

melancholia, but it is very doubtful whether psycho-analytic treatment can ever find its place in asylum work, because of the fatal interruption of this highly scientific work by administrative duties.

Homosexuality.⁽¹⁾ By C. STANFORD READ, M.D.Lond., Physician to Fisherton House, Salisbury.

By the majority of individuals, and even of medical men, homosexuality has simply been regarded as a disgusting perversion which merits no further interest or investigation. This disgust and revolt of the moral sense is explained by Freud as due in great part to the existence in the ordinary mind of a homosexual component of the sex instinct, which finds indirect expression in condemnation of homosexuality in others, in the same way as the repression of the sexual instinct in the prude expresses itself in the condemnation of normal sexual activity. This idea seems to be confirmed by the great tolerance of homosexuality we see in some countries where sex repression is also much lessened. We must bear in mind that man is not the purely reasoning individual he deludes himself he is, and it is certain that he is largely swayed by unconscious emotional forces which warp his thought and action. The student of science is by no means an exception, and we should do well when new theories come before us, and controversy is apt to be rife, to dip thoughtfully into the chapters on the psychology of belief.

To the sociologist the study of this perversion is of importance because it is biologically unproductive, but also to the mental physician because knowledge of every abnormality is necessary for the understanding of the human problems with which he has to deal; and this is specially so when modern research has demonstrated homosexuality to be a factor in the motivation of thought and action little dreamt of a while ago.

The present discussion on those psycho-analytical principles which specially come within the domain of mental medicine is evidently a sign that an increased interest is being taken in Freudian doctrines; and those of us who cannot help but feel that some glimmer of human understanding of the essential meaning of psycho-pathological reactions has come about through their study trust that it will stimulate many to be dissatisfied with the old, more or less purely descriptive psychiatry, to look upon mental disease from a more psycho-biological point of view, and see if some, at any rate, of the psycho-analytical theories are not confirmed.

⁽¹⁾ Read at the Annual General Meeting, Buxton, July 28th, 1920.

Homosexuality has been found through psycho-analysis to be the main factor in the causation of certain mental abnormalities, which for the first time have been thereby placed on a more satisfactory and scientific pathological basis. In its conscious form, where it is often carried into overt action, it is far more prevalent than is usually supposed, and I have a vivid recollection of how my eyes were opened in this respect when I started psycho-therapeutic practice, and had personal confidences given me of an intimate nature. At the outset one must differentiate the passive homosexual from the active type. The former is somehow developmentally abnormal and often has distinct feminine characteristics, while the latter, who is greatly in the majority, has acquired in the process of mental growth the condition which may therefore be regarded as a form of neurosis.

I must, of course, assume that all those who are really interested in mental problems have intelligently read Freud's principal works, so that there is no necessity here to dwell upon his fundamental psychological doctrines, and I need only remind you of some of the points in his sexual theory, which has thrown a flood of light upon much that previously was quite obscure. Freud holds that the sexual instinct is not a new motive force which appears in a fully-fledged form at puberty, but a synthetic product formed from the combination of a number of partial impulses which were present throughout childhood. During the first period the child's sexuality is believed to centre in certain areas of its own body, and later it is its whole unified body which is the source of its regard. This latter is the stage of narcissism or self-love, which plays a very important part in the development of our later life. The tendency at this period, then, is for the child to take itself as its object-love, and to love itself in others who have similar genitals. Subsequently the love passes over to the opposite sex. Be it understood, however, that the sexuality here is only infantile in type, and must not be taken in an adult sense. The psycho-analytic theory is that homosexuals are only more strongly fixed than other people in this narcissistic stage, genital organs like their own being always the essential element for their love. It is true that some analysts have put forward other theories, alleging that the narcissism is a consequence of the repression of a mother-ideal, or that homosexuality is only a refuge from the opposite sex, but in this brief exposition I cannot dwell upon such points.

The homosexual component has therefore its germ in all mankind, and finds its outlet normally in a sublimated form in friendships and companionship. Those, however, who are too prematurely fixed or arrested in the evolution of their sexual dispositions are exposed to the danger that a flood of libido which finds no outlet may, through failure in social life, strong outbursts of sexual needs, or through disappointment in the opposite sex, regress to this earlier form of gratification. Long before

I had any knowledge of psycho-analysis I had thrust upon me the mental conflicts that resulted from a temporary regression. A mental conflict nearly always ensues because homosexual desire is so abhorrent to the average ego-ideal, and so much so that in the majority of cases the desire is never allowed to enter consciousness. What, then, may be the final outcome of the failure of repression of a latent homosexuality? Firstly, it may be that the desire finds itself little in conflict with the personality, and that gratification is fulfilled, with or without subsequent reproach to the self. Secondly, repression may again be successful, the conflict ended and normal heterosexual feelings resumed. Thirdly, the energy attached to the impulse may be sublimated into useful social channels, and lastly, in the predisposed the conflict may result in mental disorder. Those psycho-analysts who have had large experience find that homosexuality may thus be a responsible factor in many neurotic maladaptations, of which psychic impotency is an important one; that it is the pathological basis of paranoid states, and is mainly responsible for chronic alcoholism and many drug habits.

Freud, even as far back as 1895, traced the connection between paranoia and latent homosexuality, and since that date his theory has been amply confirmed by Ferenczi, Jung, Bleuler, Maeder and others. There is the possibility, too, that the same basis may account, to some extent, for certain minor paranoid states where the individual shows a definite maladaptation to his environment in an analogous way to a paranoid dement, but without any noticeable signs of deterioration. In such cases it has been found that the conditions arose from homosexual trends which failed in being successfully repressed, and in which the intolerable idea conflicts with the personality so that the psychological mechanism of projection results. During the late war I found that paranoid states were very common among the mental disorders manifested, and I have put forward the ætiological hypothesis that the herding of vast numbers of men together may have aroused a latent homosexuality in many.

The mechanism of projection is usually one of defence. What is thereby perceived as of ex-psychic origin stands for trends which are painful to the conscious personality. The individual does not then recognise them as manifestations of his own tendencies. Repression would banish them entirely from consciousness, so that projection may be looked upon as an effort at repression which is only partially successful. The paranoid makes special use of this mechanism. The desire that is so unlearnable is first negated and then returns from its object in the form of a perception from without. Passive resistance within, conceived as a hostile force from without, is not only characteristic of persecutory delusions, but is quite a general form of reaction. Children personify and endeavour to punish inanimate objects on which

they injure themselves. This projection mechanism is common enough in our every-day life, and latter-day psychology teaches us that the same mental processes may be seen at work in the so-called normal states as in the disordered ones.

Thus psycho-analysis would explain the delusions of persecution, jealousy, erotomania and grandeur seen in paranoia by the following psychological mechanisms. The unbearable idea "I love the man" is negated, becomes "I do not love him," and this by projection forms the persecutory delusion, "He hates me." Delusions of jealousy will come about from the substitution of "I do not love him" by "She loves him." Erotomania would be caused by the substitution of "I love him" by "I love her," and by projection this becomes "She loves me." Finally, if there is a total negation—"I do not love anybody," which is equivalent to "I only love myself"—delusions of grandeur follow.

By means of his delusions the paranoiac builds up a world of his own in which he feels he can live, and therefore the Freudian school would look upon these symptoms of the disorder as attempts at a biological reconstruction.

The intimate relation existing between alcohol and the paranoid states is patent to every psychiatrist, and the psychological connection between the two is close, in that alcohol tends to destroy sublimation and aids regression, and in that way may set free early trends of which homosexuality has been shown to be a common one. That a homosexual impulse tends to be released by alcohol is illustrated by the fact that excessive drinking mostly occurs only in the presence of the same sex and by the affectionate behaviour between drunken men which is so often seen. Alcoholism is not really the basic cause of a paranoiac state, but in the insoluble conflict between a conscious heterosexual and repressed unconscious homosexual desire the individual flies to alcohol as a refuge. Many habitual drug-takers are said to be much in the same position, as analysis has tended to show a similar basic factor.

The foregoing is only a bare *résumé* of the *rôle* that homosexuality has been found by psycho-analysis to play in the production of abnormal mental reaction. To a large number the evidence may seem unconvincing, but it is possible that a deeper study of psycho-analytic work and a practical investigation into individual cases will bring added belief to the sceptical. Let us recollect that these findings are the result of long and painstaking analytic research, and are not the wild speculations of irrational visionaries. Every observant psychiatrist must have been struck by the common sexual content of the hallucinations in paranoiac cases and those of so-called alcoholic hallucinosis. In man especially the "voices" accuse the patient of homosexual practices or desires and not of heterosexual ones, because the former are only in conflict with

the personality and so dissociated. Confirmation, too, is found in dreams, and often baldly so without much or any distortion.

Let us then not unscientifically assume the falsity of these Freudian conclusions without good reason, for any theory which throws light upon the essential meaning of mental symptoms must be to some extent welcome. Psycho-analytical principles have in this way revolutionised so much of our psychiatric work, in that in the wards, instead of regarding our patients' utterances and actions as grotesque because emanating from a disordered brain, we see our patients as individuals taking refuge from reality, building up a world of their own, and to all their strivings some important significance is attached if only we have the psychological eye to read.

Sadism and Masochism. By W. REES-THOMAS, M.D., M.R.C.P.
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SADISM is conceived as including anything from an impetuous attitude towards the sexual object to the stage in which sexual gratification is exclusively dependent upon the complete subjection and ill-treatment of the sexual victim.

Masochism, on the other hand, includes mere subjection to the sexual object at one extreme and the suffering of physical or mental pain as a condition of sexual pleasure and gratification at the other.

In this short discussion sadism and masochism are taken in their broadest sense.

The wide-spread occurrence of sadism and masochism is such that we see its effects and workings in diverse forms. Ivan Bloch refers to the "occurrence of sadism and masochism as affecting mankind in the mass—a fact of particular importance. To give some examples: Campaigns, gladiatorial combats, man-hunts, beast-baiting, bull-fights, sensational dramas, public executions, inquisition and witch trial, lynch-law as practised to-day in North America, in the behaviour of the crowd of onlookers at the former punishment of the pillory, especially also in revolutions, of which to-day once more we have the most horrible example in Russia, in the primeval custom of marriage by capture, in cannibalism and the scourges of the middle ages, the horrible 'satanism' of the same period, and asceticism and martyrdom. These facts suffice to prove that among all nations sadism and masochism in all the forms we still observe to-day were most widely diffused; and to prove that they arise from certain instincts deeply-

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