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[On Vegetarianism](https://univpn.univie.ac.at/+CSCO+0h756767633A2F2F6A6A6A2E6372632D6A726F2E626574++/-CSCO-3h--toc.php?journal=apa&volume=23#p0396) [Stanley Friedman, M.D.](https://univpn.univie.ac.at/+CSCO+0h756767633A2F2F6A6A6A2E6372632D6A726F2E626574++/-CSCO-3h--search.php?author=%22Friedman%2C+S.%22)

**IT IS A REMARKABLE FACT that the phenomenon of vegetarianism has never been the subject of a psychoanalytic paper**. Equally interesting is the ease with which this condition can conjure up an etiological image — **namely, that vegetarianism must be related to depression and serve as a defense against oral cannibalistic wishes**. However, when we consider how often in the history of behavioral science our understanding turns out to be incorrect or incomplete, and how frequently our conclusions need to be revised, all clinical data, however sparse, should be presented in order to add to our knowledge and to pave the way for the enrichment of clinical theory. Further, when we consider that three-quarters of a century of psychoanalytic science has yielded not a single paper on vegetarianism, a sample of even one case merits discussion in the hope that additional clinical reports will yield a fuller understanding of this interesting and not rare condition. This paper is based on the analyses of two cases: one of an intermittent unconscious vegetarian and the other of true vegetarianism.

**Case 1: Intermittent unconscious vegetarianism**

A 40-year-old man separated from his wife came to analysis because of chronic depression, retarded ejaculation and occasional impotence, hostility toward any woman with whom he had an intimate relationship, and an inability to work that had resulted in his leaving his doctoral dissertation

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unfinished. He had been in treatment with four previous psychotherapists without improvement.

The patient's vegetarianism occurred intermittently, and he experienced it as a nonpsychological event. It occurred only when he was eating fatty meat; he would begin to feel nauseated, the meat would become repugnant to him, and he would have to stop eating. Needless to say, his many physician friends diagnosed his condition as gall bladder disease, but numerous diagnostic procedures over a number of years failed to reveal any pathology.

The unfolding of his infantile conflicts about eating meat began with a screen memory: He is very young and seated at a table. An overturned mug of cocoa, apparently spilled by him, is in front of him. Behind this memory lay a more traumatic series of scenes. In the same room, his mother was breast-feeding his baby brother, three years his junior. The patient had been given the cocoa, but he wanted the other breast instead. The "accidental" spilling of the cocoa was the apparent result of the patient's refusal to accept the substitute for the breast. Indeed, even as an adult, the patient, in an effort to ease his feelings of envy and rage, thought that human milk was cocoa colored and was surprised when the analyst corrected him and interpreted his misconception. Seeing his mother suckle his brother was a daily occurrence. One meaning of his symptom of retarded ejaculation and infrequent intercourse was as an identification with his rejecting mother and a revenge on all women: "Just as you didn't give me the nipple and milk, now I will refuse to give you any milk/semen from my nipple/penis."

The relationship between his intermittent vegetarianism and the repeated scenes of breast feeding became clear when a session began with some comments about watching his mother feed his brother, and his current hostile difficulties with women. When he mentioned having had an attack of nausea the preceding evening that forced him to stop eating a meat course, the analyst stated that there must be some relation between his meat aversion and nausea, and the early

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scenes of his mother feeding his brother. The patient suddenly recalled that the nature of the breast feeding changed when his brother began to teethe. At this time, he began to bite the breast. The patient's mother, a cold and aggressive woman, would angrily jerk the baby from the breast and threaten him with weaning if he continued to bite her. Similarly, the patient had been in a restaurant with a buxom woman whose breasts were highly visible over the table top. At one point, the patient wanted to ask her to pass a bowl to him and only noted at the last moment that a momentary confusion of vision had nearly led him to ask her to "pass her breast" instead. One meaning of the patient's nausea and aversion to fatty meat was an appeal to his mother to return the breast to him, for, unlike his brother, he would control his oral sadism and never bite it.

**Case 2: True vegetarianism**

A 27-year-old man was referred for analysis with complaints of depression, an inability to work that led him to being criticized or fired, a feeling of lifelessness, virginity despite numerous sexual opportunities, and an inability to maintain relationships with women. He also mentioned that he had been a vegetarian since the age of five, but felt that this was his preference and unrelated to his neurosis.

Despite his efforts to claim that vegetarianism was conflict-free and not to be part of his analysis, his associations readily brought his conflicts about it into the analytic situation. He was aware, for example, of his vague feeling of boredom in connection with his diet, and he noticed the many vegetarian foods that are given names that imitate meat dishes — vegeburger, protosteak, etc. He recalled his principal childhood fantasy about vegetarianism: The animals of the world have achieved dominance over man and are preparing to eat all humans. The patient is spared this fate, however, because he had refused to eat animals. Early in the analysis he had difficulty with the word "cannibal,"

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thinking that it was synonymous with "carnivore." Only gradually could he distinguish between the two and begin to see the significance of his persistent error.

His vegetarianism began abruptly at the age of five in a resort hotel and in connection with a screen memory in which someone carried a sack past him. Squawking sounds could be heard emanating from the sack which was full of writhing activity. He asked and was told that the bag contained chickens being taken to be slaughtered for dinner. Horrified, the patient decided on the spot that he could never again eat animals. Behind this memory lay a multitude of associations to primal scenes that occurred during this vacation because he shared the parental bedroom.

The patient's fantasy life was filled with competitive triumphs and destruction of his rivals, in marked contrast to his exceptionally passive and lifeless character and behavior. He described himself as a "peace-loving boy" from his earliest years, and he was shocked when he had to confront the hostile destructiveness that this self-image denied.

The patient's object relations were complicated by sadistic urges that were defended against only with great difficulty. Early in the analysis, as he was about to make sexual advances to a woman, he had to stop because of a sudden fear that her dog would "misunderstand" his advance and bite him. After the analysis of some of his sadistic impulses freed him enough to have intercourse, he found himself uncomfortable with his lover and wishing to break off with her. Investigation revealed that her uninhibited cries and moans during orgasm led to marked anxiety. He couldn't be sure that the sounds were of pleasure and not agony. Further, he feared that neighbors would hear her and call the police to investigate. Still later in the analysis he had difficulty in reaching orgasm with his wife, preferring to have his after she was finished. He unconsciously feared that, if both of them were simultaneously out of control, "nobody would be minding the store" and he might bite or strangle her.

Regarding the patient's vegetarianism, there were characteristic

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associations to eating meat, especially when he began to eat meat dishes. By far the most common was the thought that if he ate an animal he would be threatened by increased uncontrolled animal impulses and might act like an animal. He quoted a rabbi of antiquity who preached in favor of a meat diet because it "ennobled the devoured animal by transforming its base flesh into noble human flesh." The patient knew better, however, and felt sure that the process was the opposite of the rabbi's claim. If he ate meat, his noble flesh would be reduced to that of an animal and he would be filled with uncontrolled destructive animal urges. His reactions to his first attempt at eating meat are instructive. He avoided people, especially his sweetheart, and felt lifeless for a day. In addition, he developed moderate globus sensations ("The meat is still stuck in my throat. Since I didn't swallow it, I'm not endangered") and diarrhea ("I already defecated the meat so I'm not endangered"). All these symptoms reflected his fear that the act of eating meat would make him lose control and transform him into a rapist and killer. His feelings of lifelessness were an extreme example of the emotional withdrawal he needed to deny his frightening affects and urges. Finally, if he avoided his sweetheart during the period of danger, he could protect her from himself.

A second type of association to eating meat had to do with his fear of dying. This symptom, derived from his intense castration anxiety and reinforced by his father's death when he was eleven years old, was related to vegetarianism through the fantasy that the incorporation of dead flesh would bring him closer to his own death.

A third type of meaning of vegetarianism was a passive oral one and appeared last in the analysis. This fantasy, similar to those seen in cancerphobia, was one of being devoured from within by the ingested animal. It was reciprocally related to the first and orally active fantasy. Either the ingested meat would be incorporated into his flesh and turn him into an orally sadistic murderous animal or it would not

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be so incorporated, but would continue to be a separate animal entity and devour him from within. He felt this fear of being eaten as an intense threat, and it was part of the basis for his character trait of opposition to authority. Seen repeatedly in the transference and derived from his relationship with his mother, it contained an element in addition to the expected anally derived stubbornness and negativism. This additional facet was that to agree passively with his mother (or the analyst's interpretations) would be to consent to lose his identity by being incorporated and assimilated within her.

Finally, as a background fantasy in all his thoughts about eating meat was his anthropomorphic attitude that identified all animals as human and, therefore, all carnivores as cannibals. He would think of all the stories he had heard in his childhood of animals that spoke and behaved like humans, and these thoughts, in turn, led him to the Houyhynhynms of Swift's Gulliver's Travels and, finally, to the same author's A Modest Proposal.

Aside from his sexual inhibitions, vegetarianism was related to blocks in reading and learning, and these three areas were frequently linked in his associations. In each, the object is forbidden because of his destructive wish to penetrate it with his teeth, penis, or mind. Because he wished to bite off the woman's breast and sink his toothlike penis into her, he had to fear the woman's dentate vagina on a projective basis. "Since I have a penis and still want to bite yours off, I can just imagine what women want to do to me." Similarly, profound books were thought of as being "meaty" and meat imagery frequently accompanied his complaints about his inhibited learning. He felt that he only "stayed on the surface" of intellectual things, that many concepts were "difficult to digest," and that he was incapable of getting at the "meat" or the "marrow" of his field.

Finally, meat was equated with the parental phallus which the patient wished to steal. This wish was notable in his masturbation. For a time, his fantasy was only that he

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had the entire breast of a woman in his mouth, and he noted that he never bit it. Soon, he noticed that only one breast was ever present and that it was "erect" and conical. He finally noted that his mouth would fill with saliva when he ejaculated and he would compulsively spit it out. This uncovered the fellatio wish concealed in the fantasy. The next phase related to his always lying on his bed during masturbation, face down and with his feet on the floor. He began to experience anal sensations which led him to the surprised awareness that he was in the exact position his mother made him assume during his frequent enemas. This awareness led him to his fantasies of a phallic mother and his wish to castrate her by anal contractions.

**Discussion**

Although vegetarianism has not heretofore been the subject of a psychoanalytic paper, it has received occasional mention as a subsidiary issue. Vegetarian patients of Bergler (1944), Etchegoyen (1973), and Goldman (1938) were described as defending themselves against their oral aggression and a wish to bite the breast and penis. Moulton's (1942) patient was described as being revolted by food from animals because she was afraid of animals as a child. These observations are similar to those found in the patients in this report. In addition, it is possible to note the same idea in regressed patients who are poorly defended against their oral impulses. Abraham's (1916) schizophrenic patient illustrated the relation between cannibalism and eating meat without overt conflict. Abraham tells us, "The taste of meat reminded him of milk; both were 'greasy and sweet.' He said that just as he … experienced a sudden longing for milk, so he did for meat… His associations led … to the phantasy of biting into the female breast" (p. 257).

Although our expectation of finding intense ego-alien oral cannibalistic impulses in vegetarians has been amply fulfilled, it must also be noted that any explanation limited

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to this formulation must remain inadequate. The clinical psychoanalytic literature, even dating back to its earlier years, contains many examples of such ego-alien impulses that had either little effect on eating habits or led to anorexia without vegetarianism (Abraham, 1924); (Ferenczi, 1919); (Freud, 1918); (Gero, 1936), (1953); (Klein, 1932). Clearly then, the defense against oral cannibalistic wishes must be a necessary but insufficient precondition for the development of vegetarianism.

Unfortunately, our limited data do not allow for further conclusions on the etiology of vegetarianism. It is possible, however, to speculate that the patient's many conflicts in his identifications may also have been an important precondition for its development. Freud (1923) noted that such incompatible identifications may lead to a "disruption of the ego in consequence of the different identifications becoming cut off from one another" (p. 30). Similarly, Jacobson (1964) noted that such conflicting identifications may "predispose the child to identity problems which may gain a dangerous momentum during adolescence and extend into the life of the adult" (p. 142). The patient had many intensely conflicted identifications. Born into an orthodox Jewish family, he felt himself an atheist, yet he always found some pretext for obeying many of the holiday and sabbath rules. In fact, a tertiary basis for his vegetarianism was that it relieved his conflicts about adhering to the Jewish dietary rules, since a vegetarian diet is automatically kosher. A dramatic example of this kind of conflict in identification was revealed after about eighteen months of analysis. The patient had caught cold during the first Passover of his treatment and had casually commented that he always seemed to get sick during Passover. One year later, he again thought about this and wondered, "What plague will I come down with this year?" When questioned about his use of the word "plague," the patient was astonished to realize that he was thinking of the ten plagues visited upon the Egyptians. Inasmuch as he thought of himself as catching a plague, it was clear that there was an unconscious

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identification with the enemies of the Jews (i.e., his own family).

Many similar examples of conflicting identifications were uncovered during the analysis, and the patient was always in the position of feeling a precarious instability that might easily disrupt his feeling of personal continuity and identity and lead to alien attitudes, impulses, and behavior.

Allied to these conflicting identifications was the literal and concrete quality attached to his introjective mechanisms, to the degree that anything that was ingested would threaten his fragile stability. The patient literally felt that the ingestion of meat threatened him with becoming like an animal. His rational self knew better, but became relatively helpless when he contemplated a meat dish. Even the appearance of a motion picture with the title "You Are What You Eat" was an unsettling experience. In fact, introjections unrelated to vegetarianism also contained this same literal, concrete, and massive quality. There was, for example, a strong, conflicted identification with his father, who had been an intensely religious man. A severely withdrawn person, he routinely retired to a secluded room, ignored his entire family, and spent the evening reading various religious books. When the patient's identification with his father was strongest, he retired to a secluded room, ignored his wife and children, and spent the evening doing his atheistic equivalent of his father's reading — reviewing his collection of Israeli stamps with a feeling of bored compulsion. One gets the impression of a primitive defense remaining as an undeveloped foreign body alongside other, more complex defenses and other, more abstract modes of thought. Yet, the limited data do not allow for further speculation on the relationship between such conflicted identifications and vegetarianism.

Finally, two tentative speculations can be offered for future study. The first deals with the choice of symptom of vegetarianism. The patient's early primal scenes seem to have contained oral activities, especially fellatio, as a vivid component. Although he never recovered it as conscious memory,

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the patient was aware of his intense and spontaneous need to deny that his mother ever performed fellatio. In addition, active and passive fellatio fantasies played an important role in his masturbation. Then too, despite his fantasy interest, it was noteworthy that he never managed to have it performed on him, leaving the impression that, in addition to his fear of being bitten, he treated it as a forbidden erotic activity.

The final tentative speculation deals with the relationship between vegetarianism and the oral triad. Lewin (1950) not only proposed an oral triad of wishes of eating, being eaten, and falling asleep; he also noted that these three wishes must be studied in conjunction with each other. He noted that in mania proper, there was denial of both wishes to be devoured and to sleep. In contrast, the acceptance of these two wishes "may be singled out and called … ecstasy" (pp. 137-138).

The true vegetarian had equally interesting attitudes within the oral triad. The meanings of the inhibition included the denial of the wishes to eat and be eaten. In contrast, the patient had a marked hypersomnia, including frequent naps, and he even occasionally fell asleep during his analytic hours. In order to test for the frequency of hypersomnia in vegetarianism, the writer conducted an informal survey in the course of which he uncovered seven such patients who had been in psychotherapy or psychoanalysis. Although none of them were described as hypersomniac, the speculation could remain a viable one if fantasies of being asleep or dead, or behavioral extremes of emotional withdrawal and asocial behavior, etc., were to be found to accompany this condition. In any case, these speculations will require much further study.

**SUMMARY**

Two analytic cases with at least some degree of vegetarianism were presented and their oral cannibalistic impulses and conflicts were noted. The lack of full understanding of

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the ultimate etiology of vegetarianism was discussed, especially because defenses against cannibalism can only be described as a necessary but insufficient precondition for this phenomenon. The prominence of contradictory identifications and concrete and literally understood introjective mechanisms was noted as possibly reinforcing the prohibition against eating meat. Speculations were made relating vegetarianism to vivid oral primal-scene impressions, and to its possible expression within the oral triad.

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