

Chapter 8 — Sexual Neuroses

from the 1938 edition of *The Sex Life Before and After Marriage* (a.k.a. *Living a Sane Sex Life*)
by
William S. Sadler, M.D. and Lena K. Sadler, M.D.

© 2011, 2013 Matthew Block

Sources for Chapter 8, in the order in which they first appear

- (1) William S. Sadler, M.D., *Theory and Practice of Psychiatry* (St. Louis: The C. V. Mosby Company, 1936)
- (2) Havelock Ellis, *Psychology of Sex: A Manual for Students* (New York: Emerson Books, Inc., 1933, 1938)

Key

- (a) **Green** indicates where a source author (other than Sadler) first appears, or where he/she reappears.
- (b) **Magenta** indicates an earlier Sadler book.
- (c) **Yellow** highlights most parallelisms.
- (d) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (e) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (f) **Pink** indicates passages where the Sadlers specifically share their own experiences, opinions, advice, etc.
- (g) **Light blue** indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.

- (h) **Red** indicates either an obvious error on the Sadlers' part, brought about, in some cases, by miscopying or misinterpreting their source, or an obvious inconsistency brought about by the Sadlers' use of an earlier Sadler text.
- (i) **Gold** highlights key words or themes which will be discussed in the analysis of the chapter.

Matthew Block
20 April 2013

Work-in-progress Version 27 okt. 2011
 © 2011, 2013 Matthew Block
 Revised 20 April 2013

38: THE SEXUAL NEUROSES (*Theory and Practice of Psychiatry* 611)

[Preamble] (*Theory and Practice of Psychiatry* 611)

[contd] We are constantly meeting cases of neurasthenia in which the larger part of both the mental and physical symptoms and complaints are referable to the generative mechanism and the sex life of the patient;

following the rule established in our clinical classification of nervous disorders, we naturally label this group of morbid sufferers with a term indicative of the chief symptom of which they complain (*TPoP* 611).

[contd] First and foremost among the **sex neurasthenes** are the pathetic sufferers from so-called *female weaknesses*—those dejected victims of female complaints—and the equally pitiable young, or even middle-aged, men who have been foolishly led into the erroneous belief that some minor perversion, in youth, of a physiologic function can continue to cause serious symptoms ten or twenty years later (*TPoP* 611).

[contd] When anything is actually wrong with the human generative system, it certainly needs to be attended to; but in sexual neurasthenia there is a well-defined tendency to seize upon the slightest pretense—the most trifling displacement or the slightest symptom—and to make a pathologic mountain out of this insignificant molehill. **There is certainly no other form of neurasthenia in which the patient can be so literally “scared to death”** (*TPoP* 611).

VIII — SEXUAL NEUROSES

8:0.1 In many cases of neurasthenia the greater part of both the mental and physical symptoms and complaints are connected with the generative mechanism and the sex life,

and these patients are accordingly classified as **sexual neurasthenes**.

8:0.2 First and foremost are the pathetic sufferers from so-called female weaknesses and the equally pitiable young, or even middle-aged, men who have been foolishly led to believe that some minor youthful perversion of a physiological function can cause serious symptoms ten or twenty years later.

8:0.3 Actual disease or disorder of the human generative system should receive attention; but in sexual neurasthenia there is a definite tendency to make a pathological mountain out of the most trifling displacement or the slightest symptoms.

SOURCE

[contd] Just as the gastric neurasthene is always complaining of a dilated or prolapsed stomach, the sexual neurasthene has the mind ever focused on the reproductive organs, is always alarmed at some newly appearing symptom or the aggravation of some old complaint (*TPoP* 611).

[contd] In the case of the woman, the origin of this difficulty may be accounted for by the increased impressionability associated with the physical and nervous disturbances which almost unfailingly accompany *menstruation*.

As in other forms of the disorder, the neurasthenic mind seizes upon that which is perfectly normal and wholly physiologic and successfully twists and perverts it into a health-destroying worry (*TPoP* 611).

[contd] The *period of puberty* ushers in a marked change of mentality, more especially in boys, and as a result of the gross ignorance which is so often allowed to prevail, certain physical practices and mental habits may be set in operation at this time which will effectually undermine the nervous hygiene and so distort the mental viewpoint of life as effectually to lay the foundation for a slowly developing sexual neurasthenia (*TPoP* 611).

[contd] While this is not the place to enter into a full discussion of the teaching of *sex hygiene* to adolescent youth, it must be recognized that such instruction, given in a sane and sensible manner at the proper time and by the proper persons, is indispensable to the prevention of a further increase in the downcast and dejected army of sexual neurasthenics (*TPoP* 611).

8: LIVING A SANE SEX LIFE

The mind of the sexual neurasthene is always focused on the reproductive organs; he is always alarmed at some symptom or at the aggravation of some old complaint.

There is probably no other form of neurasthenia in which the patient can be so literally “scared to death.”

8:0.4 Among women the origin of this difficulty is probably due to the increased impressionability associated with the physical and nervous disturbances which almost always accompany *menstruation*.

The neurasthenic mind seizes upon perfectly normal and wholly physiological functions and twists and perverts them into a cause of health-destroying worry.

8:0.5 *Puberty* marks the beginning of a very noticeable change in the mentality, particularly of boys; and because of the gross ignorance which often prevails, certain physical practices and mental habits may be begun at this time which will so undermine the nervous hygiene and so distort the mental viewpoint as to lay the foundation for a slowly developing sexual neurasthenia.

8:0.6 Elsewhere in this book we discuss the teaching of *sex hygiene* to adolescents; suffice it to say here that such instruction, given in a sane and sensible manner at the proper time and by the proper persons, is indispensable in preventing a further increase in the downcast and dejected army of sexual neurasthenes.

1. SEX OBSESSIONS AND MALADJUSTMENTS

II. Sex Obsessions and Abnormalities

(*Theory and Practice of Psychiatry* 619)

[Preamble] (*Theory and Practice of Psychiatry* 619)

[contd] Between the devotees of autoeroticism, on the one hand, and those of homoeroticism, on the other, there is a vast group of peculiar individuals who suffer from various sex worries, obsessions, perversions, and abnormalities, including psychic impotency and those peculiar forms of sex perversion which are included under the terms *sadism* and *masochism*—sadism in which one wants to inflict cruelty upon another while enjoying libidinous pleasure, masochism in which one wants cruelty inflicted upon oneself (*TPoP* 619-20).

While the various *schools of psychology* and psychiatry have their pet explanations for these various forms of abnormal sex behavior, I am not convinced that any of them are right. As I study individual cases, I become more and more certain that all these theories are in a measure valid; that the causation varies in individual cases.

We meet with milder forms of these sex perversions which suggest that in the population as a whole there is a graded series running from what might be called normal or average sexual gratification up through a series of increasingly serious perversion tendencies until the extreme manifestations of sadism and masochism are reached (*TPoP* 620).

8:1.1 Occupying a position between autoerotics and homoerotics, there is a large group of peculiar individuals who suffer from various sex worries, obsessions, perversions, and abnormalities, including psychic impotency and those peculiar forms of sex perversion, *sadism* and *masochism*.

8:1.2 Although each of the various schools of psychology and psychiatry has its pet explanation for these different types of abnormal sex behavior, we are of the opinion that none of them are 100 per cent sound, but that they all are in a measure valid, different cases having different causes.

The milder forms of sex perversions seem to point to the fact that in the population as a whole there is a graded series running from what might be termed normal or average sexual gratification through a succession of increasingly serious perversions until the extreme manifestations of sadism and masochism are reached.

2. PSYCHIC IMPOTENCE

2. Psychic Impotence (*Theory and Practice of Psychiatry* 621)

[contd] A very dear friend of mine lost his wife.

He had always been a morally circumspect individual, but after four or five years of widowerhood he became very much wrought up sexually;

on one occasion when he was traveling in the West, a very attractive chambermaid presented herself at his room late one evening, announcing that she had come to stay for the night.

While he would hardly go looking for such an experience, he did not have the grace to refuse this opportunity for gratification when it came unsought; but as he proceeded to carry out this program, he began to think intently about his wife, and when he attempted to indulge himself with this strange woman, he discovered, much to his consternation, that he was wholly impotent.

After a few such futile attempts the woman became disgusted and left him but, before going, paid her respects to his physical manhood in no uncertain terms. This began to prey upon his mind.

In a few months he proposed marriage to a fine woman, some six or eight years his junior, and then he began to wonder whether he had lost his sex powers and to worry over how unfair it would be to marry this woman in case he had become impotent. convinced he had lost his sex power.

8:2.1 The problems of psychic impotence can perhaps be best presented by relating the experience of a man who lost his wife in his late thirties.

He was a morally circumspect individual, but after several years of widowerhood he became very much wrought up sexually.

When on a business trip about this time, an attractive chambermaid came to his room late one evening announcing that she was going to remain all night.

8:2.2 His principles would not permit him to initiate anything of this sort, but he did not refuse an opportunity for gratification when it came unsought; but thoughts of his dead wife so filled his mind as he attempted to indulge himself with this strange woman that he discovered, much to his consternation, that he was wholly impotent.

The woman became disgusted and left but, before going, paid her respects to his physical manhood in no uncertain terms.

Shortly thereafter he proposed marriage to a fine woman some six or eight years his junior but immediately began to wonder whether he had lost his sex powers and to worry over how unfair it would be to marry this woman if he were really impotent.

SOURCE

Not knowing how else to solve his problem, he went to a high-class prostitute, but the whole set-up was so distasteful, so like that of the attempted experience with the chambermaid, that he was unable to go through with it.

Then he suddenly became thoroughly convinced that he had lost his sex power.

About this time he consulted me.

He was forty-three years of age, in vigorous health, and the examination and observation of the case showed clearly his was a case of psychic impotence.

He was carefully instructed in these matters, the physiology and psychology involved were thoroughly gone into, and he was assured that, if he would have confidence in what the psychiatrist had told him, he could proceed to get married, and that he would find himself in full possession of his sexual powers on his wedding night.

He believed what had been told him. He got married, and the psychiatrist's predictions proved to be true.

He led a happy married life for almost fifteen years, until he met his end in an automobile accident (*TPoP* 621).

8: LIVING A SANE SEX LIFE

In a quandary as to how to determine what his condition was, he went to a high-class prostitute, but the conditions were so like those of the experience with the chambermaid, that he was unable to go through with it.

This convinced him that he had lost his sex power.

8:2.3 About this time he came in to consult us.

He was forty-three years old and in vigorous health, and examination and observation clearly showed that his was merely a case of psychic impotence.

He was carefully instructed, the physiology and psychology involved were thoroughly explained, and he was assured that, if he would have confidence in what had been told him, he could marry without fear of impotence.

He accepted this advice, married, and demonstrated the soundness of our prediction.

He led a happy married life until his death some fifteen years later.

3. SEX FRIGIDITY3. Sex Frigidity (*Theory and Practice of Psychiatry* 621)

[contd] What we call sexual impotence in the male has its counterpart in the female, only in that case it is known as frigidity; both of these conditions may be temporary, relative, partial, total, or permanent.

Relative impotence and frigidity last for a few hours, as a rule, immediately following any normal and complete sexual gratification.

Impotency in the male and frigidity in the female are associated with many things intellectual, artistic, and social.

A man may be fully potent with his wife or the woman he loves and impotent in the presence of a public prostitute.

Likewise, a woman may be frigid with one male who does not attract her, and for whom she does not have feelings of intellectual and spiritual affinity, and wholly sexually adequate in the embrace of male companion who supplies those factors which are, in her case, prerequisites of sex adequacy (*TPoP* 621-22).

[contd] Many times *relative impotency* or frigidity is connected with the surroundings of sex indulgence.

Fear of detection, disgust, aversion, overanxiety, the feeling of hate, and a score of other minor factors in the immediate environment may contribute more or less to the production of either condition.

Of course, frigidity in the female does not interfere with passive coitus as does impotence in the male.

8:3.1 Frigidity in the female corresponds to sexual impotence in the male; both conditions may be temporary, relative, partial, total, or permanent.

Relative impotence and frigidity, usually lasting for only a few hours, immediately follow normal and complete sexual gratification.

These conditions are associated with many things intellectual, artistic, and social.

A man may be fully potent with his wife or the woman he loves and impotent with a public prostitute.

By the same token, a woman may be frigid with a man who does not attract her and for whom she has neither intellectual nor spiritual affinity, and sexually adequate in the embrace of a companion who supplies those factors which to her are prerequisites of sex adequacy.

8:3.2 Often relative impotency and frigidity are influenced by the surroundings.

Fear of detection, disgust, aversion, overanxiety, the feeling of hate, and a score of other minor environmental factors have a part in the production of both conditions.

Frigidity in the female does not prevent passive coitus.

SOURCE

The frigid woman may marry, bear children, and have a passively happy married life, but she is always a great sexual disappointment to her male partner.

Impotence in the male precludes marriage and, of course, becomes wholly disabling from a sex standpoint (*TPoP* 622).

[contd] As a rule, psychic impotence in the male and frigidity in the female are due either to *misconception of the act of sex gratification* or to hysteric or other neurotic tendencies of long standing.

Psychic impotence is a common symptom of long-continued neurasthenic depression and many times accompanies acute neurotic conditions.

The majority of schizophrenics and other individuals of paranoid tendencies are psychically impotent, as are many sexual perverts (*TPoP* 622).

[contd] Some homoerotics are impotent with the opposite sex, while many of them are competent in their sex reaction to both sexes.

Many sadists and masochists are only potent when they are subjected to suitable stimuli (*TPoP* 622).

[contd] The psychoanalysts believe that much psychic impotence is but a manifestation of unconscious homosexuality, a state derived from too intense father and mother identification, and indeed there may be rare cases of this sort, but in my experience I have found few such individuals (*TPoP* 622).

8: LIVING A SANE SEX LIFE

The frigid woman may marry, bear children, and have a passively happy married life, but she is always a great sexual disappointment to her husband.

Impotence in the male makes marriage impossible because of total sexual disability.

8:3.3 Generally speaking, psychic impotence in the male and frigidity in the female are due to one of two things: misunderstanding of the act of sex gratification, or hysteric or other long-standing neurotic tendencies.

Psychic impotence is a frequent symptom of chronic neurasthenic depression and often characterizes acute neurotic conditions as well.

Most schizophrenics and persons of paranoid tendencies are psychically impotent; this is also true of many sexual perverts.

8:3.4 Some homoerotics are impotent with the opposite sex, but many of them are competent with both sexes.

Most sadists and masochists are impotent unless the necessary stimuli are provided.

8:3.5 Freudians teach that much psychic impotence is a manifestation of unconscious homosexuality, a state due to overintense father-and-mother identification; there may be rare cases of this sort, but from our experience we believe them to be few and far between.

4 . P R E M A T U R E EJACULATION

4. Premature Ejaculation (*Theory and Practice of Psychiatry* 622)

[contd] Another class belonging to this group are the premature ejaculators.

There is nothing more distressing for the psychiatrist than to have a man come in complaining that after marriage he has found he is unable to satisfy his companion, oftentimes being subjected to seminal ejaculation even before actually beginning the sex act.

Some of these cases are more or less psychic and have developed a vicious circle of fear regarding this matter, and of course to that extent can be helped; the majority, however, seem to be those constitutionally neurotic individuals whose nervous systems are very delicately balanced, and whose sex mechanisms are of this hair-trigger sort.

Most of them fail to respond to ordinary psychic treatment.

They have to adopt in their married life a makeshift technic in dealing with this problem.

Sometimes within an hour or two following an aborted coitus consequent upon premature ejaculation, the genitalia may be stimulated and thus be made ready for a second attempt at coitus, and in this way such an unfortunate husband will often be able to give adequate satisfaction to the expectant wife (*TPoP* 622).

8:4.1 The victims of premature ejaculation belong in this same class of sexual neurotics.

One of the most distressing problems of the psychiatrist is the man who finds he is unable to satisfy his companion; in these cases seminal ejaculation often occurs even before the sex act is actually begun.

In some cases the condition is, in part at least, psychic; there has developed a vicious fear circle regarding it; to that extent it can be helped; the majority of these men, however, seem to be constitutionally neurotic with very delicately balanced nervous systems and sex mechanisms of the hair-trigger type.

8:4.2 The great majority do not respond to any ordinary psychic treatment.

It is necessary for these unfortunates to adopt a makeshift technic in their sexual relations.

Sometime within an hour or two after an aborted coitus due to premature ejaculation, the genitalia may be stimulated and by this means prepared for a second attempt at coitus; by following this technic, the afflicted husband will often be able adequately to satisfy his expectant wife.

SOURCE

[contd] I have for thirty years made careful observation of the relation of these cases of premature ejaculation to masturbation, having studied a large number who either were not masturbators or who indulged this practice very moderately, and I cannot find any connection between the two.

I therefore differ with those writers who claim that premature ejaculation is the result of masturbation.

If this were true, there would be more of them.

I am thoroughly convinced that this weakness largely pertains to the constitutional status of the nervous mechanism. But let us never forget that fear is a potent factor in this disorder as well as in psychic impotence (*TPoP* 622-23).

I. Sexual Worries and Guilt (*Theory and Practice of Psychiatry* 612)

1. Sexual Conflicts (*Theory and Practice of Psychiatry* 613)

In dealing with these sexual neurasthenes, I find it highly important early in the program of treatment to clear up the patient's *concept of conscience*. These sex worriers must be led to see that there exists no necessity for conflict between the sex urge and the religious emotions.

In many individuals we find a hang-over of the *Puritan viewpoint*—that is, the concept that, if an experience is pleasurable, it must be more or less sinful.

8: LIVING A SANE SEX LIFE

8:4.3 After thirty years of careful observation of the relation of premature ejaculation to masturbation, a large number of men who either did not masturbate or who were very moderate in the practice having been studied, we have failed to find any connection between the two.

We therefore disagree with the writers who claim that premature ejaculation results from masturbation.

If this were true, the condition would be much more common than it is.

In our opinion this weakness is largely dependent on the constitutional status of the nervous mechanism, although fear is a potent factor in this disorder as well as in psychic impotence.

5. SEXUAL CONFLICTS

8:5.1 In order to help sexual neurasthenes, it is necessary to clarify their ideas regarding conscience so that they will understand that there is no necessity for conflict between the sex urge and the religious emotions.

Most people have a hang-over of the *Puritan viewpoint*, feeling that, if an experience is enjoyable, it is quite likely to be sinful.

Righteousness and fun are supposed to be more or less incompatible; so it is no small job for a psychiatrist to help men and women who are at one and the same time strongly sexed and possessed of a strong spiritual nature, to effect the reconciliation of these two coexistent human urges; but it can be done if the patient is willing in his efforts to clear up these conflicts.

The sexual neurasthene of this group must come to recognize that conscience is not the voice of God to the soul; that *conscience always tells man to do right but is never able to tell him what is right.*

That he must learn (*TPoP* 613).

3. Autoerotic Worries (*Theory and Practice of Psychiatry* 614)

[contd] Several years ago I was called in consultation regarding a young woman twenty years of age, the daughter of a college professor, who had just entered upon her senior year in college.

She was an only child, had always enjoyed the most robust health, was happy and cheerful, an excellent student, had recently become engaged to a classmate, and was to be married a few weeks after their graduation.

Since righteousness and a good time are supposed to be more or less incompatible, it is sometimes quite difficult for people who are both strongly sexed and possessed of strong spiritual natures, to reconcile these two coexistent human urges; but it can be done.

Such sexual neurasthenes must learn that conscience is not the voice of God to the soul; that conscience always tells man to do right, but is never able to tell him what is right.

He must learn that for himself.

6. AUTOEROTIC WORRIES

8:6.1 The effects of autoerotic worries are well illustrated by the following case on which we were called in consultation several years ago.

The patient was a young woman, twenty years old, the daughter of a college professor, in her senior year in college.

She was an only child. She had always been strong and healthy, her disposition was happy and cheerful, her scholastic record was excellent, and she had recently become engaged to a classmate, whom she was to marry after their graduation.

SOURCE

Shortly after the opening of school she attended a lecture on sex hygiene, given by some unmarried woman who had developed a penchant for this sort of uplifting work.

During the talk it was intimated that masturbation, if long indulged, might produce a breakdown of the nervous system and in certain predisposed individuals would undoubtedly result in insanity (*TPoP* 614).

It appears that this girl had never heard the word masturbation; did not know what the lecturer was alluding to.

She talked with her classmate, who said in amazement: "Why, don't you know what masturbation is? That means playing with yourself, secret vice."

But still the professor's daughter did not understand; again she sought out her friend, the nurse, and asked for more information, whereupon the latter went into details, and this young woman was horror-stricken.

She found she had been masturbating ever since she was ten or twelve years of age.

It seems that when she was a young girl she had formed the habit of lying on her abdomen on the sofa to study and had accidentally hit upon the technic of so placing a sofa pillow between her legs as to produce pleasurable sexual reactions.

Then, later, while bathing, she acquired the practice of manual stimulation of the clitoris; now she suddenly wakened to the fact that she had been all these years engaged in a body-, soul-, and mind-destroying practice.

8: LIVING A SANE SEX LIFE

Shortly after the opening of school she attended a lecture on sex hygiene.

During the talk it was intimated that long-continued masturbation might break down the nervous system and in predisposed individuals would result in insanity.

8:6.2 It seems that this girl had never heard the word masturbation; did not know what the lecturer was alluding to.

She talked with a classmate who was with her. This friend explained, "That means playing with yourself, secret vice."

But still the professor's daughter did not understand; again she sought out her friend for more information; the latter than went into details, and this young woman was horror-stricken.

She found she had been masturbating ever since she was thirteen years of age.

8:6.3 As a young girl she formed the habit of lying on her abdomen on a sofa to study and had accidentally found that by placing a sofa pillow between her legs she could produce pleasurable sexual reactions.

Later, while bathing, she acquired the practice of manual stimulation of the clitoris; she suddenly wakened to the fact that she had been all these years engaged in a supposedly body-, soul-, and mind-destroying practice.

SOURCE

Within a few weeks she was so *overcome with feelings of fear and guilt* that she took to her bed.

Many physicians saw her, but none could find anything wrong with her.

After two or three visits with the patient, I concluded there must be something on her mind and, discerning no disposition on her part to disclose it, made bold to probe more deeply.

Finally, when she was asked whether she was worrying over autoeroticism or over some slip of propriety in her relations with her lover, she indignantly denied the latter and tacitly admitted the former (*TPoP* 614-15).

[contd] To make a long story short, it was only a matter of a week or ten days until this girl was back at her studies, strenuously working to catch up with her classes so that she might graduate on time, which she did.

She renewed her engagement with her lover, which she had broken off in despair at the beginning of this period of sexual despondency. When she learned that from 70 to 80 per cent of all unmarried women were addicted to such practices, and when she received the assurance that it had not harmed her and would not—and she well knew it had not up to this time—she was ready to snap out of her despondency and go back on the job.

8: LIVING A SANE SEX LIFE

8:6.4 In a few weeks she was overcome with feelings of fear and guilt and took to her bed.

Many physicians saw her, but no one could find anything wrong.

After two or three visits we concluded there must be something on her mind, and as she was not disposed to disclose it, we probed more deeply.

Finally, to our questions as to whether she was worrying over autoeroticism or over some slip of propriety in her relations with her lover, she made indignant denial of the latter and tacitly admitted the former.

When she learned that from 70 to 80 per cent of all unmarried women are addicted to this practice, and when assured that she had not been harmed by it and would not be, she was ready to snap out of her despondency and go back on the job.

8:6.5 Within a week or ten days this girl was back at her studies, working hard to make up lost time so that she might graduate with her class, which she did.

She also renewed her engagement, which she had broken off in despair at the beginning of this period of despondency.

SOURCE

This case demonstrates very clearly that the harm comes not from the practice but from worrying about it (*TPoP* 615).

8: LIVING A SANE SEX LIFE

This case clearly demonstrates that it is not the practice of masturbation but the worry about it that does the harm.

VIII: CONCLUSION (Ellis 353)

Sublimation (Ellis 360)

There has, indeed, often been a tendency to believe that the stresses of sex can readily be put aside. For some persons they may, but, as we know, for many, even with the best will in the world, it is not so.

Neither muscular exertion nor mental distraction here proves effective (E 360).

At school, it has been said, the best athletes are usually the most prominent rakes (E 360).

If, as Garnett believes, we must distinguish between sex as an instinct and sex as an appetite (he considers that Freud tends to confuse them)

the instinct is only aroused when the opportunity of sexual satisfaction is presented,

and it may be possible to avoid such opportunity.

But sex as an appetite, receiving its impulses not from without but from within, still remains (E 360).

7. SUBLIMATION

8:7.1 The idea that the human sex impulse in all its phases can be wholly sublimated is probably erroneous.

One thing is sure, neither muscular exertion nor mental application are at all effective in such sublimation.

These activities do not neutralize the sexual urge.

It is a well-known fact that the best athletes are often libertines.

8:7.2 A distinction should be made between the *sex instinct* and the *sex appetite*.

The former can only be aroused by external stimuli suggestive of opportunity for sexual gratification.

Naturally, by avoiding such stimulation the frequency of the arousal of the instinct will be lessened.

The sex appetite, on the other hand, is ever with us. Its impulses originate within, and they are there regardless of external opportunity for satisfaction.

Matsumoto pointed out that the fact that the interstitial cells of the testes pass into a resting stage soon after birth, not to become active until after puberty, does not indicate the presence of strong sexual interests in early life ..., while in women such interests are frequently either latent or widely diffused, not to become acute sometimes until towards the age of thirty (E 361).

Lessing understood [Aristotle's] doctrine of *katharsis* as "a conversion of passion or emotion in general into virtuous dispositions."

But that seems scarcely correct, for it was simply the alleviation brought by emotional discharges of pity or fear which Aristotle seems to have had in mind, and, as Garnett rightly points out, the mere "draining off" of emotion is not sublimation (E 361-62).

In the field of sexual psychology, "sublimation" is understood to imply that the physical sexual impulse, or *libido* in the narrow sense, can be so transformed into some impulse of higher psychic activity that it ceases to be urgent as a physical need (E 363).

8:7.3 It is highly probable that the sex urge (*libido*) of the majority of women is either so latent or so widely diffused throughout the organism that they do not become acutely sex conscious until about the age of thirty.

This fact may explain why so many previously circumspect women stray away from the conventional paths of virtue and rectitude between the ages of thirty-five and forty.

8:7.4 Even Aristotle had a rough idea of the modern doctrine of catharsis when he spoke of "a conversion of passion or emotion in general into virtuous dispositions."

8:7.5 While the mere attempt to drain off the sexual emotions into some non-sexual form of activity may be *substitution*, it is not sublimation in the true meaning of that term.

Sublimation really entails the actual transformation of the sex drive into *higher impulses* so that the sex urge ceases to function as such.

SOURCE

Also, it is obviously necessary not to confuse sublimation with a simple displacement of unchanged sexual activity into another channel, or with the substitution of a morbid symptom.

It is involved in the whole conception of sublimation that the change is into a form more precious; a higher cultural level is necessarily involved.

The victim of kleptolagnia who displaces sexual activity into theft has not achieved sublimation (E 364-65).

8: LIVING A SANE SEX LIFE

Neither should sublimation be confused with the important technic of displacement.

This always implies that the sex impulse is so transformed as to function on higher cultural levels.

The victim of kleptolagnia who has thus displaced the sex drive into a theft urge is not practicing sublimation.