

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.

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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.

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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 marshal 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