Frigidity and Impotence: Symptoms of Personal Maladjustment

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FRIGIDITY AND IMPOTENCE:

SYMPTOMS OF PERSONAL MALADJUSTMENT.

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"LIFE MUST ALWAYS BE AN ART, BUT IN NO SPHERE IS THIS MORE TRUE THAN IN THAT OF LOVE AND SEX; NOWHERE ELSE DO RIGID, UNNATURAL AND ANTI-SOCIAL MOTIONS PROVE SO DISASTEROUS AS IN THIS; NOWHERE ELSE IS THE SENSITIVE FLEXIBILITY OF ART MORE WHOLESOME AND MORE LIFE-GIVING."

HAVELOCK ELLIS
FRIGIDITY AND IMPOTENCE: SYMPTOMS OF PERSONAL MALADJUSTMENT.

INTRODUCTION

The biosocial organization of each individual includes a cultural, socially defined body of beliefs and practices as well as a matrix of instinctual drives, determined by the whole of human heredity as necessary for the continuation of the species, and expressed in functions that no amount of social control and conditioning can ever eliminate. When in the course of cultural determination these drives come into conflict with the prevailing social norms the resulting concomitants are at once irresistible and irrecconcilable to the individual. The most poignant of these drives is sex; the resulting conflict is crystalline. Our culture, "Western" civilization, is at present at a developmental point on the continuum where this crisis becomes a catastrophe. In the investigation of sexual behavior there is neither starting point nor end and studies from Freud to Kinsey bear testimony to the inheritance of ignorance and stupidity that has caused mankind to go on, without concern, perpetuating attitudes and ideals which were false in the Middle Ages. Now, they are not only false but dangerous.

Physicians, psychoanalysts, sociologists, ministers, and philosophers have long been speculating, wondering, pondering and debating the problems connected with frigidity and impotence. European physicians of the last century seriously doubted whether a woman was organically capable or intended by nature to have orgasm and made imposing studies on animals of various sorts to support their theory. Among enlightened physicians, this problem is no longer of importance and professional insight grants the biological fact of orgasm in women. The argument, however, has narrowed alarmingly and the dispute now concerns the type of orgasm: one large body of doctors demands that the vaginal orgasm is the valid one, while an equally learned group stoutly defends the
clitoridial orgasm. More will be said of this later. In contrast to both schools of astute physicians, women questioned feel very strongly that both forms are equally present and equally gratifying. However, competent studies on orgasm quality as well as those concerned with lack of orgasm, frigidity, have still to be made.

Impotence, in the minds of the medical profession, has followed an equally torturous route. Formerly all impotence was held as caused by masturbation except where organic malformation could be found. This view was accepted well along into the 1920's with only scattered European authorities beginning to ascribe psychological etiology. Gradually, the psychological explanation has prospered until at the present time the Freudian psychoanalysts have accumulated an overwhelming mass of detailed study which proceeds logically and explains all cases. They have done the same quantity of research in the problem of frigidity.

The present writer, recognizing the original topic to have been marriage, will try to indicate the effect of impotence and/or frigidity as marital components. These can best be determined by investigating the presumed causes of these maladjustments and thereby obtaining a more accurate picture of the clinical symptomatology of these conditions. Once this is done some correlation between the various malfunctions as clinically defined and the several statistical analyses of factors comprising marital happiness can be made. The precision with which this can be done is not very great but trends can be seen pointed out and an indication of the impact of impotence and frigidity on marriage.

Two approaches to the problem are possible: 1) the etiology of frigidity and impotence in terms of cultural coercion and biological rebellion; 2) the search for causes in one of the stages of infantial or adolescent psychosexual
development as promulgated by Freud. Reconciliation of the two is difficult: adherence wholly to either is impossible. Somewhere on the scale a point may be found that is neither one explanation or both but a synthesis with added elements relating the totality of man's life as a creative organism to the specific problems areas.

This paper is not intended as a definitive piece of research but merely as a marshalling of facts designed to indicate the scope of the problem rather than a detailed analysis of any one element.

The general division, for purposes of clarity, will be as follows: 1) impotence; 2) frigidity; 3) Freudian and psychoanalytic approach to frigidity; 4) evaluation of contending analyses; 5) summary.

IMPOTENCE

Impotence is much more common than is generally believed (2, p. 251):

"Transitory impotence is an almost universal experience. Habitual impotence, partial or complete, is much more frequent than is generally known or assumed, even by physicians."

Even if the condition exists there is often both a difficulty and a reluctance to recognize it (2, p. 252):

"Many men who believe themselves to be potent and who perform the sexual act in a mechanically correct way, often to the satisfaction of their wives, obtain from it only a minimum of pleasure; this is an unrecognized form of impotence."

The history of impotence and its treatment are a by-product of the ignorance and callousness in handling sexual disorders of all sorts which was so prevalent until comparatively recent times. As late as 1922 recognized doctors attributed impotence to masturbation in nearly all cases (21, p. 135):

(masturbation) "if commenced at the age of ten, twelve, or fourteen and indulged in immoderately, it may lead to relative or complete impotence, temporary or permanent."

These same physicians advised "cures" for children who masturbated: metal appliances worn over the genital area in much the same manner as the Roman chastity belts; and the application of hot wires to the genitals. No mention
is made of psychological consequences. Robinson (11, p. 180) assures the medical profession that "psychic impotence does not play a very important role in the various kinds of sexual impotence." He then goes on to elaborate (11, p. 181):

"I see more cases of sexual impotence than any other physician in America, and I will say that imagination plays a very insignificant role in the etiology of impotence."

Robinson is typical of the group who considered physical causes as the basis for impotence (4, 11).

One European physician writing in 1902 has, however, a different opinion:

"The neuroses of the male urinary and sexual system belong among the more frequent forms of disease." (14, p. 7)

In his clinical observation the very same physical conditions were shown to be equally present in cases of those who had rarely masturbated. This is an excellent example of medical research conforming to the attitudes of the investigator.

Masturbation: a cause for Impotence?

The opposite extreme position is that taken by Sir James Paget (15, p. 101):

"You may teach positively that masturbation does neither more nor less harm than sexual intercourse practiced with the same frequency with the same conditions of general health and age and circumstances."

A more enlightened view is that of Walker (15) who has perhaps come nearer to the truth than previous clinicians. His position is that masturbation is universal (this is supported by Kinsey) and danger only arises because it can be practiced alone without the concurrence of a partner. Masturbation is seen as a constant struggle (15, p. 80):

"The struggle between the ego and the moral code is a relentless one, and it is little wonder that many are worn out or damaged by it."

To refrain from the practice has long been considered evidence of character and self-control. Walker (15, p. 81) sees this as error because "life provides
enough scope for self-discipline without inflicting on man the necessity to suppress his sex." Aside from the psychological factors involved a physical conditioning can be noticed (15, p. 101):

"At the end of the act of masturbation the sexual organs are left in a state of congestion and the urethral mucosa in a condition of hyperaesthesia."

In the separate acts this is not serious but in the course of time less and less stimulation is required to produce an emission and shorter and shorter is the ensuing period of quiescence after the act. The final result is that of an habitual urge to obtain relief and a complete inability to achieve it because of congestion and hyper-sensitivity. This is the tragedy and seen in this light it is a relatively rare phenomenon present in a definite minority of cases of impotence.

**Neuroses: Basis for Impotence.**

The neuroses are considered as disorders of sensation, motor, and secretion (14). They are usually manifested in a symptom-complex; pure forms, as in all other cases, being rare.

**Sensation.** This category includes periodic sensitivity of the sex organs, pains in the urethra during and after ejaculation, diminished sensibility of the skin of the penis, and inability to have a powerful and lasting erection. Masturbation is held as the cause but not as a physical one. Usually as a result of an obsessive-compulsive neurosis.

"The etiology of this form of impotence is to be found in masturbation and other unnatural sexual excesses" (14, p. 33)

The inability to have a lasting erection, one of the commoner forms of impotence, is under the influence of the nervous system (14, p. 36):

"Nervous or psychic impotence may therefore be dependent on the increased action of the inhibitory nerves brought about by unpleasant, strongly agitating excitement of the brain. Thru the action of these inhibitory nerves the organic muscular fibers of the corpora cavernosa will contract and oppose an obstacle to the entrance of blood into the cavernous (erectile) tissue."
Motor. The motor neuroses include pollutions (nocturnal emissions) and spermatorrhea (slight dribbling of semen without erection or sensation). These, Robinson to the contrary, are not caused by masturbation (14, 15) but by some more basic personality derangement leading to this type of neurosis.

The rate of occurrence is an important factor (14, p. 83):

"When pollutions occur once in every 10-14 days they may be looked upon as physiological; if they occur much oftener they are pathological."

Secretion. The neuroses of secretion are polyspermia (markedly more than 10-15 cc of liquid contained in the normal discharge), aspermia (markedly less than 10-15 cc discharge), and prostatorrhea (excessive lubrication from prostate, Cowper's & Littre's glands). These conditions result from gonorrhea or excessive sexual activity producing weakening of the nervous system (14).

Conclusion

These, in outline, are the areas in which potency is manifested. Few cases are organic (15). Most are temporary; nervous excitement causing the aggravation of the inhibitory nerves and erection failing as the critical moment; or, at the other extreme, premature ejaculation, explained by analysts as a spoiling of the woman plus thwarting her, "like an angry baby who wets his nurse" (9, p. 256).

It would not be an oversimplification to say that impotence, as frigidity, is a product of civilization, of the continual repression, frustration and thwarting implicit in the social living of modern, "Western" man. The psychological aspects are, in the vast majority of cases, basic; physical change in performance or function resulting. To ascribe masturbation as a cause except in cases of obsessive-compulsives, is a failure to see psychological disturbances as overall disequilibriums involving the total organism and evident in any specific area. The very forces inherent in normal social conditioning are those which may give rise to trauma (15, p. 40).
"Impotence may be the result of a fear of which the patient is not conscious. Sometimes these fears are only discovered by a complete analysis, and sometimes a few talks will reveal them. They have been brought up in homes where everything that concerns the reproductive function has been carefully hidden. As a result they have learnt to regard sex as an indecency with which mankind has been saddled, but which he must endeavor to forget."

A major cause of impotence is then the lack of adequate, healthy sex attitudes, and sayings such as "sex is not nice" and "fear kept them virtuous" are indicative of faulty orientation to the whole meaning of sex. Marriage is falsely considered the panacea to all sexual difficulties. After a childhood of repression, under the agnosis of taboo and superstition, young people are supposed to enter into the marriage situation and immediately become "adjusted" and able to function in a normal and unrestricted manner. This, of course, is impossible (15, p. 41):

"The words of the marriage service and the possession of a certificate cannot alter the ideas of a lifetime. Sex still remains in their subconscious minds as something that is shameful, a thing to be distrusted and feared. Until this mental attitude can be changed, the higher centers inhibit the working of what should be a natural reflex."

But fear due to ignorance is only the beginning. There may be fear and lack of understanding of pregnancy and disease. Although this is less likely today. If the fear of disease subconsciously persists into marriage there may be an association between sex and disease which can easily be disastrous. If the woman is the aggressive partner and has the dominant position in the marriage relationship, disturbance may result, although more evidence would seem advisable (15, p. 42):

"Nature cares nothing for the emancipation of woman; if the man gives up his role of aggressor, the physical side of marriage collapses."

Impotence can be treated and successfully. But the treatment rests not with pharmaceuticals and Spanish-fly derivatives as Robinson (11) insists
but with sane sex education and clinical counseling. The history of sexual
excitants is as varied as man's interest in sex (15, p. 51):

"Love philtres were sold in the Middle Ages, and their modern
representatives range from pills of powdered rhinoceros horn
in Tanganyika to pellets of yohimbin in Arabia."

Admitted that phosphorus, opium, ergot, strychnine, yohimbin, and alcohol can
and be used with occasional success and that diet, rest, baths, electricity also
have their exponents does not complete the therapy for those involved. Psych-
ological treatment is not only indicated but mandatory (15, p. 59):

"It is no exaggeration to say that this is the pivot on which
the whole treatment of impotence resolves. Even when an organic lesion
exists the psychological handling of the patient is of importance,
since he is almost certain to be suffering from certain fears and
lack of confidence resulting from his physical disability."

It becomes increasingly evident that impotence per se means nothing; impotence
is related to the whole life picture of the individual in his struggle for adjust-
ment (15, p. 63):

"Impotence is but one of many symptoms that point to a faulty
adjustment to life."

In the case of a married man, the wife may be the cause. The only therapy lies
in an alteration of immediate environment (15, p. 64):

"So long as he remains married to that particular woman he is
likely to remain impotent, whatever method of treatment be employed."

This highlights one of the most serious phases of the problem because marriage,
although lightly gone into, is more difficult to rupture.

Walker concludes with a point whose very irrefutability indicates the
difficulty of solution (15, p. 79):

"The frequency of psychosexual difficulties is a product of
civilization and the complexity of life it entails. The primitive
savage is seldom troubled by sex conflicts. He can satisfy his
desires as soon as he has reached maturity."

FRIGIDITY

Psychoanalysts, as will be evinced in the succeeding section, have a set
of answers, definitions and categories into which to place all cases. Other
physicians find themselves at a loss to categorize and differentiate. Having no pat system of reference they are forced to consider frigidity in a different manner. Sex is a circle; the male portion constitutes a half-circle; the female portion also a half-circle. When the male fails to create the upper half of response, there is evidence of frigidity. This explanation, of course, is fraught with implications as to male technique and performance which does not square with Kinsey in the least. In brief, an objective basis for diagnosis in medical terms is lacking (1, p. 100).

"Upon that scale of the progressive outpouring of self which ends in the peak of passion there is a minus side with a maximum of coldness."

Every case depends on subjective estimates of doctor and patient in an uncertain field. Diagnosis depends on knowledge and the view of the "typical" which is, at best, hazy (1).

The fluctuation seems to be between insensitiveness with regret, some feeling, ennui, sudden passion, complete deadness, distaste, anger, and hatred. This range seems to increase the difficulty of definition because frigidity is a sexual hesitation in which the passion or desire is directed away from the sexual embrace (1). At what point on the continuum of coldness-passion frigidity begins and normalcy ends is a point of conjecture.

Coldness is more than verbalization can convey; the body, acting out infinite dramas directed by the subconscious, says "No" in a thousand ways. The woman may simply leave the room, sit in another chair, turn her face away from the unwelcome embrace. Or she may remain mentally aloof; a gesture of the hand, or a shake of the head have equal significance of refusal as the cramping of the adductors of the thighs and the closing of the pelvic floor muscles. It is simply a matter of degree.

"Sexual negation progresses from "I do not", to "I can not", to "I will not" " (1, p. 17).
Certain conditions in the culture will be pointed out and a comparison between frigidity and marital happiness as catalogued by Terman and Dickinson will be attempted.

**Culture: the Genesis of Frigidity**

Frigidity has been termed a positive quality, inherent in our society and developing out of it (1): "'Nascent in youth and following a cultural ideal frigidity has been emphasised for centuries (1, p. 122):

"In young love there is a period without physical desire even with the utmost frustration."

Throughout history the poets and philosophers- Keats, Shelley, Tennyson- have created a love pattern of worship before the shrine.

"I cannot give what men call love,
But wilt thou accept not
The worship the heart lifts above
And the heavens reject not,-
The desire of the moth for the star,
Of the night for the morrow,
The devotion to something afar
From the sphere of our sorrow?"

Examples, like the above, are myriad: the star has no body, hence the love is of a rather ethereal variety. This cult of metaphysical woman formed in the Middle Ages and converted into a mass religion in which the beloved was Lady and was Virgin is the basis in tradition.

"The knight who wore her (his lady's) colors made a faith of her remoteness and it was the business of his chivalry not to think of woman as a reality" (1, p. 122).

This is woman as dream. Today, inherited by men, this aureole graces every girlish head. The indication is of an absence of primary sexual desire but not of frigidity.

Asceticism is also a positive faith postulating the desirability of the absence of sexual desire and bodily sex expression.

Convention dictates coldness not warmth. Education teaches absence of
II.

sexual desire. The culture makes a ritual of cold tones: blue, green, silver, white, and grey. The values of maturity are innocence and virginity: woman's classic behavior is formulated along frigid lines. Woman has less freedom, less opportunity to develop except as a subsidiary of man and subject to his desires. In sum, the role of frigidity is a part of the world's ideal as set before women and their husbands. The miracle of marriage does not change this.

Adjustment to life is not by God's will.

Sex, however, has not been entirely represented to our culture by poets, the church, and other exponents of medieval traditionalism. The newspapers, gossip, movies, magazines and the like create another side to this problem. Arising from these extreme presentations is sex as it is in reality: neither as people romantically believe and wish it to be nor as sensational newspapers might condition them to expect. As a result sex becomes, in our culture almost without exception, a disappointment.

In all too many cases "coitus comes to be a crudely biological process, carried out by mechanized routine" (1, p. 126). There is no wonder that women resist this monotony and uniformity in such a way that frigidity can actually be a form of variety. This smacks of hysteria with its secondary gain.

Frigidity in Marriage

Marriage provides a culturally accepted institution in which frigidity can be observed and the conclusion taken that if any one factor is pre-eminent it is that frigidity is not a condition conducive to a happy marriage (2, 13).

Quite the opposite is true; poetic statements like the following state the unpoetic truth (1, p. 120):

"Out of their words houses bleak with loneliness and bedrooms dull with apathy grow as stage setting. An atmosphere without color and warmth settles against a background of dreary finality. They deny beauty. This is the winter of their discontent."
In the study made by Dickinson and Beam (1) it was observed that 40% of the women had orgasm satisfactorily, 40% had it rarely or not at all, and 20% could only achieve it by manual clitoridian friction. Broken down more closely this indicates that for 58% of the thousand women studied orgasm was either a memory or a dream. The problem of the relative happiness of these women arises and it was found (1, p. 61):

"twelve per cent of the women who were adjusted without complaint to marriage never had orgasm with the husband, and that fifteen per cent of the women who were sexually unhappy never had."

This shows a difference of 3%. The significance lies in definition of terms. "Normal" and "without complaint" meant, in many cases, that the husband could enter and finish, without regard to whether the woman was satisfied. Some who were adjusted "without complaint" to marriage had affairs with other men with whom they achieved orgasm. Therefore, the 3% figure is unreliable and misleading for both reasons.

Coitus, the case of women diagnosed as frigid, follows a general pattern of brevity, lack of male tenderness, no preliminaries, and the realization by both parties during the act that the woman doesn't care for it (1). Intercourse is usually followed by grief and bitterness of the part of the woman. Dickinson and Beam also state that 90% of the women studied had orgasm at one time, either previous to or in the early stages of marriages. Their conclusions were that frigidity is not permanent but that it does effect the total personality of the women leading either to sickness or divorce.

Landis (7), in a similar study, using 153 normal women and 142 female psychiatric patients as a check group showed that the incidence of marital happiness is higher in those cases where the woman was orgasmically potent.

Terman (13), in his study, found that "the mean happiness score for wives increases steadily from 58.2 for "never" (had orgasm) to 74.5 for "always". All of the differences in this column are reliable." (13, p. 302).
There was a slight tendency for the frequency of orgasm to be higher when the husband could prolong intercourse to seven minutes or more.

"Probably not more than one case of orgasm inadequacy out of 15 or 20 can be justly charged to brevity of intercourse." (12, p. 385)

Lastly, there was a negative correlation between refusals to have intercourse and degree of marital happiness.

In one respect Terman (12) differs from the other writers on the subject and that is in determination of causes of frigidity (13, p. 407):

"There is little evidence that orgasm inadequacy is caused by adverse emotional conditioning. Little if any of it is caused by such experiences as sex shock as can be brought to light by questions. It bears but slight relationship, or none, to sex education, sources of sex information, premarital attitudes, towards sex, attitudes of parents towards the subject's early sex curiosity, amount of conflict with parents, childhood discipline, strictness of religious training, amount of education, or amount of association with boys during adolescence."

PSYCHOANALYSIS AND FRIGIDITY

Wrought of the veiled mysteries of Freud's eternal mind and lit by incestuous censers, his theories and modified new emergents, notably by Horney, Landor, and Zilbourg, may indicate more than contemporary science is willing to admit of the causes of frigidity. In order to negotiate these labyrinths, oftimes moist with criticism and unbelief, it will first be necessary to outline the psychoanalytic attitude in its contemporary and semi-Freudian form.

Freudians recognize a peculiar pattern of childhood development characterized by specific stages in the growth of individual psychosexuality. Emerging from conflicts created by the overlap and transition from period to period in individual development are concrete areas of tension, frustration, and anxiety. It is the adjustment of the individual to these periods of stress that determines, in a large manner, the particular difficulty that will
be encountered in the normal adult heterosexual marriage situation. If healthy adjustment is maintained throughout the childhood and adolescent periods of sexuality, then the transition to adult sexuality will proceed without undue anxiety and, in most cases, be eminently successful.

The early development of little girls' instinctive sexuality takes the same course as boys' in respect to the first choice of love-object and to the erogenous zones (which is the penis in both cases, as the vagina is, according to some, undiscovered at this time) (5).

A basic difficulty arises, however, because a similar anatomical and biological foundation does not go with the similarity in libidinal trend. Because of this, little girls feel themselves inadequately equipped; in other words, they envy the superior endowment with which boys are possessed. Strangely enough boys do not have this difficulty: their concern over the genitalia difference is casual (2). This inconsistency, from the writer's point of view at any rate, is blatantly ignored by the Freudians.

Nonetheless this 'penis envy' is basic and a part of the psychosexual life of every girl. The conflicts of the child with the mother are difficult enough for the boy to surmount but another ordeal is added for the girl: she blames her mother for her lack of penis. This is essential for detachment from the mother and turning toward the father (3, 5). During the 'phallic phase' "the girl must exchange the original love-object, the mother, for the father and later the husband, and must undertake a removal of the leading sexual zone from the clitoris to the vagina" (2, p. 15). If this transition is unsuccessful, the girl, upon maturity, will not be able to experience satisfaction in the sexual act (3, 5, 10). This is a fact to analysts because "the first and decisive requisite of a normal orgasm is vaginal sensitivity." (3, p. 15)
Psychoanalysts do not recognize the clitoridian orgasm and this single fact has been the cause of an unceasing battle. There is only one valid orgasm according to the Freudians (Bergler as cited by \( f \), p. 31):

"Under frigidity we understand the incapacity of woman to have a vaginal orgasm. It is of no matter whether the woman is aroused during coitus or remains cold, whether the excitement is strong or weak, whether it breaks off at the beginning or at the end, slowly or suddenly, whether it is dissipated in the preliminary acts, or has been lacking from the beginning. The sole criterion of frigidity is the absence of vaginal orgasm."

The battle today is clear-cut; the defined issue is the criterion of orgasm. The Freudians have seemingly irresistible logic to prove the existence of the vaginal orgasm. On the other side of the picture, scientific experiments as reported by Kinsey (16) conclusively demonstrate to another school that there is definite absence of neural connections from the vaginal wall to the surrounding tissues and nerve structures. Bergler and Knight (2, \( f \)) consider this in detail but remain unconvinced Freudians throughout.

A normal woman has to overcome the psychological consequences of having to develop from clitoridian orgasm to vaginal orgasm while under the influence of the omnipresent penis envy (\( f \), p. 28):

"Thus the path of development leading to normal pleasurable vaginal sensitivity to stimulation may be short-circuited by the double mechanism of denial of the vagina and concentration on the clitoris."

But the situation goes much deeper than this into the quagmire of Freudian research. Recent study has shown that perhaps the vagina may be discovered early (\( f \), p. 63):

"In manual genital masturbation the clitoris is more commonly selected than the vagina, but spontaneous genital sensations resulting from general sexual excitation are more frequently located in the vagina."

There is little doubt that "from the very beginning the vagina plays its own proper sexual part." (\( f \), p. 66) This creates the added problem that
"behind the 'failure to discover' the vagina is a denial of its existence." (5, p. 69) This occurs on a subconscious level. One reason it may happen is because of early attempts at vaginal masturbation which has impressed the fact of physical vulnerability on the girl, and perhaps created pain from an infinitesimal hymen rupture. Added to this is the inability of the girl to easily ascertain the effect of masturbation and locate any glandular secretions. A boy can do this and determine whether his genitalia are intact by inspection thus avoiding anxiety.

The theories formed about this 'denial of the vagina' are both bizarre and plentiful. Castration impulses against man, dread of her own hostile impulses, anticipated retribution for masturbation in form of bodily destruction are three prime examples (5, 9, 10). Little girls see the vulnerability of the female body in adult menstruation and miscarriage. As a result of this the child's mind may be closed against intercourse because of the fundamental fear of injury and frigidity may ensue. The sources of possible anxiety are limitless. This much can, however, be indicated: anxiety is the only factor stronger than the will for pleasure.

When frigidity is seen in this Freudian context as a product of one or more of these frustrated, transitional stages it becomes a miracle that any woman escapes its consequences.

**Criteria of Frigidity**

The following schema, by those astute Freudians, Bergler and Hirschmann, is the nearest medical approach to classification and is accepted by many non-Freudians (3, p. 20-21):

- **a. total frigidity with vaginal anesthesia.**
  Characterized by no interest in sex; disgust, desire to be done with it. No lubricating glandular secretion; no sensation during the act. Intense form is vaginismus: fear, active defense, cramp of the sphincter, impossibility of coitus.
b. total frigidity with vaginal hypoesthesia.
   Slight excitement at beginning of act remains at same level throughout. Traces of glandular secretion. No involuntary muscular contractions.
c. relative frigidity with vaginal hypoesthesia.
   Strong excitement at thought of coitus; in bed with act in prospect loss of all desire.
d. relative frigidity with vaginal sensitivity.
   Sudden cessation of excitement just before orgasm.
e. clitoric orgasm with vaginal hypoesthesia.
   Manual clitoral friction necessary for orgasm.
f. frigidity of the nymphomania type.
   Strong excitement, mounting repeatedly, no orgasm. Insatiable seeking after men, and indiscriminate yielding to them.
g. obligatory and facultative frigidity.
   The above condition but with some men, not with all men.
h. pseudofrigidity.
   Ignorance, incorrect technique, false sexual theories.

Another difficulty complicates the diagnosis in term of the above (3, p. 21):

"The entire problem of the female orgasm is complicated by the fact that it depends in part on the erectile potency of the man, his endurance, and his skill in love-making."

In recapitulation, the five major causes of frigidity are (2, 3, 9, 10):

1. Oedipal fixation on the father, with a denial of satisfaction growing out of the unconscious need for punishment; rejection of the feminine passive masochistic role; incomplete solution of the castration complex and the masculinity wishes; clinging to unconscious pregenital fantasies and fixations, such as the desire to be taken by force; unconscious homosexuality.

The purpose of this section has been to point up the Freudian "discoveries" about frigidity. Criticism, however, is difficult. In Freudian analysis, basic principles if accepted permit no argument; if not accepted the whole system fails to materialize.

**SUMMARY AND EVALUATION OF CONTENDING ANALYSES.**

In all fairness to the psychoanalysts it must be admitted that the woman is under a decided handicap in the development of her sexual impulses in our society. The harmful conditioning to biological facts so prevalent in our culture and the double standard which operates against women are concrete examples of the added difficulties faced by women. Even if penis-envy, in the Freudian
sense, cannot be accepted, there is some basis for believing that women do, consciously or otherwise, envy men their greater freedom, opportunity and power. Women also have the biological hurdles of menstruation, defloration, coitus, pregnancy, parturition and menopause to face. Traumatic experiences do result from such diverse sources as childhood observation of intercourse between the parents or between animals without sufficient knowledge, and vaginal bleeding of self or others.

There is no wonder that female psychology is more intricate and subject to more delicate adjustment and maladjustment than the male. We live in a society that tries, in the heritage of a Puritan, Hebrew-Christian tradition to deny not only the vagina but sex. A set of cultural taboos has been placed around sex of such intensity that it is the exception rather than the rule when an individual is able to function normally and without anxiety and guilt feelings. Freudian analysis may overemphasize; but the recognition of the sexual basis of modern man seems well taken, if only because of the tendency human beings have to become oversensitive to stimuli that are culturally tabooed, artificial interest is created and, in the opinion of the writer, it is this interest, created out of a denial of a function that should have little more significance than eating or sleeping, that has caused the present dilemmas of frigidity and impotence to a very large degree. People try desperately to conform—but in doing so there appears to be an unconscious turning toward repressed natural elements in their everyday life. Sex is one of these. As long as it is shrouded in mystery and shunned from polite conversation and given special significance, it will have special significance in the minds of people, whether or not sex as a biological function merits the super-interest our society has in it.

SUMMARY

Impotence and frigidity remain, in the final picture, as symptoms of mal-
adjustment. These factors in marriage while not always destructive, often prove contributing causes to the chaos of modern matrimony. Many cures have been presented to frustrated humans over the dark centuries of man’s quest for civilization. The final cure will be the achievement of a psychologically healthy world creating, in turn, social environments enabling the developing individual to find a sane balance between repression and expression.

Explanations, in an uncertain field, are at best only tentative. The positive contributions of Freudian analysts tend to become lost in the endless canting on castration and oedipus complexes. The result is monotony; and stereotyped and useless protagonists living on meaningless phrases. This has developed because psychoanalytic research has tended to become routine: routine inevitably forms the genesis of ritual. Freud’s genius produced a pattern; his disciples hesitated or were unable to change. Hesitation, of this variety in science, is all too often symptomatic of a lost dynamism. It is to be hoped that the flower of Freud’s thought will become, following the lines of investigation taken by Horney and Masdhinger, the seed of future understanding.

The problems of frigidity and impotence resolve themselves in a vast analogy: that of a spider web whose separate fibers are the myths and superstitions causing the conflict between nature and culture. Man is a fly in this web who must free himself from the enmeshings of his childhood and adolescent indoctrination or suffer death from the spider who epitomizes the eventual discontent and frustration which produce and are often analogous to sexual maladjustment. Happy marriage and the partial fulfillment of man’s "vita sexualis" tend to offer, at least, a symptom cure. The roots of the illness, however, stem from basic cultural inadequacies which will only be remedied as social living, as expressed in social institutions, is enabled to parallel man’s development in other fields.

The progression towards "civilization" is not always marked by artifacts such as machines.

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