

A STUDY OF PROBABLE CAUSAL FACTORS OF MASTURBATION IN A GIRL OF SIX YEARS

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Loretta, aged six years, was referred to the Mental Hygiene Clinic from a public school. Her teacher was much perturbed by the fact that the little girl masturbated openly, and apparently unconsciously, all day long. Teachers and principal alike were worried, but also somewhat fascinated by the fact that Loretta could and did masturbate with one hand, do arithmetic problems with the other, and get the problems right.

The school was encouraged to feel that something might be done for her because of something which happened a few weeks before her referral to the clinic. An operetta had been given by members of the primary grades in which some children in her class took part. Loretta had been eager to be in the operetta. With decided misgivings she was included in the cast. For an hour and a half she was on the stage and at no time during this period was there a masturbatory gesture. Since she had never even approached this record in the school's knowledge of the case the teacher could not understand why she had been able, under these conditions, to refrain from her ingrained and apparently unconscious habitual behavior. After our study of the case in the clinic, however, this is precisely the reaction we should have expected.

To get at the probable roots of her difficulty it is necessary to go rather fully into the family situation. If our interpretation of the facts disclosed seems a bit conjectural it is still interesting to note that an attack on the case from the standpoint of this interpretation has brought about a decrease in the habit.

Both parents were born in Germany. The father, now thirty-eight years old, received trade training as a machinist. We know very little of his parents except that they kept a small shop in Munich. He came to this country in 1914, found work as a machinist, and married Loretta's mother, then a widow without children, in 1917. Our only knowledge of his personality comes from his wife, whose deep and vengeful resentment against him may have given a somewhat distorted picture.

At the time of the marriage there were only a few weeks of happiness. In five weeks the mother became pregnant. As soon

as he learned of this the father became somewhat abusive, broke off sex contact, and kept most of his wages for gambling and "running around" with other women. When the first child, Loretta's only sister, was eight months old he deserted for three months. Five months after his return he again deserted and stayed away for eight months. During these intervals the mother was dependent upon a relief agency. On his return from this desertion the mother again became pregnant. During this pregnancy (Loretta) he was more abusive physically and behaved outside the home in a manner more flagrant than before. After Loretta's birth, the mother refused to resume sex contact, and persisted in her refusal until the father's final desertion when the baby was sixteen months old. The father has not been heard of for five years.

The mother is a most interesting figure. Her parents had a small truck-farm near Frankfort-am-Main. There were seven children born; four are living. One child died of convulsions in infancy; two were killed in the late war. The mother was the oldest child, very large and strong, physically. When she was fourteen years old her father died of tuberculosis. As his death coincided with the end of the compulsory education period for her she went to work as a domestic. She reports now that she used to work much harder than she needed to in very pride of her own strength. Physically, the mother is unattractive. She is very tall and powerfully built. She has a marked strabismus about which she is very sensitive. The strabismus did not worry her until adolescence, when she one day heard a group of soldiers laugh at her and quote a little verse about "cock eyes." At the time she cried for hours; the sensitivity persists even now. She had a pretty sister who had normal attention from boys, but she herself avoided boys because of her "shame." At nineteen she married her first husband who brought her to America. Her husband was "crazy" for children but she did not become pregnant. He had her examined by a physician, and he also talked to the neighbors saying that a woman who could not have a child must be "crazy in her head." He died after two years.

When she became pregnant so quickly after the second marriage she was elated, and the first child born was, and always has been, a source of great pleasure and gratification to her in spite of the husband's attitude. This girl, now eleven years old, is prettier than Loretta and is a happy and out-going child. The second pregnancy was far from welcome, however. The mother has a great reserve of stubborn pride. She stood a great deal of abuse at this time with-

out out-cry in order to "save her face" with the neighbors. She now tells of how she walked the floor tearing her hair and wishing to die. It is not unreasonable to infer that she blamed the coming of the child for her hopeless situation, and that the child had small chance of being awaited with loving expectancy. To cap the climax of this difficult period, at the birth of the child, labor was prolonged, the child was heavy, instruments were used and the mother nearly died. The mother freely admits that she has never been able to love this child as she does the other girl, and that others have noticed and spoken of her favoritism.

Immediately after the final desertion of her husband, the mother found work in a shirt factory, and since she owned her home with only a small mortgage, she became economically independent. At first the children were locked alone in the house while the mother worked. When the older child came of school age there ensued a period (from three to five years of age) when Loretta was locked alone in the house all day. Like her mother, Loretta is not attractive physically. She is large and strong for her age and a bit awkward. She has large eyes, almost dead black, with a faintly Mongoloid setting. She shows an occasional tendency to strabismus. Her development occurred normally with the exception of a marked speech defect in early childhood. During her period of solitary confinement she developed marked eccentricity of mannerisms. She sang aloud a great deal (because of her speech defect her songs were meaningless to others); she was somewhat destructive,—would cut up vegetables and scatter them through the house. She had, of course, no construction toys and absolutely no legitimate outlet for her energy. During this period the mother began to wonder if Loretta was really "right in her head." Masturbation was not noticed at this time by the mother, however. Indeed the mother says that she was unaware of the habit until it was called to her attention by the school, and she then whipped the child severely.

As soon as Loretta came of kindergarten age she was entered and an immediate improvement in speech and personality was noticed. The masturbation at once became a matter of concern in the school and for the first time Loretta was censured for it.

The mother was questioned as to how much, if any, sex instruction she had given the girls. She recoiled in horror from the idea of telling the children anything about life processes. She had had several opportunities. The older girl had come to her with questions after observing an obscene episode in an alley. She also told of an

old man who had fondled her and kissed her. The mother warned both girls against all men, but told them nothing definite.

During the year preceding the clinic contact Loretta had several times shown another form of unusual behavior. She had marked temper tantrums in which she attacked her sister. The latter was no match for Loretta in a hand-to-hand combat and Loretta had frequently bitten and scratched her. It is interesting that the sister is the only victim of such attacks. Although overtly the sisters are usually friendly there is no doubt that Loretta has a deep and fundamental cause for grievance against the favored sister.

Loretta came to the clinic just following the close of school this June. The summer schedule for the girls included no supervised recreation. They were locked in the house together but were permitted to play in the back yard. There was some social outlet in that other children were playing in adjacent yards and called back and forth. But these two sisters, one with a deep, if not fully conscious, antagonism for the other were forced to live in the most intimate daily association. A maternal uncle had come to live in the home (from Germany) which forced the mother and the girls to sleep together.

Before Loretta's first appointment at the clinic the facts already noted had been gathered by the writer from the mother, school nurse, and welfare agency record. Loretta came to the clinic with the school nurse and first had her psychological examination.

She was a bit shy at first but pleasant and cooperative. She reacted very well to approval and seemed to enjoy the test situation thoroughly. Her entire manner soon became carefree and happy. There was no sign of masturbation during the test.

On Stanford Binet, her chronological age was six years, seven months, her mental age six years, four months, her Intelligence Quotient 95. Healy Completion I was scored at eight years, Porteus Mazes at seven and a half years and performance tests at the lower fifty per cent of the six year level. Performance on Binet was consistent. The only weakness noted was a slight one (memory span 4). On performance tests a marked slowness of distribution of attention, poor form discrimination and head posture indicated clearly some defect in vision. She was rated as normal, possibly somewhat dull, and a recommendation for a careful eye examination was made. Intelligence defect could not be considered a possible causal factor for the masturbation.

At the beginning of her psychiatric interview she was also shy, but soon became quite friendly. Several interesting tendencies came

to light in this interview. First and clearest was a tendency to tell anything which showed the sister to a disadvantage. She told of how her sister went into the house crying after one of their fights but she, herself, did not cry. She told with some pleasure of a whipping received by her sister. She said that the mother never whips her (the patient) or punishes her. Asked whether her mother likes her, she hesitated and then told that *the mother does not like the sister*. Her obvious falsification indicates that the real relationship among the three had considerable emotional significance for her.

She then spoke of an uncle living in the home who was "bad" and did whip her. First she said the uncle was bad *like the father*; later she said that the father was not bad, he only ran away. Since the mother has talked freely to both children about the father's delinquencies, this partial championship of the father is interesting.

The patient then volunteered spontaneously that she likes Margaret, a girl-friend of the uncle's better than she does her mother. (We later questioned the mother about Margaret and learned that she is kind to Loretta, giving her some praise and approval, and that she has definitely reproved the mother for favoritism). Loretta told of a little party arranged by Margaret in the home on the uncle's birthday. This had been a gala occasion for the little girl to whom such frivolity in the home was a revelation.

The sex topic was opened by asking about the "bad things" lots of girls do. Loretta directed the topic to the things that boys do. She spoke of a small boy in the neighborhood who is very bad. He wets and soils his clothing, urinates in the yard, and exposes himself to little girls. She admitted quite freely rubbing her genitalia. Asked what she thinks about when she does it, she says that she thinks of this little boy when she undresses. Admitted that when she thinks of him she wants to rub. Asked what her mother thought of it she was silent, then said that her sister did not like her to do it.

She told spontaneously of lots of people who have died in their block. She shuddered and said that she would not like to die. A person would be "eat up" down there. The rats would eat them up. There are lots of rats in her backyard. She has dreamed of the death of several people. When asked if she had ever dreamed of her mother's dying she grinned and said "She will not die!"

Her three wishes were (1) That the bad little boy would not do these things any more, (2) that another little boy would no longer urinate in the yard and (3) that _____, a nice girl she knows who never does these things, will never do them.

The psychiatrist's impression was of a normal or perhaps slightly retarded girl intellectually, who feels rejected by her mother and is getting all her emotional satisfaction in phantasy about the sex play she has seen and in masturbation. The absence of a father or mother substitute is a big factor. The mother's attitude towards sex has probably made it fascinating to the girl. The pre-occupation about death may point to a death wish deep in her unconscious.

The psychiatric interview gave clear evidence of the unwholesome and murky nature of this child's phantasy and emotional life. The history shows clearly the need for some emotional outlet. Blocked at every normal outlet, she has found phantasy and masturbation as satisfiers.

Treatment was begun on this assumption. The school promised to provide the necessary glasses. The child's emotional starvation was described to the mother. She was able to grasp the picture presented without emotional rejection of the responsibility. She seemed to understand the situation when it was explained to her in terms of her own unhappy thoughts in adolescence. She refused to see the need of sex education and this matter was not pressed. She promised to try to bring more pleasure into the home, to begin to praise and encourage Loretta and give her as many pretty things as the sister. She promised to make some demonstration of affection to the child and to bring her forward favorably in every way possible.

The girls found a summer day school and Loretta developed a great interest in needlework. The mother agreed that one way to clear up the phantasy life of the child was to allow as many normal outlets for her energy as possible.

This fall the school was given some insight into the starved emotional life of the patient. Her need for praise and approval and opportunities to stand out legitimately were indicated. The operetta of the previous year had given her just this opportunity. Teacher and principal promised to help in any way possible. They have already noticed a decrease in the habit this year, and school work is proceeding satisfactorily.

There is still some doubt as to the outcome of the case, since the mother may never be able to love this child as she does the other. On the other hand we hope that as Loretta's personality improves the mother's pride in her may be stimulated. At any rate we feel that we understand the underlying causes of the masturbation and that from now on there will be more normal emotional development.