ANY WIFE OR ANY HUSBAND

A BOOK FOR COUPLES WHO HAVE MET SEXUAL DIFFICULTIES AND FOR DOCTORS

BY

MEDICA

(DR. JOAN GRAHAM)

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FOREWORD

"Dr. Joan Graham," who writes this book, is a colleague and friend of mine. I am sure that there is a great need for just exactly this kind of book. The majority of educated people, nowadays, know that most difficulties inherent in a marriage relationship are produced by psychological rather than physical factors. Naturally the physical must never be left out: indeed, disturbances of body function are regular concomitants of what is called "psycho-neurosis": that is, the tendency to develop those inhibitions, compulsions, and phobias which ordinary individuals may first acquire during the impressionable years of childhood.

Unlike most "sex" books which deal exclusively with the physical side of marital disorders this one takes into account both physical and emotional factors in their varying proportions. For instance, in describing the common disorder of vaginismus or "flinching" the book fills a serious gap in present-day literature. This section will be valuable for the lay public and the medical reader alike.

The author is not afraid to give advice on the practical management of sexual difficulties and has not taken the easy way out of advising everyone with disabling symptoms to seek a long personal analysis.

There is, of course, much that remains obscure in this vast subject; but as a practical application of present-day knowledge I recommend this book as sensible, up to date and brave.

D. W. WINNICOTT, F.R.C.P.

London, 1955.

Felix qui potuit rerum cognoscere causas

VIRGIL

PREFACE

Recently I had a letter from a woman. It ran:

"I am writing to you upon the advice of ..... They have tried to help me in many ways—recommending books, etc., which I obtained; my husband and I read these carefully and followed their advice without any kind of success.

"My trouble is, during sexual intercourse I have no response, no feeling, whatsoever from beginning to end. I know this is not natural, and I have tried for such a long time to remedy this in fairness to both of us. My husband and I are both 26 years of age, and we have been married for seven years, and for the whole time intercourse has meant nothing to me. There is nothing painful or distasteful in it, but no feeling or satisfaction. I am 'cold' all the time. Although we have got our little girl it is clear I am not being *any wife to him.* I hope I am doing right by putting this down, but I thought if I wrote as fully as possible, you would know whether you could help me or not. I do hope you can—this has been such a worry."

I doubt whether there is a book in the English language which could help this couple, and their chances of getting suitable medical advice are almost negligible. Yet their problem is shared by many others. Their confusion is easy to understand; for, as publications on this subject multiply, more and more couples come to criticise their sexual adaptation and seek to correct inadequacies which they feel must be somehow "not normal."

My excuse for adding yet another book is that this one has different aims. Few of the others explain that whereas most sexual difficulties can be corrected by understanding and goodwill, some may best be considered as natural to the disposition

and should be so accepted by both partners. I know of no book for lay readers which even attempts to explain of what stuff these difficulties are made. Yet this is knowledge for which many people have a pressing need, since without it what can they do? Either they feel themselves to be at fault or they tend to blame one another. Neither of these attitudes will produce harmony or success for truth does not lie in their direction.

This small text-book is unsuitable for sexually inexperienced people. For them there are many excellent volumes (Bibliography 1, 2 and 3), but this is not one. We do not publish details of possible "casualties" before a great adventure begins.

I have written exclusively of the sexual disorders, their origins, and the disturbances that they may bring, and made no attempt to cover the vast subject of marital relationships, although often, of course, these have a vital bearing on the sexual adjustments of a couple. The selection of material here is based solely on personal preference. I have not included much of the information usually expected on sex instruction, as I am taking for granted that the reader is experienced and will probably have studied the subject elsewhere. Rather, I have tended to stress matters for which explanations are difficult to get.

Readers commenting on the first edition of this book have suggested that the information can best be used by each partner marking in the margin phrases or paragraphs which seem to apply. Some matters may be too delicate for a person to discuss directly with a married partner; when described by somebody else the problem may be approached more readily. Therefore, I advise couples to use the book in this way, marking what each feels to be personally important. The material is designed also for doctors and marriage guidance counsellors who may find it useful to lend or recommend the book to their patients. I have tried to cover the common difficulties that arise between husband and wife and I think that in the course of these pages most contingencies will be mentioned.

To read an entire volume on sexual disorders can be heavy going, but such detail is necessary for couples who seek help about some particular difficulty which troubles them. For their sake I have included a discussion on the deviations (homo-

sexuality, fetishism, sado-masochism) which, though it is not a topic that the average person particularly likes, is one about which society in general needs instruction. It is the reviewer only who might need to read such a book straight through, and for him I must regret that the diet is so heavy.

My knowledge is greater of women's disturbances than of those of men, yet clinically the disorders cannot be considered separately: they are like the two sides of a penny. To make amends I have added bibliographies with comments, distinguishing those suitable only for medical readers by an asterisk.

I write as a medical woman whose work deals mainly in women's health and childbearing problems. Although I lack psychiatric qualifications I am fortunate in sharing cases with colleagues who have this training, and from them and from my patients I have acquired knowledge of the sexual disorders. The gynæcologist who takes an interest in such conditions has infinite opportunities to observe and learn. I might add that I hold a part-time hospital appointment; that I have been long enough in practice to hear the problems often of two generations of the same family; and that I am myself a grandmother.

MEDICA.

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CHAPTER I

PRESENT DAY SEXUAL PROBLEMS

ANYONE who listens professionally to what men and women say of their intimate difficulties soon comes to realise that the problems which disturb are really quite few in number, and that they can for the most part be greatly helped by information and advice.

It is true that there are differences of detail in perhaps every case; for instance, a symptom which seems extremely serious to one person may be considered quite unimportant by another. To the listener, it soon becomes clear that the significance of any difficulty depends mainly upon how much it disturbs the partners, and not upon how "normal" the person's sexual ability actually seems to be.

People who feel anxious about their capacities will be helped by knowing how other people with similar disabilities manage to get along or how they have managed to improve matters. In later chapters I shall describe the major sexual disorders in considerable detail, but before doing so I should like to give a broad outline of the commonest complaints. This should assure the reader that his or her case is by no means unique.

Women's disorders fall mostly into the category of omission. A woman may fail to feel interested at all in the sexual side of her marriage; or she may describe an absence of feeling, a numbness, only in the vaginal passage itself; or, in spite of experiencing some preliminary desire, erotic vaginal sensation may fail her from the moment of her husband's entry. More commonly, perhaps, a woman may reveal—often unwillingly—the fact that she can readily experience erotic sensation in the outer parts of the genital passage—the lips and the sensitive organ between them that is called the clitoris. Such an admission may be made with the utmost self-condemnation, an attitude which, I shall show later, has probably been inculcated by her mother, during the impressionable years of training.

Some women complain that erotic sensation is never sufficient to induce a climax either from preliminary courtship or from intercourse itself; sometimes this lack of orgasm is accompanied by doubts, either about the husband's competence or even about the suitability of the marriage itself. Sometimes a woman complains that when she was first married—that is, whilst the novelty was sufficient to override some disability—she could experience orgasm but that she has subsequently lost the capacity. This always mystifies married partners, especially if the loss seems to follow upon childbearing, as it sometimes may. Less commonly, a woman describes a high degree of erotic excitability which, in spite of her husband doing all he can, never brings the relief of climax: this type of complaint is generally accompanied by nervous strain or even by considerable ill-health. A more active type of feminine disorder is described by those who experience pain during sexual union, sometimes long after the hymen has been stretched or even when the vaginal passage has been enlarged by childbirth. Such women seldom realise that the muscle cramp, which is usually the cause of such pain, is self-engendered and can be readily cured.

Men's complaints, on the other hand, are more usually those of commission, and being more obvious than those of women, generally cause excessive concern.

Some men are liable to feel a great sense of responsibility over the conduct of the marital act. This may lead them to over-emphasise any chance failures, either in achieving or maintaining erection, or with timing their ejaculation. Most men require experience before these reactions become dependable and therefore precipitancy is a very common complaint. Men who worry about disturbances of this sort often have the impression that achievement of sexual competence does not, like other bodily skills, need learning but should come naturally and perfectly when required. Such ideas are quite out of touch with reality. Occasionally men seek advice about more obscure difficulties—such as their lack of erotic desire, which perhaps causes estrangement or disappointment to their wives. Some find themselves unaccountably repelled by their wives' pregnancies or by other aspects of feminine sexuality. Such states

of feeling can be difficult for a sufferer himself to recognize or to discuss with another person. Those whose early marital apprenticeship is disturbed in these ways have usually allowed boyhood anxieties to return in full force. It is common to find men of every class who are still oppressed by the threats of their fathers or schoolmasters on the subject of masturbation. These men genuinely believe that their early sexual experiments—between infancy and manhood—could on marriage in some obscure way cause a "loss of power" or impairment of their capacity. This extraordinary credulity is upheld in spite of the fact that they know that most men have masturbated, and most have experimented too. There is a wealth of literature (*e.g.*, Kinsey, Bibliography 15) to show that the early use of sexuality in fact tends to favour its adult establishment and maintenance in later life. It may be a great help to men to have such matters explained and some will be relieved to discuss earlier homosexual experiences which, they may fear, have in some way caused them "harm." Because men feel so diffident about personal discussion, their confusion and anxieties often get quite out of proportion. Therefore accessible information on these points can clearly be invaluable.

Such troubles can and do affect men and women of every type and race. But because the discussion here is necessarily focused upon *difficulties*, readers should not lose sight of the fact that, by and large, the vast majority of people enjoy their erotic life whether in the ways classed as normal in the average text-book or in ways after their own, more individual fashion; and that even if a marriage starts with considerable problems, nature and time are on the side of their resolution.

It would be out of date, medically, to describe disorders of sexual function without discussing their bearing upon states of nervous health.

A condition of nervous strain—medically termed an "anxiety neurosis"—occurs in some people when emotional and physical (and in the broadest sense "sexual") tension is allowed to pile up without adequate opportunities being present for its discharge. It is obvious that sexual orgasm can offer a major opportunity for emotional discharge: but so can an attack of rage; or tears; so perhaps can playing football and a thousand

other occupations which release energy of an emotional and creative nature.

When sexual frustration alone precipitates an anxiety state, it is because a high pitch of erotic desire is repeatedly reached and fails—for some reason or another—to be released by orgasm. Everyone knows that before marriage the strain of a long engagement may fray the mood and temper. Subsequently, it is immaterial whether the frustration arises from a personal difficulty ("inhibition" of orgasm is a disorder met with in people of both sexes) or is caused by an external hindrance such as occurs if the other partner is particularly inept. Men experience acute frustration less often than do women, because with them orgasm of some sort usually occurs whether by nocturnal emission or by self-relief. In women, spontaneous relief may be less easy to achieve and in any case inhibition of the capacity for orgasm is a much more common disturbance. Hence anxiety neurosis is a condition more often found in women than in men. Fortunately most women who never achieve orgasm *also do not reach a high pitch of erotic tension, and do not therefore develop an anxiety state.*

In the next chapters I shall discuss these rather obscure problems, but it will be mainly the medical reader who is concerned with them. Suffice it to state here that the condition of anxiety neurosis may be slight or severe, and the symptoms will vary greatly. The most common complaints, perhaps, are attacks of depression or irritability, excessive worrying about unimportant things, anxiety attacks including claustrophobia and generally an increasing sexual disinclination or coldness. Bodily disturbances are also common such as unaccountable fatigue, digestive disorders, palpitation, sleeplessness, and, in women, signs of local congestion such as backache and vague pelvic pain. In anxiety states some of these symptoms are generally present and they may be particularly severe during the first weeks or months of marriage. Of necessity, people often manage to adjust to such strains and to suffer less as time goes on. Medical advice, however, should clearly be sought.

Few people who seek help about sexual disturbances volunteer complaints of ill-health or nervousness since few realise that such troubles can be directly connected with sexual frustration.

Often it relieves people to be told that anxiety can be caused in this way. Sometimes, for instance, a young married woman is shocked to find herself upset for no apparent reason. Between her tears she asserts that she is "completely happy" and this is usually true: but knowing nothing of anxiety neurosis and probably not realising that there is some satisfaction which she lacks, it is natural that she should be baffled by her own emotional disturbance.

In men, nervous strain is most commonly caused by the practice of withdrawal. The strain of keeping control throughout a process which should be spontaneous and overwhelming can be very detrimental to some, though there are others who can exert this control apparently without harm to health or temperament. Interruption of intercourse is still the most widely-used method of contraception in the world, though its inefficiency must have been manifest to millions of couples. Its influence in causing anxiety neurosis has been recognised mainly in recent years.

The disturbances which the practice of withdrawal can bring are by no means limited to the husband. It may produce little or no effect on a woman who is able to achieve orgasm before, or in spite of, the interruption of intercourse; nor will it disturb a woman who is equally frigid whether intercourse is interrupted or not. But if the woman *is capable of vaginal orgasm and misses it because her husband withdraws*, it can be said with certainty that nervous disturbance of some sort will ensue: in such cases also states of congestion of the pelvic organs develop. Most men know that repeated sexual frustration produces aching testicles, often associated with backache; an equivalent process is found in women. The vague internal pain caused by congestion of the ovaries and womb is puzzling to the woman and sometimes—if he has not been told the full facts—to her doctor, too.

It is not really surprising that so much ill-health is caused by withdrawal. A young woman married, say at twenty, and having intercourse on an average of twice a week, can offend against nature some three thousand times before she reaches the change of life. Pelvic organs may not sustain this offence without chronic congestion, and various gynæcological com-

plaints may then be caused. Most women when they are repeatedly subjected to withdrawal develop a protective frigidity. In such a state they generally suffer nervous upsets of bodily health or of mood, but these may be found preferable to acute sexual frustration.

Twenty years ago it was quite common to meet women who were nervously ill in rather similar ways, and whose complaints stemmed directly from a practice of "holding back" the climax themselves, in the mistaken belief that the chances of becoming pregnant were thereby lessened. It is known for certain that suppression of orgasm makes not a jot of difference to the chances of conceiving, whereas this practice itself almost *invariably* precipitates an acute anxiety state. The symptom most commonly mentioned was an increasing frigidity which distressed the couple and no clue was usually offered as to the basis for the complaint. Such disturbances are still met with occasionally, mainly nowadays among less educated women. Fortunately, with the establishment of Family Planning clinics, greater enlightenment is beginning to reach those poorer mothers who most require it.

Before leaving these subjects, some mention should be made about contraceptive practices. Nearly everyone who does not actively desire a child, nowadays employs some method to avoid conception. Without instruction, many people choose measures which are not only unsafe but often very unsuitable as well. In cases where there are sexual difficulties to contend with, it is a good working rule that the partner who has least difficulty should be the one to undertake the burden of any mechanical measure, such as the use of a rubber cap or a sheath. In many instances however it may be advantageous to put simplicity in front of security. For some couples the use of only a chemical suppository may bring much relief.

It should be universally known that a cap or a sheath are incomparably the safest measures to use, especially when combined with the use of a chemical spermicide as well. But many men cannot tolerate the interruption needed to put on a sheath and their pleasure or potency may be seriously impaired. Women who wish to use a cap must be fitted by a doctor experienced in the work, and must expect to need two lessons.

Sick women can sometimes get this help through their local Health Services; others, unable to pay private specialist fees, can get a list of voluntarily-run clinics from the Family Planning Association.* Women unacquainted with the use of a cap may fear that the appliance would cause discomfort or be displeasing in some way. Neither partner should be aware of it at all but if one or other notices its presence the wife should return to her doctor who may fit her with some other type; obviously it is important, where possible, to achieve perfection in these matters. It is outside the scope of this book to give further details of present-day contraceptive measures but information on them will be found in Bibliography 5 and 6, and in 10 for medical readers.

Not unnaturally, people are puzzled when they learn that unsatisfactory sexual relations may cause nervous ill health either in the partner who is normal or in the one who is disabled by some sexual difficulty, or, indeed, in both. The explanation is not really obscure. When sexual desire is thoroughly awakened, repeated failure to reach gratification *for any reason* may precipitate an anxiety state. Frustration may be due to a person's own inability to achieve orgasm, or to the partner's inability to help them to get it. In either case, the results of the frustration may be equally severe. Thus a woman who, on account of a personal handicap, can nearly but not quite achieve orgasm may develop an acute anxiety state; yet her husband will be unaffected. Alternatively, a frigid woman with a vaginal spasm which prevents consummation may cause an anxiety neurosis in her husband, while not necessarily suffering herself. Similarly, a husband who has premature ejaculation may cause frustration in his wife although he himself may be adequately satisfied.

Only during the last few decades have matters of this sort received medical consideration at all. Their importance is recognised especially by those who deal in nervous disorders, but medical opinion in general is reflecting this interest too.

Before leaving the subject of anxiety neurosis, perhaps I should explain that the condition can be caused in many ways other than by sexual disappointment. Any strong urge which is

* 64 Sloane Street, S.W.1. Price 8½d., post free.

frustrated can produce similar results. A woman who cannot conceive sometimes falls into an anxiety state: a person with much talent or vigour who is cut off from suitable activity may be similarly afflicted. In the prisoner-of-war camps, frustration naturally centred mostly around food, but sexual deprivation and the inability to show independence or dominance were added factors. Modern civilised life requires us to exert great control over many primary instincts; so much is this so, that during the process of education sometimes the very *capacity* to indulge an instinct can become lost. For people to whom this has happened, the resulting emotional state may be much impoverished. It has been well described as a "deep malaise, resulting from lack of harmony between disposition and way of life."

CHAPTER II

THEORETICAL CONSIDERATIONS

NOT all readers are interested in theoretical matters, and those who seek for help only with some special problem, can pass straight on to succeeding chapters.

It was not until scientists began studying the presence of sexual instincts in infancy that any clue to the adult difficulties became available. Until then, man's sexual nature had been an entire mystery, and, indeed, it still remains so today to those who have not had the opportunity to reach new knowledge. I shall expect to show that most sexual disorders have a "nervous"—that is, emotional—origin. Tendencies to many kinds of nervousness begin in early childhood—infancy, in fact; and fears which began then and originally had nothing to do with sex, can later become transmuted into adult sexual handicaps. In other words, the sexual character of an adult depends largely upon the general pattern of his childhood's emotional development. If this has been sound, a good foundation will have been laid for adult sexuality: if there have been difficulties, they may later be reflected in the adult's personality and in his erotic nature as well.

People of both sexes who ask for help generally expect to be told that there is something structurally "wrong." There are, indeed, schools of thought which seek to explain all deviations of sexual competence and feeling in terms of physiology. A man has a sexual incapacity "because his glands are not functioning properly." A woman is frigid "because her pelvic nerves are tired, or undeveloped"—and so on. Yet such theories fail to explain why, for example, such a man can be fully potent in some special or unusual circumstances (see fetishism, page 106), or why such a woman may suddenly achieve full feeling, perhaps on one or two occasions in her life (see page 69). Although physiological processes sometimes have a bearing on sexual functions, by and large they seem totally inadequate to explain most sexual disturbances.

In psychiatric practice, on the other hand, theories are offered us which can both explain and cure. By this, I do not mean that every case of sexual difficulty can be psychiatrically treated, for the process unfortunately is laborious and therefore costly. Rather, the fact that most types of sexual disorder are known to have yielded to psychiatric measures means that we can surmise roughly the origins of other cases. Although much remains that is not yet clear, there seems to be no reasonable doubt that the problems under discussion are—in the main—emotional disturbances. Like other nervous disorders they have their roots in early life, even though recent conditions may appear to be responsible for their sudden emergence.

Acceptance of such principles has naturally changed the outlook on a good deal of marriage guidance instruction. This new understanding has come at about the same time as the pendulum against ignorance in sexual matters has swung to the opposite side. There is now a spate of books, some good and some less so, which give a reader full details about the intimacies of sexual life. When first these books were published it seemed, indeed, as if the dark ages of ignorance and difficulty would soon be over. But, in point of fact, new problems have arisen which are not met by such books, and which are even sometimes accentuated by the partial knowledge which they offer.

Even in medical circles confusion is often encountered. It has become quite common to assume that if a woman is not sexually responsive the blame must rest entirely with her husband; for evidently, he must be either lacking in charm or in competence. Or, it is often suggested, the wife's frigidity has been caused by her husband's "clumsiness" of approach on the wedding night; or it was due to her experiencing pain when the maidenhead was stretched (according to one school of thought), or to her not experiencing pain (according to another school), because the maidenhead had already been eased by the woman herself or her doctor. Teaching of this sort is as ridiculous as it is untrue.

Couples who have read such theories often have new troubles added to the old ones which they sought to cure. It is common to hear a young wife speak with bitterness of her husband's

failure to satisfy her, confidently believing—as it is easy for people to do—that some other man would undoubtedly have done better. This may be so, but the assumption is not usually correct. Many who believe themselves to be instructed have never even heard that women may be incapable of achieving satisfaction, no matter how competent their husbands may be. A husband thus criticised feels remorseful and inadequate and neither of these emotions is calculated to increase his happiness or confidence in making love. Errors such as these were bound to be made in the first efforts to explain this subject and to free it from superstition.

What writers have largely failed to recognise is that some people, and particularly women, have had their erotic impulses vigorously restricted since early childhood. When inhibition has become an ingrained habit, a person will not suddenly gain freedom of feeling merely because their partner learns to approach them with an approved sexual technique. Fortunately, given patience and understanding, the strength of inhibition tends to lessen and even serious disabilities generally resolve. Experience and confidence—as well as text-book teaching—prove invaluable remedies: particularly is this so in the earlier years of marriage.

Those who wish to understand the mechanisms involved must be prepared to direct their attention to early childhood feelings, in fact to the very well-springs of human nature.

Although it has been accepted by psychiatrists that the erotic life of an adult is largely determined by patterns of emotional response laid down in childhood, such views are still a novelty to some readers. Yet we have our old proverb which runs: "As you bend the twig, so the tree is formed" and it is manifestly true. What causes incredulity is the evidence that young children have any interest in sexual matters at all. Specialists in childhood behaviour can no longer avoid the disconcerting realisation that at a remarkably early age children have an acute awareness of sexual concerns. They are sensitive to their parent's emotional behaviour and sometimes show intense curiosity about the genital organs of both sexes. Thus it happens that fears and shocks of an intimate nature come to many children, particularly to those who have to share their

parent's bedroom. Countless neurotic disturbances have been traced back to the witnessing of parental intercourse. The child wakes and, hearing sounds which suggest some physical violence, becomes afraid. Even for an adult, being the observer of a sexual scene can remain an emotionally charged experience. A child in such a position feels not only excited and afraid but also left out and forlorn. Experiences of this kind may initiate profound revulsions against future sexuality. To find behaviour of such a forbidden nature being indulged in by hitherto idealised parents, can prove too contradictory to face.

In most children, the conscious memory of such episodes is soon repressed. Nevertheless, an anxious distaste for such experiences is stored in the unconscious mind whence it can exert a powerful influence. The only manifest result may be that later, in marriage, such people find themselves disinterested in sexual matters, or with less than average competence, or perhaps seriously repelled.

There are problems of many other sorts with which children have to contend. For instance, it is now understood that infants are endowed with a special quality of feeling in the bladder, genital area and bowel opening. These three organs are developed from the same type of embryonic tissue and possess the same innervation, and it seems that in early infancy their sensation is not only similar in quality, but is potentially pleasurable too. Although feelings from these organs cannot altogether resemble adult genital tension, they are clearly of pleasure and importance to the infant. Presumably nature intended them to be so. Thus the act of emptying the bladder or bowel or even holding back the urine or motion is accompanied with special sensation in the child. It is not uncommon to meet adults who remember, as children, getting an erotic type of pleasure from such holding back, whether this occurred deliberately or not. It can happen therefore that if the early training in cleanliness and control is too harsh or provokes too much anxiety, the child will become frightened by all the sensations which occur in this bodily zone. Most mothers are proud of having a well-trained "clean" baby and do not realise that it is not really to the good of the child to force his

control too soon, nor to saddle him with too great a sense of responsibility in this matter. Most parents assume that the child could be trustworthy if he would, many months earlier than he can actually so be. One must remember that even adults may be unable to pass water when requested and many people suffer from frequency when they are at all anxious. Naturally then the inexperienced child can have his reflexes and sensations disturbed by anxiety or by any strong emotion. Thus it is that the birth of the next child generally sets a toddler back in matters of bladder control. Because, therefore, an infant's bladder and bowel happen to have functioned automatically during the early months of life, it does not always mean that later he could control them if he would. In many cases it would be as sensible to scold a child for not being able to sneeze as for not passing water at the time he is asked to do so.

The earliest years of life are mainly concerned with bodily needs and controls, and the opportunities for young children to get confused or to have their dignity or self-esteem wounded are very great. As development proceeds, the infantile pleasure in bladder and bowel sensation rapidly subsides. But in later years when direct sexual urges begin to exert themselves it would seem that some of the anxiety and humiliation which "toilet-training" once induced is liable to recur, and to accompany and confuse these urges as it did once before. Such tangles of emotional response appear then like confusing echoes from childhood. Being afraid of "not being able to stop" (i.e. control) a sensation may in fact be the unconscious reason for fearing *even to let a sensation begin at all.*

I have not burdened the text of this book with interpretations of such a nature, but readers with sufficient insight into psychiatric matters will be almost bound to see how often an adult sexual inability to feel or to act could link up with early experiences, when there were fears of "not being able to start" or "not being able to stop." The step from one confusion to the other is not a big one, and some patients readily see such connections for themselves.

Since this book was first published (1951) two pieces of work on the subject of sexual development have become available which show that these problems of early conditioning are