant, simple and dull individual, " the baby of the family," who was brought for treatment by his mother.

The paresis followed an accident at work, when he was 15 years of age. He was, he said, standing on a pile of cardboard to reach a shelf. The cardboard slipped and appeared to come towards him as he fell. He lost the use of the left arm and " went unconscious."

The story seemed so flimsy that he was asked naïvely what it was like when he was unconscious. " Pain," he said, pointing vaguely to his left shoulder. His arm had improved soon after the accident, and then had got worse after he had been given up by a girl friend whom he had known for three weeks. He said he lost faith then in women, but at the time of coming for treatment he had another girl whom he could trust.

As he spoke of the girls I noticed that he held his left paretic forearm and wrist limply in the right hand, with the left hand hanging down.

He was much too simple and exhibited too much " belle indifférence " to attempt discussion of unconscious motives, so he was asked straight away at the second interview to gaze into the side of a glass of water. [Wolberg (1946) describes this technique. He advises that the patient should be hypnotized deeply first, but I find that this is unnecessary, for the patient is hypnotized merely by gazing into the glass. The technique is also useful for gaining insight into the unconscious mind of some others who are not simple.] He was told to tell me what he saw. At first he saw nothing, and then he saw the disturbing factor of his illness in its stark sexuality.

He saw a hand grabbing something, " something big—the hand is coming round a girl's face—goes to throttle her—it is as if he wants to get something from her—the right hand throttles her while the left holds her to him while he has sexual intercourse with her—he then leaves her—he appears to be that type of man " ; the picture then faded.

It was the duty of his psychiatrist to accept his account of his gazing with equanimity. It was pointed out to him that he saw a hand and suffers from paresis of a hand.

At the next interview he attempted gazing but saw nothing. In discussion he admitted to feelings and ideas, at the age of 14 years, similar to the pictures which he saw at the previous interview, but these feelings and ideas had not persisted after his accident and injury to his arm. I made the suggestion to him that he did not any longer need a paralysed arm to stop him behaving thus, but he did not see the connection, apparently.

At the fourth and last interview he reported having had severe pain in the upper part of the left arm over the week-end, and he gave the explanation that he thought it must be due to turning a wheel at work: this explanation was regarded by me as a rationalization, for he admitted that he always turned this wheel at work, and without sustaining pain previously. He was again asked to gaze in the glass of water; after an unsuccessful interlude he saw something dark and said, "It is the man I saw last time—the sort of man who treats women badly—but he has a nice face which the girls like—his mackintosh is like the one I am wearing—he is 23 years old—and—it might be myself. His arms are all right. There is no girl present." "Is it," I asked, "possible for him to have his arms all right and yet be decent to the girls?" "Yes," he replied. "Then I hope your arm will be all right." "Yes, so do I," he said.

It was concluded that the hysterical paresis had been a safeguard to him against disreputable behaviour. Instead of his unconscious phantasy being the romantic one of loving a girl to whom he was so devoted that he would willingly fight and die for her and their children, it had been of subjugating her and then leaving her. The coital portrayal of killing had been displaced to throttling her, and the portrayal of death by the orgasm was displaced to paresis of the left arm to stop the unworthy behaviour to which he had been inclining.

He did not keep his next appointment, and when the psychiatric social worker visited three months later she saw the patient's mother who "is far from well herself . . ., she says that after a few interviews he was really very much better, and she feels that he should have persevered with the treatment and she thinks that he would have improved. As it is, he is just the same as he was before he started treatment; also he never perseveres with a job, having had a number, and at the moment has continued in one for four days. She points out that he is now a man, and she cannot run after him any more, although that is what he seems to demand." It would appear therefore that, because of his "belle indifférence" and irresponsibility, the treatment had lapsed immediately there was a significant improvement.

It may be that his lack of male aggressiveness in not persevering with his work and treatment was associated with his repression of his sexual instinct, due to the aberrant form to which it tended, as shown by the visual phantasy he had on gazing into the glass of water.

This case, then, has been given to illustrate how the failure of this simple and upright young man to adjust to ambivalence, which demands love in association with the sexual demonstration by the male of killing and being killed, resulted in his disabling symptoms.

R. I—, a single young man aged 19 years, had suffered from severe headaches, frequent "black-outs" and "worry over everything" since returning from fighting with the army in Holland.

The onset of his illness was in the army and was, according to the medical history, of schizophrenic nature. This phase had been followed by an anxiety state, and later still the illness had resembled hysteria. He was invalided from the army and was seen for the first time, by me, six months later, after admission to a general hospital, in a condition diagnosed there as "functional syncope."

He told me that he worried over everything, that he kept going to the police to inform them that the man next door is threatening to murder a woman. He thought that his symptoms dated from shooting a British soldier accidentally (the shot man should not have been in front of the lines), and from being "blown up" by a shell a few days subsequently. In view of the history, it was assumed by me at the interview that the memory of these two incidents, the one following and representing punishment for the other, were of great, though repressed, emotional significance to him, and that the hysterical fainting represented the repressed material trying to escape the censor. It was decided to give him straight-away at the first interview an explanation which he could accept in consciousness.

He was told the psycho-somatic theory of family sexuality, and it was pointed out to him that in coitus the warrior male demonstrates to his wife his ability to kill, and his willingness to brave mortal danger. It was pointed out that it is thus a laudable instinct to impress others with one's loyal efficiency, but that he did so with such unfortunate effectiveness, to this British soldier, that he is now repressing the basis of his normal rapport with others. Moreover, he was told that he probably accepted being blown up after the unfortunate shooting as a punishment instead of as a natural risk of war, which a male normally demonstrates in love by showing he is alive to the possibility of his own death.

He was put on the waiting list for psychotherapy, but when he was next seen, four months later, he reported being symptom-free since a week after the previous interview. He was "feeling fine, and settled in a good job." He had had no further headaches and no "black-out" for two months. He said he had understood the explanations I had given him and that he had found them helpful. He was seen for the third time two months later again, and, being still symptom-free, was discharged from treatment.

It was gratifying that he should have shown such early improvement, but one was doubtful, nevertheless, of the prognosis, in view of the schizophrenic nature of his disorder when he was in the army.

His affection for the army was deep, for he had uncles and cousins in the army; he regretted he could not follow in their footsteps, and felt he would miss the comradeship of the army. One wondered whether the accidental shooting of a British soldier had disturbed some unconscious homosexual tendency to which his ambivalent emotions were attached; it is not opportune, however, to delve deeply into the psyche of every patient, and he was discharged.

I heard eighteen months later that although he had found an extremely nice girl, who reciprocated his affection, and although he had become sociable and had made some good friends, had joined his father's cricket club and was for the first time showing a real interest in the sport, he was still having some attacks of "functional syncope." One concluded that there were some unconscious factors pertinent to his attacks of syncope which had not been elicited.

I noticed with gratification that the free-floating ambivalence for the opposite sex, which had worried him in the form of an idea that the man next door was threatening to murder a woman, was now accepted into his personality, so that he was courting and finding the love of "an extremely nice girl." No doubt the girl herself played the principal part in causing this metamorphosis in him, but I like to think that the psycho-somatic theory of family sexuality had made it possible for him to appreciate her, instead of worrying about ideas such as the man next door threatening to murder a woman.

## Conclusion.

The regularity with which patients, some of whom have been mentioned in this paper, accept and benefit by being told the Psycho-somatic Theory of Family Sexuality in explanation of their symptoms, encourages one to believe that the theory gives a true explanation of a normal incidence of ambivalence.

It is the province, therefore, of psychotherapy to assist patients to re-orient themselves with regard to their ambivalence so that its pathological manifestations may be neglected in favour of normal ambivalence, despite the frustrations of life.

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