

The Accepted Lie*

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It is commonly asserted that women deviate more readily from the truth than men. The feminine reaction to such a statement is twofold: indignant denial on the one hand and, on the other, evasion, which somehow implies unconscious agreement. It is this latter attitude which would make it seem that the special choice of untruthfulness as a common and normal feminine trait deserves further scrutiny.

My clinical material was obtained unexpectedly and abruptly from a man treated by me some years ago. One day he entered my office and, still standing, at the door, exclaimed: "You are the damnedest liar I have ever known!" I was familiar with this man's irritability, but I was puzzled by the suddenness and severity of his outburst, which appeared without apparent analytic or external provocation like the product of vast, eruptive force.

The early portion of the hour was filled with what the patient insisted were my lies. These were obviously projections on the part of an individual who had always made ample use of this mechanism. During these periods of projection the patient was singularly lacking in what at other times seemed, even for a compulsive individual, a high degree of true insight. Projection and insight alternated like a see-saw.

As the anger wore off, the type of accusation came into relief. My 'lies', which, the patient asserted, were those of most women, were lies of denial and omission. Thus, according to him, I had (untruthfully) denied having made certain important statements: I had failed to tell him this or that condition of analysis, possibly in order to trick him into coming to me. The implication was that if in these instances he had known the truth he would have had nothing to do with me.

Invariably whatever I supposedly had said or left unsaid was a falsification of the facts in the direction of their denial. The patient confronted me with statements which I was obliged to deny because in reality I had not made them. But the patient was sure I had made them. At last it became clear that he was confusing himself with me. He was prone, for example, to forget to answer a letter and then to deny that he had forgotten or indeed that he had received the letter in the first place. He was subsequently guilty of petty negligence which obliged him to seek devious ways out. In part he gratified his inner necessity to lie by creating these situations, in part by projecting the lies upon women to whom he was sexually attached and later in the analytic situation upon me.

'Women', he said at last and, oddly enough, he was speaking at this moment not of my untruthfulness but of his own, 'are always denying their faults, their misdeeds. They tell you they haven't been to dinner with so-and-so. They haven't been long at the hairdresser's. They assure you they haven't even dreamed of being unfaithful, and when you confront them with the evidence they still deny it. They just keep on saying it isn't so.'

On this note the resistance broke, and the patient began discussing his relation to a younger sister. He had always quarrelled with her; but here even his customary ambivalence reached particular heights. He stressed her great physical beauty, and

their mutual and lifelong antagonism. Memories and cover memories showed beyond any doubt the existence of an old and intense relation between brother and sister.

At this point the patient re-iterated an assertion which had always puzzled me and which I was inclined to question. He insisted that he loved the female genital, that he found nothing unpleasant or, in his own words, frightening about it. But he added: 'What I really love is the genitals of very little girls'.

It now becomes apparent that this patient, like many another little boy, had been confronted at an early age by incontestable evidence of the nature of the female genital. He had been exposed to the sight of his mother's genital as well as that of servant girls. His reaction as reflected in his neurosis was to turn from the mother to the father in an extremely passive role. There was also evidence of what more closely resembled an active homosexual attitude toward a younger brother.

But the birth of the little sister made a new distribution of the phallic genital possible, although in a direction contrary to the customary one. This patient apparently accepted his mother's castration but not that of his sister. He remarked that the whole area of the small girl's genital (meaning the *mons veneris* and *labia majora*) was protuberant, as protuberant as a penis. The absence of pubic hair further emphasized its phallic appearance. Much as this patient consciously enjoyed the female genital, he was aware of an aversion to pubic hair.

The entire genital of the young female child thus was labelled phallic by the patient and accepted on that basis. But this construction is after all merely a variation of the little boy's insistent denial of the castration of any or all women. It is however a very pronounced form of denial, which goes so far as to make desirable exactly that which is undesirable and traumatic. Many of my subsequent observations were possible because of the high degree to which the patient employed those early and primitive mechanisms of denial and projection so widely used even in normal childhood.

We are all familiar with the little boy's attempt to escape the reality of female castration, at first, by its complete denial and next by its particular or partial distribution, as illustrated by the fantasy that every grown up has a penis and only some children have not. The adult man cannot however maintain this denial without great detriment to his psychic health. Its traces are to be found throughout the neuroses; and and in the psychoses and perversions it achieves its height, as in fetishism.

We know that at an early age the normal boy, in his struggle to accept this particular reality, succeeds in drawing a line between himself on the one hand and women and girls on the other. He gives up his oedipal attachment to the mother to save himself from castration; likewise he withdraws, as best he can, from any threatening mother identification and consequent passive attachment to the father. He is healthy in so far as he is successful in these attitudes. What we usually consider the 'normal male contempt' for women contains the residue of earlier feelings and the child's reaction against them. It would seem to me that traces of the boy's original denial of castration are to be found in the projection of this denial upon the woman: in other words, in the man's idea of feminine untruthfulness. In accusing women of lying, the man rids himself of a denial which, if maintained, would constitute a breach with reality; and on the other hand, by the projection of this denial or 'lie' upon the

woman, an unconscious gratification is vicariously obtained.

Thus when my patient accused me of lying, it was as if he were saying: 'It is not I who need to deny the facts, but you. And you must deny them for me, for I cannot bear the fact that you have no penis'. I am reminded of a little boy between four and five years of age, suffering from a severe castration trauma. One day in very good spirits he told me the following story. A little girl had pulled up her skirts for him and shown him - what did I think she had shown him? I couldn't imagine. He said slowly: 'A great big wee-wee thing - and if you don't want to believe me, you needn't, because it's true anyway'. Only after some time would he even admit that he, not she, had pulled up her skirts. With this admission, the story began to break down. I said: 'Weren't you shocked?' 'Shocked?' he asked. 'Yes', I replied, 'shocked at what you really saw'. He sat up very straight and said categorically: 'I was shocked that she should show me such a thing'. It took me some time to clarify the ambiguity of the 'thing' he had seen.

There can be no doubt that this little girl would have been delighted to display a phallic genital to my young patient. We are familiar with the girl's reaction to her discovery of the sexual difference, her efforts to ascribe a phallus to the mother and to deny her own castration in various ways at various periods of development. Thus when the little boy denies the castration of his sister, he is playing into her own wish for a penis. Common ground is found between the sexes in the idea that the little girl has merely not yet acquired a penis; somewhat less favored because more traumatic is the theory that masturbation has cost the girl her penis. Both ideas invariably occur in the same individual, because the phases of development overlap and because many theories, all ultimately inadequate, are required to explain so dire a lack.

It might perhaps be said that in given instances and always out of her own necessity the little girl gladly takes up the boy's denial of her castration. Both, in a word, lie about the nature of her genital. This lie is actually the denial of a lack: two negatives which result in a positive assertion of an unfailing, never absent phallus.

Lying as a symptom is familiar to all of us. Many years ago a case of pathological lying which I attempted quite fruitlessly to analyze provided me with the observation that lying of this type is the direct, adult continuation of the childish lie about the genital. As a child this patient had fastened a bit of wood to her genital and had persuaded herself that this, her penis, had always been there and moreover always would be there. The stubborn lying of many manifest male homosexuals differs somewhat from the foregoing in form but not in content. In the analysis of the neuroses, periods of lying in otherwise truthful individuals are of frequent occurrence. I recall another patient, a young woman, in whom lying of a definite type had been a symptom all her life. The lying of this girl, who had always been a tomboy, was directly traceable to something more powerful than the usual illusory penis, something which we might call a delusional penis.

This patient exhibited a curious mixture of superfluous and inexplicable lying and what is often termed masculine uprightness. Her sexual disturbances were the clinical reflection of her bisexuality. In addition she had a panicky fear of growing old. A birthday depressed her acutely. But even in the absence of birthdays she devoted many analytic hours to her fear and horror of growing old. There were times when she could not or would not remember her age; times when she informed me wrongly. Never in the outside world did she reveal her actual age; her closest

approach to truth in this respect was to make herself at least one year younger.

Here, then, is one of the traditional lies of women: the lie about their age. Even the United States Government acknowledges this tradition, in that various authorities – passport, voting registration, etc. – preferring not to risk perjury, allow women to state merely that they are over twenty-one years of age.

Thus it becomes apparent that once we admit the premise that men believe women to be particularly prone to lie, especially by denial and omission, we must answer the question as to whether or not this belief is justified by stating that there exist certain facts, such as age, about which women traditionally although of course not invariably do lie.

There is one other great topic about which women do not tell the truth, about which indeed they take it for granted that under given conditions only a lie is appropriate. I refer to the sexual gratification of women in coitus. The large majority of women who do not experience orgasm during coitus deceive their sexual partners and simulate the gratification which they fail to achieve. The legitimacy of this simulation is unquestioned by the women involved.

This is not the place to discuss the nature and function of orgasm in women, to what extent it may be masculine in origin or nature, etc. But I should like to call attention to an assumption which perhaps throws light on the justification of this pretence at gratification. The traditional masculine idea about women is that they possess no authentic sexuality, no need and no desire for sexual relations. It is as if all sexuality, being attributed to the phallus, were, as a result of the acknowledgement of the absence of that phallus and out of some strict, unconscious logic, denied to women.

Thus the lie about orgasm is essentially an assertion of that phallic sexuality which women do not possess. It constitutes a reassurance to both men and women.

I similarly interpret women's tendency to lie about their age. So long as they are young there remains the possibility, as in childhood, of their some how acquiring a penis. The allure of feminine youth for men is fundamentally of the same nature as the dread of old age in women. There is a saying to the effect that there is nobody as happy as an old maid once she has given up hoping. Or I might paraphrase: while there is youth, there is hope.

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