
Primary femininity implies that female development proceeds along lines that generate anxiety about damage and loss similar to the fears of castration that trouble males. The female fears are classified as fear of painful penetration, fear of loss of pleasure, and fear of loss of procreative function. The first two fears are illustrated with clinical material showing the ways in which they manifest themselves in adult women.

After Reading Mickey and the Night Kitchen for the Third Time Before Bed
My daughter spreads her legs
to find her vagina:
hairless, this mistaken
bit of nomenclature
is what a stranger cannot touch
without her yelling. She demands
to see mine and momentarily
we're a lopsided star
among the spilled toys,
my prodigious scallops
exposed to her neat cameo [Dove, 1989, p. 41].

The poet describes an intimate moment between mother and little daughter, which might have been unmentionable a decade earlier. The little girl wants to see her mother's genital and the mother shows it to her. They compare. The education in sexual openness, in the permission to be curious and in the child's right to be in control of her own sexuality, is clearly delineated in a few lines. Are we up to this?

I thank Dr. Leon Hoffman, the members of the RAPS Study Group on Female Psychology of the Society for Medical Psychoanalysis, Dr. Arnold D. Richards, Dr. Jules Glenn, and all the other readers of this paper who asked incisive questions and did not let me get away with easy answers.

We psychoanalysts have learned much about female psychology since Blum's (1976) major effort to update our views. Of particular interest to me is the new understanding of female sexuality as it relates to body image, self-esteem, and sense of productive possibility. Part of the new understanding is a sense that women have a genital which they value and which they can worry about losing. This idea is not a new one, but one which has been controversial. I want to support with clinical data the idea that female anxiety about genitals could be anxiety about loss of specifically female anatomical features, functions and sensations.

The other side of this debate in the early analytic literature (Freud 1905, 1908; Deutsch, 1930; Rado, 1933; Jacobson, 1936) developed the idea of penis envy as the bedrock motivator of female behavior. Associated with that idea was the belief that females suffered from castration anxiety in the form of fear of loss of a fantasied penis (Freud,
1924) or in the form of an idea that they have already been castrated (Freud, 1933, Brenner, 1982).

My special interest is to examine the received wisdom of the concept of castration anxiety as it is applied to normal female development and as it is used to conceptualize female experience when development goes awry and leads people to our offices for help with dealing with their symptoms. The idea that forms the basis of this paper is that girls, like boys, value pleasure and fear unpleasure. From this it follows that girls would value the pleasurable sensations arising from genital stimulation. It also follows that girls would not need to experience anything more complicated than genital pleasure to value that pleasure. Nor would they need to experience anything other than genital pain to fear that pain. The fear of unpleasure would have to be understood as fear of pain and fear of loss of positively pleasurable sensation. Once this stance is adopted, ideas of pain and of loss of pleasure would be evident in the analytic work with almost any female patient. If loss of pleasure is understood to include aphanisis and frigidity, it becomes a concept often reported in the analytic literature, and especially as a presenting complaint in neurotic women patients. Since fear of genital pain is almost always associated with fear of painful penetration in adult women, I have postulated the idea of painful penetration. Quinodoz (1989) puts the more inclusive idea this way:

This anxiety about losing the female function and organs is present in girls just as its counterpart is in boys (Klein, 1932), but has never been given a specific term. Freud reserves the term castration loss for loss of the penis and not even the testicles [p. 58]. Stoller (1968) delineates the idea of primary femininity that entails a belief that one is a female and values femininity and one's female genital. This idea of primary femininity rests on clinical evidence that women and girls have fears of genital damage. Since the term “castration anxiety” means fear of loss of the penis, these female fears are best labeled “genital anxiety” (Goldberger, unpublished; Lax, 1994).

This paper is both a critique and an elaboration of D. Bernstein's (1990) and other authors' idea that females have fears of genital damage. It presents new clinical material in support of this idea. Bernstein proposes that female genital anxieties can best be conceptualized as fears about access, penetration, and diffusivity. While I agree that fear of penetration is ubiquitous in female patients, I also believe that it overlaps with what Bernstein calls access. Thus, I have condensed access into the category of penetration. I differ from Bernstein in that I have not found diffusivity to be a felicitous concept in regard to female genital anxieties. Interpretations to my patients about such fears have led to surprise and interest, but not to psychic change. Unlike Bernstein, I have inferred loss of function as a primary fear in many women. This loss sometimes appears to me to be loss of the pleasure-giving function of the genital, and sometimes as fear of loss of the reproductive function. For these reasons, I shall modify her categories. The purpose of the clinical material in this paper is to illustrate these concepts. My hope is that this formulation will enable the reader to listen to patients differently from the way they listened before.
Female genital anxiety consists of many manifest fears: first, fear of painful penetration (Horney, 1926; D. Bernstein 1990); second, fear of loss of pleasurable sensation (Jones, 1927); third, fear of loss of reproductive function of the genital apparatus (Mayer, 1985; Bergmann, 1985). I shall not address the third category here. Little girls can have fears of any or all these calamities. In my clinical experience adult women clearly have one or more such fears. They also fear loss of love, loss of the object, and experiencing guilt and shame. In the material that follows, separation issues (Olesker, 1990) and other fears can be seen, and clinicians might choose to focus on one of these other issues. The question I address is whether female genital fears are worth interpreting or whether seeing the issues as related to penis envy, as had been done in the past, is sufficient.

PAINFUL PENETRATION
How are fears of painful penetration manifested? Some women fear being alone in their homes and hearing noises in the night; some fear dark streets and parking lots. They have realistic concerns about such dangers. Besides their realistic concerns, some women have fantasies about rapists under the bed or in lonely or deserted spots. These women may also wish for forceful or involuntary penetration, but their fears are more than mere repudiations of desire.

An example of such a fantasy comes from a woman who had put up with an abusive husband for several years rather than face her fears of being alone. She had always been compliant in the analysis, reporting dreams, telling of her current life, and recalling the events and feelings of her childhood. This behavior paralleled her behavior in her current life and what she reported of herself in her past. She often remained silent when she had been hurt, slighted, or snubbed, or when she believed she had been mistreated by her analyst. When confronted with her compliant and self-effacing manner and given interpretations about the covert aggression expressed by her creating a situation in which the other person was the bad guy and she was the good girl, she was able to explore the fantasy of the object's potentially explosive aggression and to modify her behavior. She was gradually able to talk more about her feelings that the analyst was hurting her, then about interactions in which her husband physically abused her. Gradually, she recognized that she enjoyed seeing herself as the analyst's passive victim rather than the person who had initiated the exploration of her pain and suffering. She began to recognize that she had needed her husband's abuse for displacement of her own aggressive wishes. Accepting how violent her interior life actually was, allowed her to ask her abusive husband to leave. Shortly after his departure, he forcefully reentered their home, ostensibly to collect his possessions. He shattered a mirror in the hallway in his rage over the end of the marriage. Her first dream after this violent intrusion was:
Someone is flying a plane. It's a war mission. It's a secret mission. People are on the ground waiting for him. The gas leaked; the pressure was down. I felt like I could have stopped it. I closed my eyes. The back of his head began to explode. Blood started coming out and went all over his face. Then it switched to the ground. People were looking for him. They found things on the ground. A flare. A parachute case. Spreadout. It was a field, but overgrown. Then they found him. He was alive. I didn't really want to see him. I was afraid. I didn't know if he was alive at first. I didn't know if I wanted to see it. There was blood on his face. It was O.K. I wasn't in the dream. They went into the
water. I was swimming around. This joined with the part of the dream I was in. I can't remember any of it. I'm trying to remember.

The patient's affect was muted. She said the dream had to do with her fear that her husband would crash and burn without her. She said she felt “sympathetic, painful, and curious.” Her associations were to thoughts of a penis with blood coming out of it, circumcisions, and other dreams she had recently about drowning, floating, and swimming. What led me to ask whether she was the pilot was a series of remarks: her denial that she was in the dream, her remark that she felt she could have stopped it, her assertions that she closed her eyes and did not want to see, and her confusion about what she remembered. She hated that idea, but it seemed to me that she confirmed it when she responded thoughtfully that flying was like swimming underwater.

The dream took place in a war. We both knew that her father had been in a war. The idea of harming men's penises and of not knowing where the blood came from led to thoughts of seeing her father naked. He liked to swim naked and would not wear a bathing suit even when he was teaching her to swim when she was a little girl. This led to thoughts of having intercourse while menstruating, thus allowing herself to bloody her lover's penis in a way that did not hurt him. The idea that her father would let her fall in the water was linked with the pilot's crash in the dream. The most hidden idea, the unconscious fantasy, was that she had been the one to bleed. Eventually she came to state that her genital was the damaged and painful one.

The fear underlying her apparently aggressive and destructive attitude toward men, and the male genital in particular, was only recovered when we got to the understanding that she was both the author and the protagonist of her dream. Because she was the author, the war was her war. The aggression was her aggression. Her fear of her own aggression was displaced onto the wartime enemies in the dream. Her fear that her husband would “crash and burn” if she left him was also a displacement of what would happen to her if she left him. She would be damaged. She had refused to talk to her father about paying my fee, which she would have to ask him to do if she were to continue her treatment when she no longer had a husband to share her expenses. She was sure that her father would “explode at her” if she asked him to help her. We reconstructed a childhood fantasy that her father damaged her in an explosive version of intercourse. The fear that she would be damaged did not simply serve as a defense against the wish to be penetrated by her father. That fear was defended against by her displacement onto the husband. She was afraid to be alone with her aggression toward the husband and men in general. Even though her analyst was actually a woman, the ideas she had about me were similar to those she had about men. I was the father in the transference, always to be fended off, guarded against, and placated. I often felt hesitant about making interpretations, as if I would hurt her by saying what I was thinking. The fear that she would be damaged had been elicited by the conviction that her father's penis had damaged her genital. Thus, her fantasy followed the pattern outlined by Devereux (1957), but with the important difference that she did not experience herself as having a fantasy penis. Instead, she fantasied that she had a female genital that had been damaged by penetration and could be damaged again in the same
way. The difference may be attributable to the fact that she, unlike Devereux's patient, had not actually been raped.

Many other female patients imagine imminent danger whenever they are alone at night. Their manifest fantasies of being killed, robbed, mugged, and raped derive from infantile fears of genital damage like those of this patient. Even women who enjoy intercourse with their chosen partners imagine pain and suffering as consequences of their masturbation fantasies when they are alone. This pain is partly punishment for the wish to have sexual gratification from the stranger who represents the father. The infantile origin of the wish accounts for another part of the fear. The father's penis seems to the little girl too large to fit into her genital without damaging it. Therefore she believes that penetration must be painful.

What the concept of fear of painful penetration added to my understanding of this specific female patient was the specifically sexual component of her fear of recognizing her own aggression. Examples of her fantasy that she had no aggressive wishes were frequently found in the transference. She always paid for her sessions promptly, even when she had to deprive herself to do so. She used silence to efface her aggressive wishes toward me. Because she imagined that I would feel guilty about hurting her if she cried, she stopped herself from crying in sessions. The analysis of the sexual component of her fear of aggression—her fear that she would damage the penis and its associated fantasy of damage to her own genital—provided another link to her fear of leaving her husband. Aggression, penis envy, castration wishes, fears of separation and loss as well as other themes could have been interpreted here. But thinking of the dream in terms of fear of painful penetration allowed the patient to see the part of her struggle that had to do with her own body and her own mind. This issue went beyond the present interaction with her husband and her present struggle with me. It went back to an earlier time when her father exposed himself to her in a swimming pool by teaching her to swim while holding her face down in the water, supporting her on his forearms while he wore no bathing suit. I believe that the unique value of the concept was that it allowed her to think about what she had fantasied about that experience, how she had organized it in her memory, and how she had used it in shaping her view of the world as a dangerous place and her own body as too small and too vulnerable to contain or express her aggression. I believe that our exploration of this fear contributed to her later being able to choose a lover who was gentle.

LOSS OF PLEASURE
How do fears of loss of pleasure manifest themselves? Women fear they will not find a sexual partner. Some believe they must marry early to avoid such a fate. Others make themselves available to men they do not desire to ensure that they will not be without a partner. Other women fear they will become frigid because of rape, masturbation, or failure to find the man they can love. The fantasy that there is only one “Mr. Right” clearly reflects their belief that pleasure can only be had with the man who was unique: the father. Their idea that this man only exists in the future reflects their understanding that the father they are looking for only exists in the past. In the childhood fantasy the
father was the giver of sexual pleasure. As adults they still believe that they will never have sexual pleasure without him.

A fantasy of losing genital pleasure was inferred late in the analysis of a woman who had an unusually ascetic way of life. By the end of the analysis we came to the conclusion that her asceticism was a defensive maneuver, a way to allow herself the sexual pleasure she feared losing as a deserved punishment for having experienced sexual pleasure with a grandmother. Several years of analytic work had allowed her to take her first vacation since finishing college and beginning work. In the week following her vacation, she began a session by saying she had a curious dream about something that happened “in real life”:

L. It was last night or this morning. There were lots of people there. It was in the subway. All my friends were going to dance somewhere. Dana and Ellen were trying to decide what to do with their purses. I was going to put mine in a locker in the subway. I decided not to wear long pants because I would get really hot. Everybody else was wearing long pants. They were progressing. Men showed up. Robert was there. They were collecting money for something. They were, I don't know what … I am annoyed at myself for being so complicated. For making it complicated. Yet it happened in real life, too. It always happens. I always take long to get ready to go. I am amazed when my roommate gets ready so fast when we decide to go out. It was in a restaurant in the dream. I saw Harry, but in reality Harry is in Israel … with Pam. I was staying in her apartment in the dream. Last night I actually went back home to Connecticut. Sally is back but she wasn't there, she must have stayed at Bill's last night. He got an apartment in the Village so that will change Sally's plans. I drove my clothes to Sam's street. There was nowhere to park, so I went back to the garage, then walked back.

A. It sounds like you complicate your life with many people and many plans and activities.

L. In Phoenix there was no way to get to the Grand Canyon. The bus didn't work out, so I had to figure out a way to get to Phoenix before the plane left. I had to take a 10:00 a.m. bus to Flagstaff. I went to the Bright Angel Lodge. They are all owned by the same person. Joe had said I could use his phone. I had run into Jim. I was trying to make the phone calls. The phone ate my change. I said to Jim I was going to use Joe's phone. So in two seconds Jim had made a reservation on the plane. I feel I do things the worst way possible when I try to do them my own way. I complicate things. I see things as being really big problems when they really are not. I didn't really talk with Sally about dividing our furniture. I can live with a few extra pieces of furniture until she has time to deal with it. She said all I have to do is call Goodwill and they'll come and take it. I see problematic solutions. It made me think of my father and the phone calls he doesn't make. The only time he called me in the past couple of years was to get my brother's phone number. But he sends me a card and money twice a year—on my birthday and Christmas.

A. I had not called so much either. I had said very little.
L. I agree.

A. I wonder why you had to do so much. You were putting all your change into the phone in our session also and not allowing me to respond to you. I admired your skill in showing me what you are telling me about.

L. I always felt other people could go straight to the point. Only I have to be complicated.

A. You had that problem in the dream when you were getting ready to go to a dance. You stood in the way of your own chance to have pleasure.

L. I understood that as a reprimand. You are saying that I didn't deserve to have fun because I always screwed things up.

This was typical of her way of understanding everything as proof that she should not allow herself pleasure. She believed that everyone around her wanted to deprive her of pleasure also. What she did not understand before her analysis was that her renunciation of other pleasures was in the service of protecting herself from the loss of sexual pleasure.

She said the image of putting her purse in a locker in the subway before going to a dance represented what she wanted to do with her genital. She did not want to wear long pants because she did not want to be “hot.” She understood her dream as a representation of her defenses against sexual excitement and pleasure. As she saw it, she wanted to be safe and she sacrificed pleasure for safety. I suggested that she imagined external danger to ensure that she got no pleasure. The dangers she was protecting herself from were internal. One danger was of condemning herself for wanting sexual pleasures from her father. Another was losing her father's love by demanding more of him than he was willing to give. Although she understood the demand as wanting more frequent telephone calls and visits, she also came to understand that this represented her childhood wishes to sleep with him and have sexual pleasure from him.

She expressed the same idea when she told of her difficulty in arranging a part of her vacation trip. What made it so problematic for her was that it was a pleasure trip. She could not allow herself pleasure even in the sublimated sphere of travel. She had to spend her time and her change trying to arrange to go by bus when it was so easy to go by plane. In her view, her male friend had no trouble arranging things because he was a man. Women, she believed, are more fussy, more focused on details, more in need of being sure of what they are doing. Men are more willing to take a chance. Besides, the plane would cost more than the bus. In her view men are willing to spend more money than women are because men will pay for their pleasures when women will not.

Another theme of the session which I interpreted to her was her insistence on crowding her account with many names and her life with many friends. In this she was using a compromise typical of latency children. She had a gang so that she would not get too close to any one person. That fended off sexual intimacy. She had orgasmic but casual sex, always at the price of having little or no pleasure in the rest of her life. Her college years
had been spent with a group of other young women. She felt deserted as most of them settled into long-term relationships. Her last roommate, Sally, was now leaving the house they had all shared in the early years of their careers.

She had to dispose of the extra beds and all the old furniture they had left. It was as if they had left her behind with all of their discards. They had gone on to live with sexual partners. Only she stuck with the shell of their life together. They had many parties. Each of them, including the patient, had dates with men, some of whom they had sex with. Yet as long as they lived together, she maintained the fantasy that their primary loyalty was to the group (Kernberg, 1980) and their current sexuality was unimportant.

As she mourned them, she also mourned the loss of her family when her parents divorced. She had never felt comfortable letting people go or letting old relationships end. That was part of why she had so many people in her life. She had several early caretakers and had formed special relationships with each of them. Her multiple early love objects seemed to have resulted in multiple love objects in her later life. She had experienced as forbidden her wishes for sexual pleasure with each of those early objects. Now she clung to many images of people with whom she was forbidden to have sexual pleasure.

One important precursor of her fantasy of a dirty and dangerous female genital was the circumstance of her birth. Her parents had been divorced before she was born and she had been told repeatedly, as part of the family lore, that it was because her father did not find her mother attractive when she was pregnant. Her own fantasy was that her mother hated having a female genital and found it dirty and disgusting, and that she should also. Her compromise was to enjoy her genital but deprive herself of other pleasures. Shortly after the session presented here she recalled that she had been very sad when her father's mother died. She had masturbated while in bed with her grandmother when she was a little girl. Her guilt over this transgression haunted her. The “Bright Angel” in her story of making her reservations was important. Her grandmother had called her “Angel” as a term of endearment and was now with the angels herself. She believed that angels were like people, only better in that they were nonsexual. Angels had no sexual urges. Thus, her apparent asceticism had to do with defending herself from losing genital pleasure as a punishment for her early incestuous pleasure.

Transference fantasies were difficult for her to acknowledge. She rejected my idea that she involved so many friends in her life and names in our sessions as defensive shields against losing me. She did not like my inference that she was holding on to me by telling me stories in order to prolong the treatment. Her understanding of the analytic work was that I wanted her to get “hot” while I would keep “cool,” thus humiliating her. Worse yet, she believed that I had many patients, all of whom loved me, and that she would be seduced into loving only me and thus be hurt by what she believed would be my inevitable rejection of her. We came to see that she believed I would divorce her as her father had divorced her mother. At the point in the treatment when she experienced me as dangerously leading her into temptation, I became the grandmother in the transference.
After months of continuing to work on this problem, I came to this formulation: she was describing the interference with pleasure that resulted from her fantasies about sexual greediness. Masturbation and its accompanying incestuous fantasies are universal. They lead to severe inhibitions only when accompanied by special circumstances. For this patient the experiences with her grandmother were crucial. For other women memories of early experiments with siblings, being forced to have sex with adults, and seductions can be such circumstances. What the focus on the concept of fear of loss of pleasure added to her treatment was the notion that she was depriving herself of pleasure of loving and being loved in the present because she believed she should be punished for experiencing sexual pleasure in the past. By punishing herself, she was preventing punishment from the outside. Her punishment was especially effective because it was a talion. As she experienced pleasure, so she must renounce pleasure. As she had many objects, so she should have none. Her understanding that she was doing all this to herself to pay for infantile sexual “crimes” made the punishment seem ludicrous to her, and she could give it up.

The experience of pleasure can be forbidden to such a degree that the taboo threatens or destroys the capacity to function sexually. This is true both for the process of menstruation and the capacity to bear children. Some patients have to suppress their menstrual function by starving themselves down to below the percentage of body fat needed to maintain it. Some manage this effect by dieting, purging, fasting, exercising, or combinations of these methods. Such suppression can only be fully understood when the component of punishment is considered. This category of fear adds another dimension to female genital fears, one that I hope to address at another time.

DISCUSSION
It is time to come back to the questions about the relationship of theory and clinical observation. It is for the reader to decide whether the concepts of primary femininity and female genital anxiety illuminate the clinical material in the cases sketched here. Painful penetration seems to me to fit the fears of the patient with the war dream. Fear of loss of pleasure seems to fit the patient with the prolonged reliance on a cast of friends and an inhibition about moving on to a more adult status. These descriptive concepts seem a closer match to what the patients were thinking and feeling than would ideas of penis envy, even if penis envy is understood as a metaphor for the social valuation of masculinity (Grossman and Stewart, 1976).

The clinical utility of this version of the concept of genital fears can be evaluated in each case. For the first patient the idea that what she is afraid of is damage to her own genital from painful penetration allows her to see the problem as her own. Interpreting her fear as fear of loss of a fantasied penis might easily have led to more concern about loss of the husband, and been understood as an injunction to stay with him and tolerate his abusive behavior because as long as he was around, she had a penis in the house. For the second patient, the interpretation of fear of loss of pleasure and conviction that she deserved to have no pleasure seemed to have worked because it encompassed her history of depriving herself of pleasure and addressed her symptom of holding on to outgrown patterns of life. An interpretation focusing on penis envy would not have had the same immediacy.
Therefore, I believe it would have been less likely to change her behavior. For both patients and, I think, for women in general, the idea that penis envy is the motivator of their behavior only serves to support the idea that the penis is the only genital worth having, a notion contradicted by every experience of pleasure and functioning girls and women have.

Because the clinical material shows how the theory of primary genital anxiety changes the interpretations given to the patient, I think it may actually be validated by the clinical material. The theory gains validity as it explains the observations better than previous theory. It seems to me to have been more effective than the theory that regarded penis envy as primary in allowing these patients to understand themselves and change their behavior.

Functions of the female genital have been understood as important motivators of behavior ever since Horney (1926) postulated the wish for a baby as the little girl's premordial desire. Motherhood has been central to the image of woman in recent thinking. While Person (1986) advocates understanding motherhood as a limited part of a woman's role rather than as her entire identity and Welldon (1991) warns against the idealization of motherhood as a full-time career, their views show that the idea of motherhood is a currently powerful metaphor for womanhood. Freud (1917) believed that the wish for a baby was a secondary compromise formation. Deutsch (1944) and Erikson (1968) believed this longing for a baby led the developing girl to value the inner portion of her genital. Mayer (1991) has shown that little girls today still prefer structures containing enclosed spaces, while little boys prefer towers. While Mayer cautions against concluding that this preference reflects awareness of an inner genital, Bassin (1982) reasons that early experiences of inner space contribute to a schema that structures later cognition so that the girl constructs a world partly on the model of her inner experience. Ironically, Freud, in his insistence on the importance of the clitoris, had the kernel of the idea that the little girl was aware of her external genital all along. The possibility of viewing the little girl as valuing the vulva and the surrounding area had taken another 50 years (Richards, 1992). Now a new literature of neuropsychology (Damasio, 1994) points to the inextricable part bodily sensation and the resultant body image play in all of mental functioning. While bodily sensations of a steady state can only form a background for continuous mental functioning, it seems plausible that body sensations, which wax and wane dramatically as do genital sensations, must reach foreground early, and the pleasure and pain associated with such genital functioning would have to play an important part in the formation of body image as well as in the formation of fears of genital damage.

Mayer's suggestion that the girl values the vulva and fears loss of openness seems to correspond with the fears of loss of pleasure and loss of function. If the opening to the female genital is lost, the possibility of the pleasure of intercourse is lost also. Similarly, loss of the opening implies loss of the capacity to menstruate as well as the capacity to bear children.

Why had psychoanalysts so long believed that little girls look at boys' genitals and see something enviable while believing that they themselves have “nothing”? Is it true that
little girls think they have “nothing”? No. Why would analysts think so? It is my hypothesis that the idea that girls have “nothing” is a defense against the male fear of the female genital.

Representations of the female genital have struck fear in both men and women since ancient times. The Medusa image has been horrifying people (Hamilton, 1940) since the Greeks moved from an agricultural matriarchal society to an urban manufacturing patriarchy (Gimbutas, 1989; duBois, 1988). According to duBois the Greek representations of woman evolved as the social structure changed. Early representations of woman as all-giving mother-field gave way successively to various metaphors of: furrow, ploughed into fertility by man; stone enclosing a secret space from which life comes and into which mortality sinks; oven in which male seed is baked into food sustaining life, and tablet on which man inscribes his will on his property. All of these images coexisted in ancient times. Of them Medusa is the image most frightening because the sight of her turns men into stone. Her image was, according to Gimbutas (1989), the image of the earth goddess, an image, in turn, preserved in stone.

In contrast to Lacan and the Lacanian feminists, duBois thinks such a mother is not a phallic mother, but a mother empowered by her own fertility, a power that precedes and stands apart from that of the phallus. Her view coincides with Bergmann's (1985) description of the importance of motherhood in the empowerment of modern woman. It also intersects with Lax's (1994) view of primary femininity as emanating from the female experience. My own emphasis on the power of the sensations emanating from the entire genital and perigenital area (1992) and Bass's (1994) on the sensations of the urinary sphincter also support this position. Gilmore (unpublished) adds an object-relations perspective to Burton's (1994) work on the anatomical roots of conflation of anal and genital sensations in the girl. Gilmore sees this conflation as a regressive fantasy “compensating for feelings of castration as well as fears of helplessness, penetration, and injury arising from oedipal fantasies of the paternal phallus, sexual intercourse, and childbirth.” These feelings of castration correspond to what I am calling fear of loss of pleasure and fear of loss of function. The fantasies of the paternal phallus, intercourse, and childbirth correspond to what I am calling penetration fears. Fears of damage to the body from penetration are frequent in little girls, and fears of bodily damage from babies are seen both in adult women and little girls (Bonaparte, 1935; Luquet-Parat, 1970; I. Bernstein, 1976; Blum, 1976; Parens et al., 1976; Friedman, 1985).

In discussing a previous version of this paper, J. Glenn (unpublished) cited two cases of congenital absence of the vagina. One was a woman analyzed by Greenacre (1958), the other a girl who had been treated in psychotherapy by a colleague of Glenn. Both patients wanted to be more womanly, asked for plastic surgery to create a vagina, got it, and were very pleased with the result. He described a woman in treatment with him who had fantasies of damaging men's penises and fears of being damaged by her analyst. He analyzed these fantasies as revenge for molestation by a gang of boys when she was still in late latency, rather than primary envy. He believes that this evidence bolsters the case for the secondary and special place of penis envy in women. Like Rees (1987), he believes that masculine identifications and the vicissitudes of development complicate the
fantasies of girls and make it impossible to attribute penis envy or castration fantasies to simple “castration shock” at seeing the penis.

**IMPLICATIONS FOR FUTURE RESEARCH**

Why had genital anxiety in women been studied so little between 1930 and 1970? Hoffman (1996) suggests that Freud and his followers could not understand feminine sexuality because they could not conceive of feminine subjectivity. He believes that the consequence of this was that Freud defined any active wish on a woman's part as masculine. Could primary femininity be frightening to men because the active woman is powerful? Why should a powerful woman frighten men? Chodorow (1978) believes that she evokes the image of the powerful mother of infancy, reducing the other to his or her passive helplessness of that stage of life.

Castration anxiety seems self-evident. No one asks what men are afraid of when they are afraid of being castrated. Abelin (1994) attributes extreme submissiveness and lack of aggressivity in women to their fear of eliciting castration anxiety in men. Fears of pain, of loss of pleasure, and of loss of function seem to be prominent components of castration fear. Reserving the term “castration anxiety” to fear of loss of the penis and/or scrotum and using the term “female genital anxiety” for fear of damage to the vulva and inner genital structures may help to clarify the differences between the experiences of the little boy and the little girl on the way from the anal to the oedipal stage. Goldberger (unpublished) proposes replacing the term “phallic” stage with “infantile genital” stage to make it clear that girls have their own fears and developmental line. Alternatively, such a stage could be called the “narcissistic-genital” stage. This would imply that boys and girls understand their own genitals as normative, experience fear of losing what they have and envy what they perceive or imagine the other sex to have. Infant observation like that of Galenson and Roiphe (1976) and Olesker (1990) as well as theory-building about infantile development (Tyson and Tyson, 1990) could add to our understanding of the genesis of the fears of this stage.

The research that could make a difference in this regard is not another look at observations made when penis envy was the only reaction thought to be noteworthy. In order to investigate whether little girls show evidence of enjoying, valuing, and fearing the loss of their own genitals, researchers would have to be looking specifically for such reactions at the time of gathering their data. Observations made in day care centers and infant nurseries would be relevant. So would anecdotal evidence from parents and other caretakers.

Evidence from adult analyses would have to be gathered by analysts who were open to the idea that girls, like boys, value pleasure and fear unpleasure. Reich (1964) has described the enormous effect of female genital pleasure in bolstering self-esteem. The fear of unpleasure would have to be understood as fear of pain and fear of loss of positively pleasurable sensation. The experience of genital pleasure can be renounced to such a degree that the taboo threatens or destroys the capacity to function sexually. This symptom can be seen as a compromise formation in which the fear of loss of feeling or the conviction that feeling has already been lost plays a crucial role. Although the wish
may be for sexual pleasure with a beloved caretaker, the fear is of unpleasure, either through pain or through aphanisis.

But it is still the case, unfortunately, that students and seasoned analysts read papers that assert as facts such ideas as: (1) female genitals are internal and invisible; (2) female genitals are incapable of focused sensation or direct erotic discharge; (3) the girl becomes sexually awakened by a man; (4) women do not masturbate; (5) women prefer hugging and fondling to intercourse. There are many such ideas accepted as truth by otherwise rational analysts. In the course of our scientific work, I believe we have the responsibility to challenge the received wisdom, especially when it contradicts sensory experience and common sense.

Is the fear of genital pain or loss of pleasure always object-related? I believe so, and I believe that it is important for an analyst to take account of the object in understanding fantasy as well as conflict. But that is not the whole story. The idea of primary femininity is part of a view that shows female sexuality to have a complex development with strands woven from body image, object images, fantasy development, and interactions with the caretakers (Breen, 1993). Having a good mother does not protect from all of life's vicissitudes. Having an inadequate one does not necessarily presage disaster. One of the factors other than the adequacy of the object is experience with one's own body. The body as a source of pleasure is rivaled by the body as a source of knowledge. As Piaget, Dewey, Montessori and many others have amply demonstrated, learning takes place on a sensorimotor level long before the language system is fully developed. As Vygotsky and others have shown, language-mediated learning is increasingly important with age. As many educators have known, motoric learning is more stable, less conscious, and more permanent than linguistically mediated learning. Once you know how to ride a bicycle, you're likely to know it forever. But you can easily forget the theorems of geometry if you have never learned them by pacing out the earth to make fields.

All of this is to say that the sensory experience a little girl has of her genital may not be one she can put into words, but it is deep, going back to her earliest life. It is permanent as the result of flexing and relaxing the sphincters and surrounding musculature, and it is valued as it gives a great deal of pleasure. By comparison, seeing a boy's genitals is a relatively transitory, usually purely visual and not necessarily formative experience. To base a whole theory of female development on that one experience while discounting the ongoing deep musculature sensation and the surface experience of clitoral and labial stimulation is, to my mind, not reasonable. I believe that the experience of female genital sensation and its importance in the developing girl's sense of her own body is a kind of experience Heinz Hartmann referred to as the body ego. It is basic to the experience of being female. Paying attention to it in analyzing female patients can only enhance the analytic experience for them.

REFERENCES
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