AN EXAMINATION OF THE FREUDIAN
THEORY OF SEX.

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The rock on which all discussion on psycho-analysis seems to split is the insistence of the Freudians on their interpretation of the 'sexual impulse'. Unfortunately, it seems that when this subject is raised, the most discriminating and logical disputants tend to fall from their 'cortical' levels and become almost 'thalamic' in their reactions. All or none is the law that is followed; on the one side it is all, on the other it is none. Certainly some statements are fairly staggering. Thus Hug Helmuth\(^1\) states that "skin and muscle eroticism must be regarded as the most primitive form of sexual feeling", and that "the infant who finds a source of pleasure in strong muscular activity always exhibits outward signs of emotion, such as increased brilliancy of the eyes, flushed cheeks, and so forth, that are well known to the adult as indications of sexual excitement". This implies that all these activities of infancy are actually sexual as understood in the adult sense; but not many would go so far as this. However, Freud\(^2\) himself says, "I wish distinctly to maintain that the sexual impulse supplies the only constant and most important source of energy in the neuroses, so that the sexual life of these patients manifests itself either exclusively, preponderately, or partially in these symptoms. The symptoms are the sexual activities of the patient". Again, "It seems certain that the newborn child brings with it the germs of sexual feelings which continue to develop for some time and then succumb to a progressive suppression, which is in turn broken through by the proper advances of the sexual development and which can be checked by individual idiosyncrasies". "Psychic forces develop which later act as inhibitions on the sexual life, and narrow its direction like dams. These psychic forces are loathing, shame, and moral and aesthetic ideal demands. We may gain the impression that the erection of these dams in the civilized child is the work of education; but they are probably brought about at the cost of the infantile sexuality itself, the influx of which has not stopped even in this latency period—the energy of which, indeed, has been turned away either wholly or partially from sexual utilization and conducted to other aims."
Thus all the 'impulses' which are said to determine the behaviour of the child, and later of the adult, are said to be sexual, and, arguing in this way, they talk of skin eroticism, muscle eroticism, and mucous-membrane eroticism as the primary forms of sex activity. Then they recognize that certain areas of the body are established as special erogenous zones, such as the mouth, anus, genitalia, etc. These at first have equal selective activity for stimuli, and all lead to sexual activity, i.e., 'sexual' feeling and 'sexual' action. Thus Freud, speaking of sucking infants, says, "The gratification can only be attributed to the excitation of the mouth and lips; hence we call these parts of the body erogenous zones, and the pleasure derived from sucking, sexual". Later, under ordinary circumstances, the special zones with the exception of the genitalia lose their potency more or less, and so the normal erotic sensation is confined to the proper physiological system. Under special circumstances, however, the genitalia do not achieve complete predominance, but this is shared or usurped by one or more of the other erogenous zones, with the result that various perversions arise. However, it is not only on the receptive side that infantile sex is manifested, but also on the conative side, and the infant is described as having various wishes or sets towards muscular activity which are of a sexual nature. These take the form of sadism, masochism, exhibitionism, prying, as well as the apparently more obviously sexual activities of embracing, cuddling, etc.

If we examine these on a physiological basis, two questions occur to us. Are all these so-called impulses sexual at all, and can we usefully talk about impulses in this vague way without making any attempt to define what we mean by impulse, and how and from where the 'driving force' of these impulses comes, that we hear so much about? The primary forms of so-called eroticism are evidently primitive sensory experiences; that is to say, simple engrams are activated by simple stimuli. For example, suppose an infant's skin is gently stroked, or the mucous membrane of his lips and gums are gently rubbed, a stimulus is applied which will activate certain sensory neurone paths. If the stimulus is not too violent, the activation will travel from the sensory neurones to certain autonomic neurones, with the result that glandular and smooth-muscle activities will result which are familiar to us as expressions of pleasure, excitation, and appetite, and with these the child will experience a feeling of pleasure, etc. At the same time striped-muscle activities are manifested

*By engram is meant a series of neurones which form a group within the nervous system through which the activation aroused by a given stimulus tends to spread, following a path through these neurones rather than through any others.
which at this age are poorly integrated and for the most part ineffectual, but which have the general tendency of bringing the child into a position to receive more of the pleasure stimulus. Freud admits that these manifestations may be described as 'organic pleasure', but insists that because similar activities are undoubtedly sexual in the adult they must be sexual in the child. He says, however,3 "I know too little about organic pleasure and its conditions, and will not be at all surprised if the retrogressive character of the analysis leads us back finally to a generalized factor". Directly the stimulus passes a certain intensity it becomes unpleasant, and totally different behaviour results. Such behaviour resulting from purely sensory stimuli is characteristic of infancy, for with one exception the engrams involved soon become more complicated and differently integrated as do the patterns* of behaviour observed. This complication of pattern will result in a relative diminution of autonomic activity, and consequently in a diminished intensity of feeling and an enhanced predominance of thought and integrated muscular activity. In consequence, this type of behaviour is not as a rule met with in the adult in response to ordinary sensory stimuli; but, as mentioned above, there is a notable exception to this statement. The sex pattern is relatively late in its manifestation, and in the physical sex act there is retained in adult life an example of the primary affective poorly differentiated 'sensory' experience which is common in infantile life. Hug Helmhuth may be correct in stating that she observed in the kicking infant, who is enjoying kinesthetic sensation, behaviour similar to that of the adult enjoying sexual sensation; but it is suggested that she is wrong in deducing from this that the kinesthetic or tactile sensation of the infant is a sexual sensation; things which are examples of the same principle are not themselves identical. The special erogenous zones described by the Freudians are apparently those areas of the body in which the sensory end-organs are most abundant and most specialized, and they are not inherently sexual.

One argument on which the Freudians base their claim to the truth of their concepts is that it affords an excellent explanation of the development of the perversions and explains many symptoms of the neurosis, and that, even in the normal adult, stimulation of the 'erogenous zones' induces a more or less sexual experience. These contentions can, however, be adequately met by the concept of conditioning of patterns. It may well be that, as a result of

* The word pattern is used here to denote a physiological conception. While the engram is essentially an anatomical arrangement of neurones, the former term may be applied to a pattern of stimuli acting on the organism, or a pattern of reactions in the central nervous system, or a pattern of behaviour as observed by an investigator.
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hereditary or environmental influences, one or more of these patterns associated with sensory stimuli may become associated closely with the sex pattern, and thus take on a definitely sexual association. This is normally the case with the stimulus to the mucous membrane of the mouth involved in kissing. This may go much further, the whole sex pattern being modified and altered so that an abnormal stimulus sets it off and a perversion results. Thus suppose some sensory pattern \( Y \) with stimulus \( X \) and activity \( Z \) is brought into association with the sex pattern \( B \) with normal stimulus \( A \) and activity \( C \), the two may be so conditioned that instead of two processes taking place—

\[
\begin{align*}
X & \quad A \\
Y & \quad B \\
Z & \quad C
\end{align*}
\]

only one process takes place, thus—

\[
\begin{align*}
X & \quad [YB] \quad (A) \\
(Z) & \quad C
\end{align*}
\]

and \( A \) no longer activates any pattern, and the activity \( Z \) is no longer produced by any stimulus. This, of course, represents the extreme degree of a perversion, as for example when ordinary sexual stimuli \( (A) \) have no effect whatever, while cruelty stimuli \( (X) \) actually produce orgasm \( (C) \), and do not in any degree produce the ordinary results \( (Z) \); but all intermediate processes occur, and are not uncommon.

With regard to the conative tendencies mentioned above, there seems no particular reason to describe them as essentially sexual. In fact to do so would be the result of arguing from the wrong end. No one will deny that sadism and masochism, exhibitionism, prying, and the like, as seen in adults, are associated with sex; but the reason for this is that the very nature of the sex act demands that the sex pattern shall incorporate certain of these patterns as part of its complex whole. The sexual act being painful on the first occasion, it is necessary that a certain degree of active cruelty and submission to cruelty should be exhibited, and in certain cases the normal sex pattern may be profoundly modified and even totally submerged by the sadistic or masochistic pattern if these are strongly developed, thus leading to perversions, but this is simply another example of conditioning. For example, the small boy who pulls the wings off flies is not doing anything sexual, but later on his sex pattern may be conditioned by this pattern, which results in cruel behaviour, so that he becomes a sexual sadist. At first sight exhibitionism and
prying seem to be more definitely sexual even in infancy, but it must
be remembered that these types of behaviour are closely associated
with curiosity, and that in consequence they will be concerned, not
with the obvious, but with those things which custom keeps hidden.
Young children will often exhibit or 'pry into' their sexual organs,
but equally often will they concern themselves with micturition or
defecation, and also with their nostrils and ears, which cannot be
physiologically regarded as sexual acts; but they have this in
common, that they are all usually hidden from observation.

To sum up this argument, it would appear that the Freudians
who derive all sorts of manifestations from sexuality are making
the same mistake as those earlier critics of Darwinism who pointed to
the monkey in the Zoo as their friend's great-grandfather, oblivious
of the fact that Darwin postulated a common ancestry to monkey
and man: so it would appear that sexual experience is only one form
of primary experience, and the sexual 'wish' is only one form of
primary infantile tendencies to action.

The other criticism is no less important, namely, of the use of
the word sexual impulse, libido, or what you will, as if it were some
special force which drove on the individual to his doom. This loose
use of the conception of forces is certainly responsible for the wander-
ings of many less erudite psychologists from the paths of probability.
We have no right to postulate forces the evidence of whose existence
can only be drawn from our own imaginations, and those who seek
to defend themselves behind the skirts of M. Bergson's *élan vital*,
which many seem to do, forget that though a concept may be valuable
and justified in the realm of metaphysics, it can by no means be
translated without modification into the realm of physiology. Not
to put too fine a point on our criticisms, we may allow that so-called
'energy' becomes available as the result of chemical changes, and that
when these chemical processes have achieved a certain relatedness
we encounter the phenomenon of life, and our chemical changes
become biochemical changes. It is time that the 'new psychologists'
were reminded that they have got to explain their theories in terms
of the influence of biochemical changes on afferent end-organs,
neurone patterns, efferent end-organs, and muscular and glandular
activities. Many psychologists will insist that this is cramping
psychological enterprise, that if they are tied to physiology they can
never advance at all. Unquestionably this is to a certain extent
true, and the last few years have shown what enormous new fields
have been opened by 'unbridled psychology'; but many will agree
that the time has come to call a halt and try to correlate all the work
that has been done with known physiological principles, for thereby
we may advance the more slowly-moving science and control the
high-speed speculation. To the simple mind of the ancient a polytheistic conception of the universe seemed to explain everything to perfection, but the squabbling of the Olympians reduced the old philosophers to despair. So the facile description of warring impulses each with its own driving force is proving a thicket of thorns, and we shall really get our ideas more clearly arranged if we try to explain behaviour in physiological terms and confine our attention to the principles of facilitation, inhibition, and conditioning, which have been firmly established by Pawlow, Sherrington, and others.

To return once more to sex, it is suggested that in infancy it is not an impulse but an engr 
am, already laid down perhaps, whose synaptic 'passages' have not yet been so facilitated that there is a definite serial activation from the specific stimulus to the specific muscular and glandular activity. Alongside this engr 
am are numerous other engrams, some of whose synaptic passages are already facilitated. As growth proceeds and environment influences the child, these engrams and their patterns of reaction become more complicated, more closely integrated together and conditioned in all sorts of ways, with resulting new facilitations and new inhibitions. Amongst these develops the sex pattern, becoming more and more involved with others, conditioning and influencing more and more of the total personality, till in adult life it plays the preponderating part that is universally admitted. So, many of the patterns, originally independent, become inextricably bound up with the sex pattern, and it becomes all too easy to argue that because they are sexual now they always were sexual, and that sex is at the foundation of everything.

But the criticism will be advanced, What of the disclosures of psycho-analysis, which has afforded undoubted evidence of sexuality in young children? These apparent evidences, however, require to be most carefully and strictly examined.

Almost everyone will admit that Freud was perfectly right in insisting that people in general were much too given to rationalization, and that they hid from themselves the real motives of their actions, and that this is specially true in respect of sex. Everyone who has had experience of the treatment of neurotics cannot but be convinced how frequently the symptoms are based on a conflict in the sexual life, and that this disharmony is not recognized by the patient. So much is this so that it needs the most constant self-criticism to prevent one expecting some sexual basis, and one is apt to have a definite feeling of gratification when one finds, or thinks one finds, the sexual theme for which one has been waiting. This affective experience is due to a variety of causes, and perhaps the most important is, that we ourselves are not free from the conditioning
of our sex and curiosity patterns which results from the wholesale repression of sex in our education; hence there is a personal gratification in discovering sexual facts about others. Experience or analysis may enable us to recognize and control this affective reaction, but none the less it is there. If, in addition to this, our reactions towards Freudian theories are of the 'all' variety, we shall be still more inclined to welcome and lay stress on sexual interpretations. But, it may be objected, the sexual memories and dreams, etc., are produced by the patient, and the physician does nothing. Firstly, this theory that the physician does nothing is very often a rationalization. Which of us in carrying out an analysis can honestly say that we do nothing, and in no way influence the patient's train of thought? Secondly, the patient himself is suffering from that conditioning of his sex and curiosity patterns, and enjoys that pleasurable affective experience when he can endow a memory or an experience with a sexual meaning. This pleasure is intensified by the fact that he is talking confidentially to a person who is not antagonistic to sexual phantasies as is the general public, but, on the other hand, welcomes them and encourages them. Thus, in attaching sexual meanings to memories of childhood and dreams of childhood we have to discount these important influences, the gratification induced by the activation of the conditioned sex and curiosity patterns both of the physician and of the patient.

Another objection may be raised here, that in some cases the patients who have been analyzed have been children from five years upwards, and that the results of analysis have still disclosed sexual experiences and phantasies. In such cases it cannot be the tinging of the 'memory picture' by subsequent sex-curiosity influences related to the present personality of the patient in the sense referred to above. That is so, but it is almost unbelievable that a child of five or even much older can produce a series of 'free' associations, without being influenced to a very considerable extent by the physician. Personally I have not had experience of analyzing, or attempting to analyze, very young children, but I have tried to do something with older children and high-grade mental deficient, and I must confess that there was a great deal of suggestion in the result. That does not mean that such may not be of therapeutic benefit; I believe that it certainly is.

One reason why memories and dreams of childhood were so easily accepted by the Freidians is that they seem to have gone back to the old idea that memories are stored in the mind like bottles in a cellar, and that to restore them one went down into the cellar and brought up the bottles—a little dusty perhaps, but still the same bottles. This concept was discarded by academic psychology years
ago, and there is no reason whatever why it should be revived. Memory is a very complex subject, and no adequate explanation is perhaps even now at our service; but reduced to its very simplest terms from the physiological standpoint we must realize that all that is retained is a conditional potentiality of restoration. If an engram is activated by a stimulus, then it will be modified as a result of that activation. If that modification is extreme, then the next time that the engram is activated the psychical and physical behaviour (thought, feeling, and muscular action) will be more or less identical; but the pattern of reaction is again modified as a result of this activation, and so gradually modifications occur, and before long the recalled 'memory' differs materially from the original experience. This is what usually happens, as may be shown by the comparison of a recalled memory of an event and a contemporary record. It may happen, perhaps as the result of endocrine activities which accompany the feeling of unpleasure, that the synaptic junctions of this engram are inhibited and the whole is 'repressed', so that no further activation of just that engram takes place until some special stimulus occurs in the course of the analysis; but, even so, it is difficult to imagine that any pattern of reaction can persist unmodified from childhood to adult life when we consider the enormously complex modifications, integrations, and disintegrations which are daily taking place, especially under the influence of the rapid development and intricate conditionings of the various patterns which make up the personality, which take place with the expansion and establishment of the sex pattern in all its ultimate ramifications.

From this it is clear that, apart from the influences mentioned above, it is unlikely that a memory recalled from childhood is a true representation of past experience; but as Jung pointed out, many of the so-called psychic traumata were nothing but phantasies projected back into the past, if one may use such an expression. The following case may illustrate my meaning. It is only an example out of many, but I chose it because it seems to be a peculiarly apt illustration.

A., age 29, homosexual, had an obsession for looking at the genitalia of other men. This dated back to the age of five. At first sight this seemed to be obviously a case of infantile sexuality. That the obsession and its gratification served as a sexual stimulus now was unquestionable, and there was no doubt that his whole neurosis was closely bound up with his sexual difficulties. However, I decided to try my best to avoid suggestion, and to discover whether this really was a sexual manifestation. He soon began to talk freely of his sexual troubles, and experienced considerable relief from the unburdening of his soul. He was asked to try to trace the origins
of his obsession. At first he thought it must be some early sexual manifestation; but there was no conviction about this, and no resistance against talking of it. He then remembered, at a very early age, seeing both his father and elder brother urinate, and being intensely curious. Next he discussed with some warmth his feelings of impotence and deficiency in bodily strength which he experienced in early childhood, and how his father was the special object of his jealousy in this respect. As a matter of fact, he showed clearly that he suffered from what is usually described as the Oedipus complex; that is to say, he was abnormally attached to his mother and disliked his father. Unquestionably this was now conditioned by sex, and indeed he had an incest dream of his mother which filled him with intense horror; but on carefully analyzing this it was evident that it depended on (a) curiosity pattern, (b) jealousy of father on account of muscular strength with an identification with the father, and (c) what was indubitably a sexual phantasy and not an original experience or wish.

It is difficult to describe the analysis of a case briefly in a paper; but I would suggest that in this case the neurosis was due in large measure to conflicts and repressions of a sexual nature operating since puberty; that into this net had been drawn conflicts operating before puberty, not in themselves sexual, the obsession with regard to the penis being as a urinating and not as a sexual organ, and depending on curiosity and will to (bodily muscular) power. I can imagine many Freidians, if they gave themselves the trouble of reading this paper, exclaiming, with disgust, that of course this case and others like it depend on infantile sexuality, but that the writer's own sexual repressions prevent his acknowledging it. To this, of course, there is no answer except that there seems to be a danger, when repressions are removed, that the patterns so freed come to dominate the mind too much. For myself I wish that the factors influencing the sex pattern before puberty were more clear, for then it might be possible to do something to relieve the homosexual from his numerous difficulties in facing life, a problem which hitherto seems to have baffled even the elect.

In conclusion, I would like to say that the above remarks are not directed against analytical treatment. I am convinced that a straightening out of the tangles in the patient's mind is always helpful. Further, an insight into the various patterns which go to make up his personality, and how these have been modified, inhibited, and conditioned, and perhaps drawn into the sexual pattern in the course of mental development, must be of use. However, unless we keep ourselves in touch with principles which can be experimentally demonstrated, concepts are apt to be formulated which are too
sweeping, and facts are apt to be distorted to fit into them. It is for this reason that I suggest that the Freudian theory of infantile sexuality requires careful examination on the part of psychologists, who should neither treat it as the Inspired Word nor dismiss it as a mauvaise plaisanterie.

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