Brit. J. Psychiat. (1969), 115, 1099–1103

Correspondence

CLASSIFICATION AND GLOSSARY OF MENTAL DISORDERS

DEAR SIR,

Dr. Peter Sainsbury, the chairman of the Research and Clinical Committee of the R.M.P.A., appealed in this column (June 1969, p. 743) to all psychiatrists to start using the Glossary of the psychiatric part of the new (1965) Revision of the International Classification of Diseases, Injuries and Causes of Death (I.C.D.). I wholeheartedly endorse this appeal and hope it will have the desired effect. There is no time to be lost. Planning for the next (1975) Revision will have to start shortly. Proposals for changes in the current (1965) Revision will have to be submitted for consideration by the World Health Organization within the next two years. It stands to reason that proposals based on the use of the 1965 Revision will receive special attention. The same applies to the Glossary, which it is hoped will be followed by an international version before long. If British psychiatrists want to have a say in the shape of the I.C.D. to be used in the seventies and eighties, they will have to take this problem more seriously than they have done hitherto. I welcome the decision of the Research and Clinical Committee of the R.M.P.A. to hold an open meeting on this subject next November.

E. STENGEL.

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'WHO'S AFRAID OF SIGMUND FREUD?'

DEAR SIR,

In his very well thought-out essay (*Journal*, April 1969, p. 421), Dr. Millar states that gender identity is normally firmly established by age 3, and therefore the Oedipus complex, which occurs about age 5 and supposedly establishes masculine identity, is 'without a psychological home'. It appears that Millar is equating two different developmental phenomena. The establishment of *gender* identity ('I know I am a boy/girl') seems to me not to be the same as *masculine* (or feminine) identity, that is the incorporation of the attitudinal and behavioural qualities of the same-sexed identification object, usually the parent. It seems quite reasonable that when the son begins to behave toward mother the way father does he will have some concerns about how this will go over with father (and with mother). If both parents have the psychological wherewithal to handle this phase as a child's normal identification process, and not as the threat of a competing adult, then in my experience 'castration anxiety' in the child in any form is minimal or undetectable.

It is unfortunate that the end of Millar's otherwise excellent essay degenerates into yet another British-bred hatchet job on psychoanalysis in the United States.

ROBERT T. RUBIN.

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DEAR SIR,

I would like to begin by thanking Dr. Rubin for troubling himself to comment on one of the issues raised in my paper.

As was evident, my intention was not to marshall the evidence pro and con with respect to the Oedipus complex, but to illustrate data discrepant to the postulates of the libido theory which have failed to have a meaningful impact upon psychoanalytical theoretical structure.

Now it may be, as Dr. Rubin implies, that Freud did not mean to suggest that the Oedipus complex played a part in leading the normal child to an appreciation of his *gender* identity, that is to say clarity about his maleness or femaleness. But it seems to me that he did, that the kind of discrimination Dr. Rubin makes between gender identity and masculine identity represents a refinement of understanding acquired since Freud, and as yet largely unintegrated in psychoanalytic theory. And if Dr. Rubin is saying that the Oedipus complex is irrelevant to gender identity, let me hasten to agree and express the hope that he will give this view wide dissemination.

However, I am not prepared to admit that the Oedipus complex plays a role in establishing *masculine* identity in the normal child either. It seems to me that Dr. Rubin comes close to making this

point himself. He tells us that when parents handle this phase as a child's normal identification process and not as the threat of a competing adult then 'castration anxiety' in the child is minimal or undetectable.

Now, if it's undetectable, who's to say it's there?

My view is that if castration anxiety is undetectable in the normal child then the first (and most parsimonious) explanation that might occur to one is that it's simply not there.

It seems to me that those who consistently uncover such minimal evidence, or declare castration anxiety to be present but undetectable, may well be those with a vested interest in the theoretical posture that the Oedipus complex is universal and essential to the genesis of the male child's sexual identity.

It is, of course, unfair of Dr. Rubin to blame the British for generating 'Who's Afraid of Sigmund Freud,' as my mailing address at the end of the paper might have suggested to him had he detected it. The fact is that I was trained in the United States, live there and practise there. All that the British can be reasonably blamed for is publishing a controversial paper, an offence the American journals were scrupulously careful not to commit in this instance.

There is one criticism Dr. Rubin makes which I am constrained to reveal affords me narcissistic injury, his use of the term 'hatchet job' in describing my paper. Resident though I am in violent America, I find that criminatory appellation wounding.

You see, I had the fantasy that my attack on these aspects of American psychiatry which trouble me was more in the nature of a dissection, cutting perhaps but surely not so crude as the blows of a hatchet. I thought I was being subtle, even occasionally allusive in a way that an educated man might find pleasing.

Oh well! Next time I shall simply have to try harder.

T. P. Millar.

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IMIPRAMINE AND OTHER DRUGS IN ORGANIC EMOTIONALISM

Dear Sir,

I am grateful to Dr. R. G. Priest, St. George's Hospital Medical School, for pointing out an error in our paper 'The Use of Imipramine ('Tofranil') and Other Psychotropic Drugs in Organic Emotionalism', which appeared in the *Journal* for March 1969.

There should be two carbon atoms opposite nitrogen in the formula for imipramine, and similarly for amitriptyline, i.e. those rings should be 7-member and not as shown with 6.

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'BEHAVIOURAL' TREATMENT OF NON-CONSUMMATION DUE TO VAGINISMUS

Dear Sir,

I have read with great interest the report of Dr. A. J. Cooper (*Journal*, June 1969, p. 721) entitled 'An Innovation in the "Behavioural" Treatment of a case of Non-Consummation due to Vaginismus' and would like to describe a case treated with a similar technique.

The patient, aged 24 years, was referred by the Gynaecology Department where she was sent in consequence of non-consummation after four years of marriage, the patient wanting to be assured that 'she had all she should have'. She was examined under general anaesthetic with a dilator retained so that when she recovered she could see for herself that the passage was large enough to accommodate a dilator. This did not make any difference to the sexual side of her marriage, although she was keen to have sexual intercourse but was unable to do so.

The patient, like that of Dr. Cooper, was a pleasant, co-operative woman, who, however, appeared to have a hysterical type of personality. On the E.P.I. she scored as neurotic and slightly extraverted (N = 17, E = 14). She described her condition by saying 'I am frightened of my inside'. She regarded her husband as being sympathetic and understanding, and apart from her sexual difficulties she had a perfectly happy married life.

Relaxation was initially achieved by intravenous Sodium Amytal. During this session she said that as a child she was brought up strictly by her mother, who regarded sex as dirty and sinful and told her to keep away from boys. She was also sexually assaulted by a man at the age of four, and learnt the facts of life from other girls in enormously distorted ways, which horrified her.

After several abreactive sessions she felt considerably improved, cheerful and relaxed, but still unable to have sexual intercouse, although she made several attempts at it. The thought of introducing a dilator was even more frightening to her, but she was agreeable to try with a tampon; this was done initially