

## **CONTRIBUTIONS TO A DISCUSSION ON MASTURBATION - (1912)**

It is never the aim of the discussions in the Vienna Psycho-Analytical Society to remove diversities or to arrive at conclusions. The different speakers, who are held together by taking a similar fundamental view of the same facts, allow themselves to give the sharpest expression to the variety of their individual opinions without any regard to the probability of converting any of their audience who may think otherwise. There may be many points in these discussions which have been misstated and misunderstood, but the final outcome, nevertheless, is that every one has received the clearest impression of views differing from his own and has communicated his own differing views to other people.

The discussion on masturbation, of which actually only fragments are published here, lasted for several months and was conducted on the plan of each speaker in turn reading a paper, which was followed by an exhaustive debate. Only the actual papers are included in the present publication, and not the debates, which were highly stimulating and in which the differing opinions were expressed and defended. This pamphlet would otherwise have attained dimensions which would certainly have stood in the way of its being widely read and proving effective.

The choice of the topic calls for no apologies in these days when an attempt is at last being made to subject the problems of man's sexual life to a scientific examination. Numerous repetitions of the same thoughts and assertions were unavoidable: they are, of course, the signs of agreement between the speakers. As regards the many divergences in their views, it can no more be an editor's task to harmonize them than it is to attempt to hide them. It is to be hoped that the reader's interest will be repelled neither by the repetitions nor by the contradictions.

It has been our purpose on this occasion to show the direction into which the study of the problem of masturbation has been forced by the emergence of the psycho-analytic method of approach. How far we have succeeded in that purpose will appear from our readers' applause, or perhaps still more clearly from their disapproval.

VIENNA, Summer 19128

### ***II - CLUDING REMARKS***

GENTLEMEN, - The older members of this group will be able to recall that some years ago we made a previous attempt at a collective discussion of this kind - a 'symposium', as our American colleagues call it - on the subject of masturbation. At that time the opinions expressed showed such important divergences that we did not venture to lay our proceedings before the public. Since then the same group, together with some newcomers, having been uninterruptedly in touch with observed facts, and having had a constant interchange of ideas with one another, have so far clarified their views and arrived at common ground that the venture which we previously abandoned now no longer seems so rash. I really have an impression that the points on which we are agreed in connection with masturbation are now firmer and more deep-going than the disagreements - though these

undeniably exist. Some of the apparent contradictions are only the result of the many different directions from which you have approached the subject, whereas in fact the opinions in question may quite well find a place alongside one another.

With your permission I will set before you a summary of the points on which we seem to be agreed or divided.

We are all agreed, I feel,

(a) on the importance of the phantasies which accompany or represent the act of masturbation,

(b) on the importance of the sense of guilt, whatever its source may be, which is attached to masturbation, and

(c) on the impossibility of assigning a qualitative determinant for the injurious effects of masturbation. (On this last point agreement is not unanimous.)

Unresolved differences of opinion have appeared

(a) in respect to a denial of a somatic factor in the effects of masturbation,

(b) in respect to a general denial of the injurious effects of masturbation,

(c) with regard to the origin of the sense of guilt, which some of you wish to attribute directly to lack of satisfaction, while others adduce social factors in addition, or the attitude of the subject's personality at the moment, and

(d) with regard to the ubiquity of masturbation in children.

Lastly, significant uncertainties exist

(a) as to the mechanism of the injurious effects of masturbation, if there are any, and

(b) as to the aetiological relation of masturbation to the 'actual neuroses'.

As regards the majority of the points of controversy among us, we have to thank the challenging criticisms of our colleague Wilhelm Stekel, based on his great and independent experience. There is no doubt that we have left very many points over to be established and clarified by some future band of observers and enquirers. But we may console ourselves with the knowledge that we have worked honestly and in no narrow spirit, and that in so doing we have opened up paths along which later research will be able to travel.

9 You must not expect much from my own contributions to the questions we are concerned with. You are aware of my preference for the fragmentary treatment of a subject, with emphasis on the points which seem to me best established. I have nothing new to offer - no solutions, only a few repetitions of things I have already maintained, a few words in defence of these old assertions against attacks made upon them by some of you, and in addition, a few comments which must inevitably force themselves on anyone listening to your papers.

I have, as you know, divided masturbation according to the subject's age into (1) masturbation in infants, which includes all auto-erotic activities serving the purpose of sexual satisfaction, (2) masturbation in children, which arises directly out of the preceding kind and has already become fixed to certain erotogenic zones, and (3) masturbation at puberty, which is either continuous with childhood masturbation or is separated from it by the period of latency. In some of the accounts which I have heard you give, full justice has not quite been done to this temporal division. The ostensible unity of masturbation, which is fostered by the customary medical terminology, has given rise to some generalizations where a differentiation according to the three periods of life would have been better justified. It has been a matter for regret, too, that we have not been able to pay as much attention to female as to male masturbation; female masturbation, I believe, is deserving of a special study and in its case it is particularly true that a special emphasis lies on the modifications in it that arise in relation to the subject's age.

I come now to the objections raised by Reitler to my teleological argument in favour of the ubiquity of masturbation in infancy. I admit that this argument must be abandoned. If one more edition of my Three Essays on the Theory of Sexuality is called for, it will not contain the sentence under attack. I will renounce my attempt at guessing the purposes of Nature and will content myself with describing the facts.

Another remark of Reitler's is, I think, significant and important. This was to the effect that certain arrangements in the genital apparatus which are peculiar to human beings seem to tend towards preventing sexual intercourse in childhood. Here, however, my doubts arise. The occlusion of the female sexual orifice and the absence of an os penis which would assure erection are, after all, directed only against actual coition, not against sexual excitations in general. Reitler seems to me to take too anthropomorphic a view of the way in which Nature pursues her aims - as though it were a question of her carrying through a single purpose, as is the case with human activity. But so far as we can see, in natural processes a whole number of aims are pursued alongside one another, without interfering with one another. If we are to speak of Nature in human terms, we shall have to say that she appears to us to be what, in the case of men, we should call inconsistent. For my part, I think Reitler should not attach so much weight to his own teleological arguments. The use of teleology as a heuristic hypothesis has its dubious side: in any particular instance one can never tell whether one has hit upon a 'harmony' or a 'disharmony'. It is the same as when one drives a nail into the wall of a room: one cannot be certain whether one is going to come up against lath and plaster or brick-work.

On the question of the relation of masturbation and emissions to the causation of so-called 'neurasthenia', I find myself like many of you, in opposition to Stekel, and, subject to a limitation which I shall mention presently, I maintain, as against him, my former views. I see nothing that could oblige us to abandon the distinction between 'actual neuroses' and psychoneuroses, and I cannot regard the genesis of the symptoms in the case of the former as anything but toxic. Here Stekel really seems to me greatly to overstretch psychogenicity. My view is still what it was in

the first instance, more than fifteen years ago: namely, that the two 'actual neuroses' - neurasthenia and anxiety neurosis (and perhaps we ought to add hypochondria proper as a third 'actual neurosis') - provide the psychoneuroses with the necessary 'somatic compliance'; they provide the excitatory material, which is then psychically selected and given a 'psychical coating', so that, speaking generally, the nucleus of the psychoneurotic symptom - the grain of sand at the centre of the pearl - is formed of a somatic sexual manifestation. This is clearer, it is true, of anxiety neurosis and its relation to hysteria than it is of neurasthenia, into which no careful psycho-analytic investigations have yet been made. In anxiety neurosis, as you have often been able to convince yourselves, it is at bottom a small fragment of undischarged excitation connected with coition which emerges as an anxiety symptom or provides the nucleus for the formation of a hysterical symptom.

Stekel shares with many non-psycho-analytic writers an inclination to reject the morphological differentiations which we have made within the jumble of the neuroses and to lump them all together under one heading - under psychasthenia, perhaps. We have often contradicted him on this, and have held fast to our expectation that the morphologico-clinical differences will prove valuable as indications that have not yet been understood of essentially distinct processes. When he - justly - points out to us that he has regularly found the same complexes present in what are termed neurasthenics as in other neurotics, his argument fails to meet the point at issue. We have long known that the same complexes and conflicts are to be looked for, too, in all normal and healthy people. In fact, we have grown accustomed to attributing to every civilized human being a certain amount of repression of perverse impulses, a certain amount of anal erotism, of homosexuality and so on, as well as a piece of father-complex and mother-complex and of other complexes besides - just as in the chemical analysis of an organic substance we have every hope of finding certain elements: carbon, oxygen, hydrogen, nitrogen and a trace of sulphur. What distinguishes organic substances from one another is the relative amounts of these elements and the way in which the links between them are constituted. In the same way, in the case of normal and neurotic people what is in question is not whether these complexes and conflicts exist but whether they have become pathogenic and, if so, by means of what mechanisms they have become so.

The essence of the theories about the 'actual neuroses' which I have put forward in the past and am defending to-day lies in my assertion, based on experiment, that their symptoms, unlike psychoneurotic ones, cannot be analysed. That is to say, the constipation, headaches and fatigue of the so-called neurasthenic do not admit of being traced back historically or symbolically to operative experiences and cannot be understood as substitutes for sexual satisfaction or as compromises between opposing instinctual impulses, as is the case with psycho-neurotic symptoms (even though the latter may perhaps have the same appearance). I do not believe it will be possible to upset this assertion by the help of psycho-analysis. On the other hand I will grant to-day what I was unable to believe formerly - that an analytic treatment can have an indirect curative effect on 'actual' symptoms. It can

do so either by enabling the current noxae to be better tolerated, or by enabling the sick person to escape from the current noxae by making a change in his sexual régime. These would be desirable prospects from the point of view of our therapeutic interest.

If in the end I am convicted of being in error over the theoretical problem of the 'actual neuroses', I shall be able to console myself with the advance in our knowledge, which must disregard the opinions of an individual. You may then ask why, since I have such a laudable appreciation of the limitations of my own infallibility, I do not at once give in to these new suggestions but prefer to re-enact the familiar comedy of an old man obstinately clinging to his opinions. My reply is that I do not yet see any evidence to induce me to give in. In early days I made a number of alterations in my views and did not conceal them from the public. I was reproached on account of these changes, just as to-day I am reproached for my conservativeness. Not that I should be intimidated by the one reproach or the other. But I know that I have a destiny to fulfil. I cannot escape it and I need not move towards it. I shall await it, and in the meantime I shall behave towards our science as earlier experience has taught me.

I am loth to take up a position on the question that has been dealt with by you so extensively of the injuriousness of masturbation, for it offers no proper approach to the problems which concern us. But we must all do so, no doubt: the world seems to feel no other interest in masturbation. You will recall that at our former series of discussions on the subject we had among us as a visitor a distinguished Viennese paediatrician. What was it that he repeatedly asked us to tell him? Simply, how far masturbation is injurious and why it injures some people but not others. So we must force our researches to make a pronouncement to meet this practical demand.

I must confess that here again I am unable to share Stekel's point of view, in spite of the many courageous and correct comments that he has made to us on the question. As he sees it, the injuriousness of masturbation amounts to no more than a senseless prejudice which, purely as a result of personal limitations, we are unwilling to cast off with sufficient thoroughness. I believe, however, that if we fix our eyes on the problem *sine ira et studio*<sup>1</sup> - so far, of course, as we are able to, - we shall be obliged to declare, rather, that to take up such a position contradicts our fundamental views on the aetiology of the neuroses. Masturbation corresponds essentially to infantile sexual activity and to its subsequent retention at a more mature age. We derive the neuroses from a conflict between a person's sexual urges and his other (ego) trends. Now someone might say: 'In my view the pathogenic factor in this aetiological relation lies solely in the ego's reaction to its sexuality.' By this he would be asserting that anyone could keep free of neurosis if only he were willing to allow unrestricted satisfaction to his sexual urges. But it is clearly arbitrary, and evidently pointless as well, to come to such a decision, and not to allow the sexual urges themselves to have any share in the pathogenic process. But if you admit that the sexual urges can have a pathogenic effect, you should no longer deny a similar significance to masturbation, which after all only consists in carrying out such sexual instinctual impulses. In every case which

seems to show that masturbation is pathogenic, you will, no doubt, be able to trace the operation further back - to the instincts which manifest themselves in the masturbation and to the resistances which are directed against those instincts. Masturbation is not anything ultimate - whether somatically or psychologically - it is not a real 'agent', but merely the name for certain activities. Yet, however much we may trace things further back, our judgement on the causation of the illness will nevertheless rightly remain attached to this activity. And do not forget that masturbation is not to be equated with sexual activity in general: it is sexual activity subjected to certain limiting conditions. Thus it also remains possible that it is precisely these peculiarities of masturbatory activity which are the vehicles of its pathogenic effects.

<sup>1</sup> ['Without bitterness or partiality.']<sup>3</sup>

We are therefore brought back once more from arguments to clinical observation, and we are warned by it not to strike out the heading 'Injurious Effects of Masturbation'. We are at all events confronted in the neuroses with cases in which masturbation has done damage.

This damage seems to occur in three different ways:

(a) Organic injury may occur by some unknown mechanism. Here we must take into account the considerations of excess and of inadequate satisfaction, which have often been mentioned by you.

(b) The injury may occur through the laying down of a psychical pattern according to which there is no necessity for trying to alter the external world in order to satisfy a great need. Where, however, a far-reaching reaction against this pattern develops, the most valuable character-traits may be initiated.

(c) A fixation of infantile sexual aims may be made possible, and a persistence of psychical infantilism. Here we have the disposition for the occurrence of a neurosis. As psycho-analysts we cannot fail to be greatly interested in this result of masturbation - which in this case means, of course, masturbation occurring at puberty and continued afterwards. We must keep in mind the significance which masturbation acquires as a carrying into effect of phantasy - that half-way region interpolated between life in accordance with the pleasure principle and life in accordance with the reality principle; and we must remember how masturbation makes it possible to bring about sexual developments and sublimations in phantasy, which are nevertheless not advances but injurious compromises - though it is true, as an important remark of Stekel's has pointed out, that this same compromise renders severe perverse inclinations harmless and averts the worst consequences of abstinence.

On the basis of my medical experience, I cannot rule out a permanent reduction in potency as one among the results of masturbation, though I will grant to Stekel that in a number of cases it may turn out to be only apparent. This particular result of masturbation, however, cannot be classed unhesitatingly among the injurious ones. Some diminution of male potency and of the brutal aggressiveness involved

in it is much to the purpose from the point of view of civilization. It facilitates the practice by civilized men of the virtues of sexual moderation and trustworthiness that are incumbent on them. Virtue accompanied by full potency is usually felt as a hard task.

This may strike you as cynical, but you may rest assured that it is not cynically meant. It sets out to be no more than a piece of dry description, without regard to whether it may cause satisfaction or annoyance. For masturbation, like so many other things, has *les défauts de ses vertus* and on the other hand *les vertus de ses défauts*. If one is disentangling an involved and complex subject with a one-sided practical interest in its harmfulness and uses, one must put up with unwelcome discoveries.

Furthermore, I think we may with advantage distinguish what we may describe as the direct injuries caused by masturbation from those which arise indirectly from the ego's resistance and indignation against that sexual activity. I have not entered into these latter consequences.<sup>4</sup>

And now I am obliged to add a few words on the second of the two painful questions we have been asked. Assuming that masturbation can be injurious, under what conditions and in what people does it prove to be so?

Like the majority of you, I am inclined to refuse to give a general answer to the question. It partly coincides with another, more comprehensive question: when does sexual activity in general become pathogenic for particular people? If we put this consideration on one side, we are left with a question of detail relating to the characteristics of masturbation in so far as it represents a special manner and form of sexual satisfaction. Here it would be to the point to repeat what is already known to us and has been discussed in other connections - to assess the influence of the quantitative factor and of the combined operation of several pathogenic factors. Above all, however, we should have to leave a wide field for what are known as an individual's constitutional dispositions. But it must be confessed that dealing with these is an awkward business. For we are in the habit of forming our opinion of individual dispositions *ex post facto*: we attribute this or that disposition to people after the event, when they have already fallen ill. We have no method of discovering it beforehand. We behave, in fact, like the Scottish King in one of Victor Hugo's novels, who boasted of an infallible method of recognizing witchcraft. He had the accused woman stewed in boiling water and then tasted the broth. He then judged according to the taste: 'Yes, that was a witch', or 'No, that was not one.'

There is another question that I might draw your attention to, which has been dealt with too little in our discussions: that of 'unconscious' masturbation. I mean masturbation during sleep, during abnormal states, or fits. You will recall the many hysterical fits in which masturbatory acts recur in a disguised or unrecognizable way, after the subject has renounced that form of satisfaction, and the many symptoms in obsessional neurosis which seek to replace and repeat this kind of sexual activity, which has formerly been forbidden. We may also speak of a therapeutic return of masturbation. A number of you will have found on occasion,

as I have, that it represents a great advance if during the treatment the patient ventures to take up masturbation once more, though he may have no intention of making a permanent stop at that infantile halting-place. In this connection I may remind you that a considerable number of precisely the most severe sufferers from neurosis have avoided all recollection of masturbation during historic times, while psycho-analysis is able to prove that that species of sexual activity had by no means been strange to them during the forgotten earliest period of their lives.

But I think the time has come to break off. For we are all agreed on one thing - that the subject of masturbation is quite inexhaustible.<sup>5</sup>