



Freud's Theory of Psychosexual Development

Outline

- Introduction
- Important terms
- Stages
- Evaluation
- References





Introduction

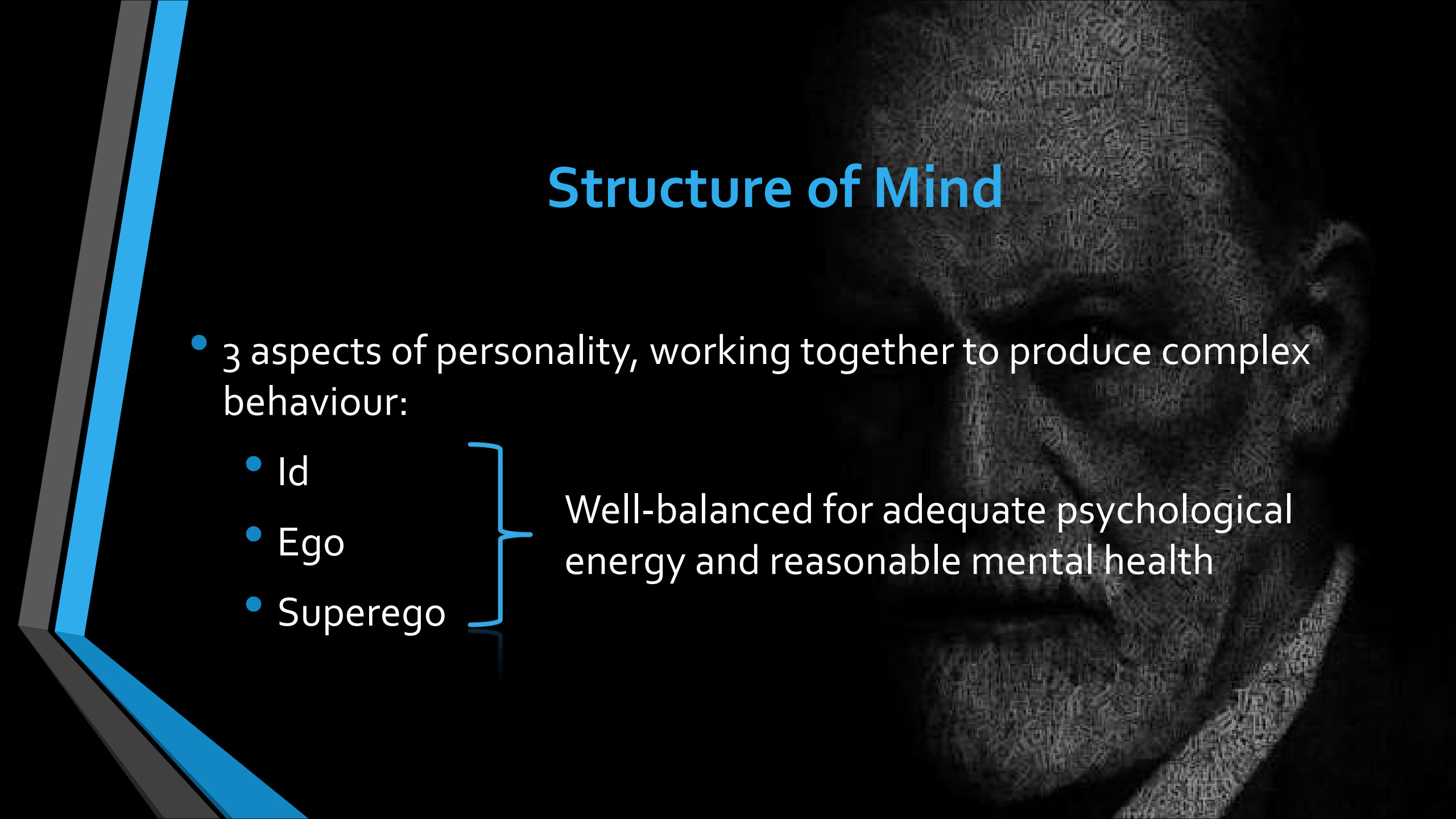
- Freud - personality established by age 5
- Early experiences – personality development and influence behavior in later life
- Personality develops through 5 stages – pleasure-seeking/psychosexual energies/libido become focused on erogenous areas – driving force behind behaviour

Introduction

- Instinct - Behaviour genetically programmed into entire species – not due to learning
- Libido – force representing sexual instinct in mind
- Libido undergoes complex process of development
- Specific aims & objectives at each phase

Structure of Mind

- 3 aspects of personality, working together to produce complex behaviour:
 - Id
 - Ego
 - Superego
- Well-balanced for adequate psychological energy and reasonable mental health





Id

- Unorganized, primordial reservoir of energy, derived from instincts, dominated by pleasure principle and primary process
- Personality of newborn; develops ego and super-ego later
- Pleasure principle - every wishful impulse should be satisfied immediately regardless of the consequences
- Demand achieved – pleasure; denied – “unpleasure”/tension



Ego

- Part of Id modified by direct influence of external world
- Coherent system of functions for mediating b/w instincts & outside world
- Decision making component of personality
- Controls apparatuses of motility and perception, contact with reality through defence mechanisms, inhibition and control of primary instinctual drives



Ego

Ego is “like a man on horseback, who has to hold in check the superior strength of the horse” (Freud)

Ego

Functions:

- Control and Regulation of Instinctual Drives
- Relation to Reality
- Sense of Reality
- Reality Testing



Superego

- Incorporates values & morals of society learned from parents & others
- Develops around age 3-5 yrs (phallic stage)
- Controls Id's impulses, esp. those forbidden by society
- Influences ego to turn to moralistic goals; strive for perfection

Id

I need to eat right this second!



Ego



SUPEREGO

You can't do that because you're in the middle of an important meeting.



Pleasure & Reality Principles

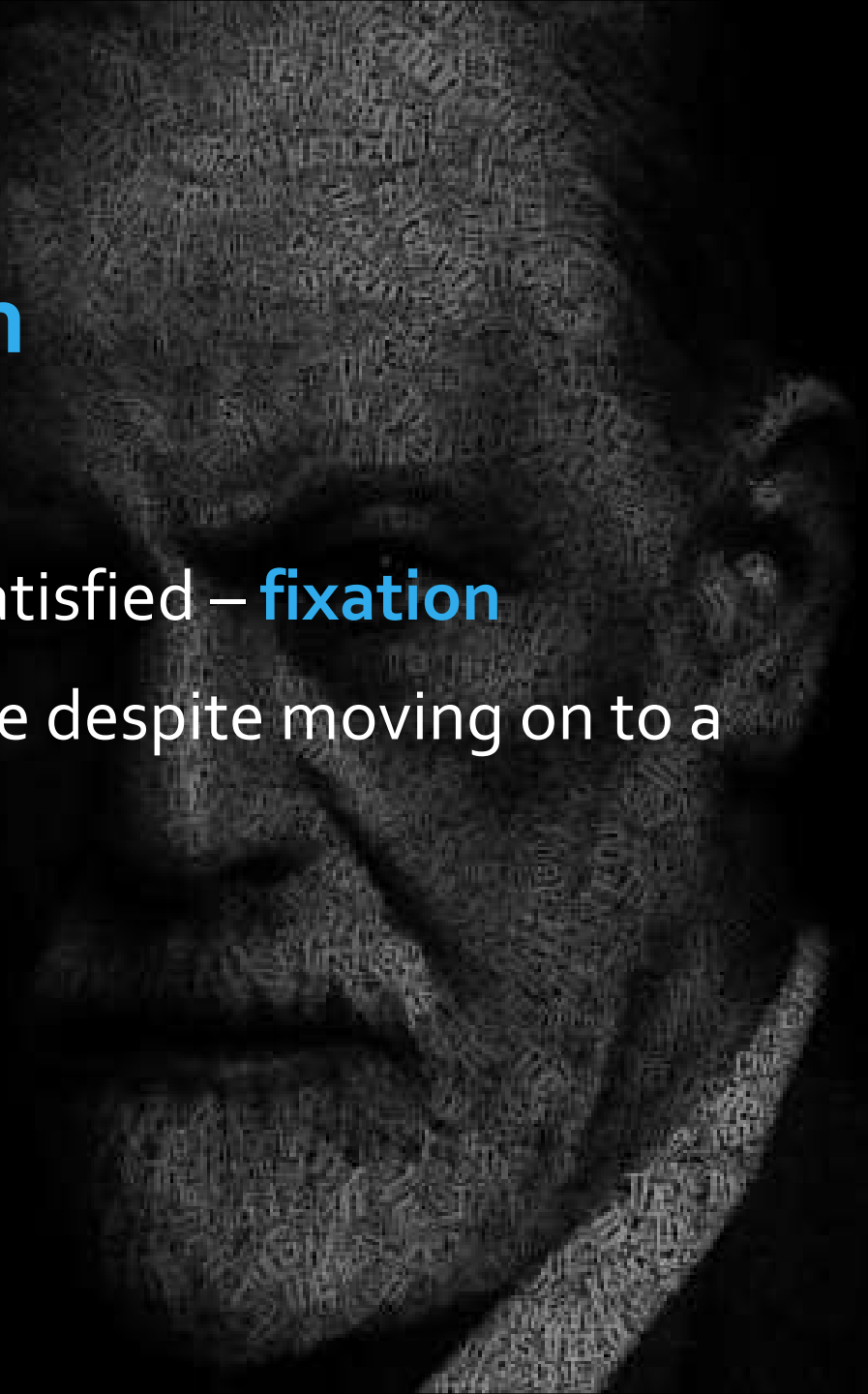
- **Pleasure Principle:** Inborn tendency to avoid pain & to seek pleasure through discharge of tension
- **Reality Principle:** Ability of mind to assess reality of external world, and to act upon it accordingly, as opposed to acting on the pleasure principle.

Erogenous Zones

- Innate tendency to seek pleasure by physical stimulation: mouth, anus, genitals (sensitive to touch) aka **erogenous zones**
- Different body zones active as per age and stage
- Shift of dominant erogenous zones from one age/stage to another

Fixation

- Needs of the child unsatisfied/over satisfied – **fixation**
- Continued attachment to an old stage despite moving on to a new one as per his/her age
- Problematic behaviour patterns



Stages

1. Oral
 2. Anal
 3. Phallic
 4. Latent
 5. Genital
- Urethral





Oral Stage



- Birth – 18 months
- Infant obtains sensual pleasure by sucking and biting; related to sucking reflex
- Center of libido – mouth
- Mouth important for eating, infant gets pleasure from oral stimulation



Oral Stage

- 2 components: libidinal (oral eroticism) & aggressive (oral sadism)
- Develops sense of trust and comfort
- Establishes dependence on nursing & sustaining object
- Dependent on others for maintenance and self-esteem
- Often combined with narcissistic attitude



Oral Stage

Fixation:

- Excessive optimism
- Pessimism
- Narcissism
- Smoking
- Envy



Oral Stage

Definition

Earliest stage of development in which the infant's needs, perceptions, and modes of expression are primarily centered in mouth, lips, tongue, and other organs related to oral zone and around the sucking reflex.

Description

Oral zone maintains dominance in psychic organization through approximately first 18 months of life. Oral sensations include thirst, hunger, pleasurable tactile stimulations evoked by the nipple or its substitute, sensations related to swallowing and satiation. Oral drives consist of two components: Libidinal and aggressive. States of oral tension lead to seeking for oral gratification, as in quiescence at the end of nursing. Oral triad consists of wishes to eat, sleep, and reach that relaxation that occurs at the end of sucking just before the onset of sleep. Libidinal needs (oral erotism) predominate in early oral phase, whereas they are mixed with more aggressive components later (oral sadism). Oral aggression is expressed in biting, chewing, spitting, or crying. Oral aggression is connected with primitive wishes and fantasies of biting, devouring, and destroying.

Objectives

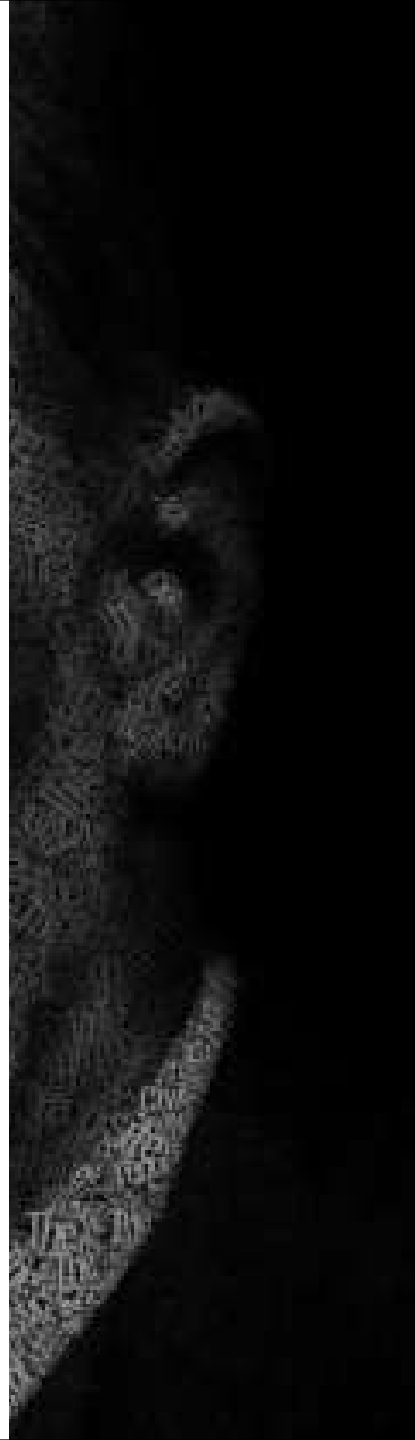
To establish a trusting dependence on nursing and sustaining objects, establish comfortable expression and gratification of oral libidinal needs without excessive conflict or ambivalence from oral sadistic wishes.

Pathological traits

Excessive oral gratifications or deprivation can result in libidinal fixations contributing to pathological traits. Such traits can include excessive optimism, narcissism, pessimism (as in depressive states), or demandingness. Envy and jealousy are often associated with oral traits.

Character traits

Successful resolution of the oral phase results in capacities to give to and receive from others without excessive dependence or envy, capacity to rely on others with a sense of trust as well as with a sense of self-reliance and self-trust. Oral characters are often excessively dependent and require others to give to them and look after them, and are often extremely dependent on others for maintaining self-esteem. These are readily amalgamated with narcissistic needs.





Anal Stage



- 18 months – 3 years
- Sensual pleasure highly localized to anal & rectal mucosa
- Fantasy organizes around anal pleasure & functions
- 1° focus of libido on controlling bowel and bladder movements
- Major conflict – toilet training – development gives sense of accomplishment and independence



Anal Stage



- Independence from parent's control
- Sphincter control without retention or messing; without sense of shame or self-doubt
- Capacity for willing cooperation without ambivalence
- Praise/reward: +ve outcome – competent/productive/creative
- Punish/ridicule/shame for accidents: -ve outcomes



Anal Stage

Fixation:

- Strict approach: **anal-retentive personality**: stringent, orderly, rigid, obsessive, stubborn, willful
- Lenient approach: **anal-expulsive personality**: messy, wasteful and destructive
- Common in obsessive-compulsive neuroses

Anal Stage

Definition	The stage of psychosexual development promoted by maturation of neuromuscular control over sphincters, particularly the anal sphincter, permitting greater voluntary control over retention or expulsion of feces.
Description	This period extends roughly from 1 to 3 years of age, marked by recognizable intensification of aggressive drives mixed with libidinal components in sadistic impulses. Acquisition of voluntary sphincter control is associated with an increasing shift from passivity to activity. Conflicts over anal control and struggles with parents over retaining or expelling feces in toilet training give rise to increased ambivalence, together with conflicts over separation, individuation, and independence. Anal erotism refers to sexual pleasure in anal functioning, both in retaining precious feces and presenting them as a precious gift to the parent. Anal sadism refers to expression of aggressive wishes connected with discharging feces as powerful and destructive weapons. These wishes are often displayed in fantasies of bombing or explosions.
Objectives	The anal period is marked by greater striving for independence and separation from dependence on and control of parents. Objectives of sphincter control without overcontrol (fecal retention) or loss of control (messing) are matched by attempts to achieve autonomy and independence without excessive shame or self-doubt

Pathological traits	from loss of control. Maladaptive character traits, often apparently inconsistent, derive from anal erotism and defenses against it. Orderliness, obstinacy, stubbornness, willfulness, frugality, and parsimony are features of anal character. When defenses against anal traits are less effective, anal character reveals traits of heightened ambivalence, lack of tidiness, messiness, defiance, rage, and sadomasochistic tendencies. Anal characteristics and defenses are typically seen in obsessive-compulsive neuroses.
Character traits	Successful resolution of the anal phase provides the basis for development of personal autonomy, a capacity for independence and personal initiative without guilt, a capacity for self-determining behavior without a sense of shame or self-doubt, a lack of ambivalence, and a capacity for willing cooperation without either excessive willfulness or self-diminution or defeat.



Urethral Stage

- Not attributable to Freud
- Transition from anal to phallic; often subsumed under phallic
- Pleasure from urination and urethral retention (~ anal)
- Loss of urethral control – reactivates anal conflicts
- Pride, self-confidence, competitiveness, ambition
- **Fixation** – penis envy in females

Urethral Stage

Definition

This stage was not explicitly treated by Freud but serves as a transitional stage between anal and phallic stages. It shares some characteristics of anal phase and some from subsequent phallic phase.

Description

Characteristics of the urethral phase are often subsumed under phallic phase. Urethral erotism, however, refers to pleasure in urination as well as pleasure in urethral retention analogous to anal retention. Similar issues of performance and control are related to urethral functioning. Urethral functioning may also have sadistic quality, often reflecting persistence of anal sadistic urges. Loss of urethral control, as in enuresis, may frequently have regressive significance that reactivates anal conflicts.

Objectives

At stake are issues of control and urethral performance and loss of control. It is not clear whether or to what extent objectives of urethral functioning differ from those of anal period, except that they are expressed in a later developmental stage.

Pathological traits

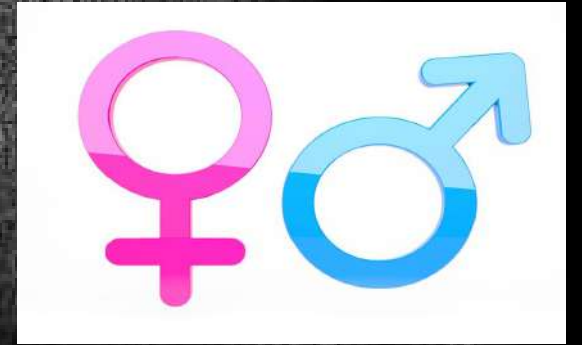
The predominant urethral trait is competitiveness and ambition, probably related to compensation for shame due to loss of urethral control. This may instigate development of penis envy, related to feminine sense of shame and inadequacy in being unable to match male urethral performance. This may also be related to issues of control and shaming.

Character traits

Besides healthy effects analogous to those from the anal period, urethral competence provides a sense of pride and self-competence based on performance. Urethral performance is an area in which the small boy can imitate and try to match his father's more adult performance. Resolution of urethral conflicts sets the stage for budding gender identity and subsequent identifications.



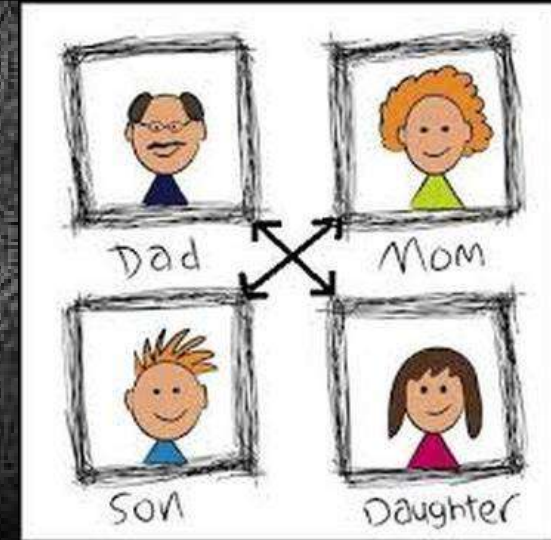
Phallic Stage



- 3 years – 6 years
- Sensual pleasures highly localized to genitals
- Penis common organ of interest to both sexes
- Children discover differences between males & females
- Fantasy for opposite sex parents – Oedipus & Electra complexes
- Superego development



Oedipus Complex

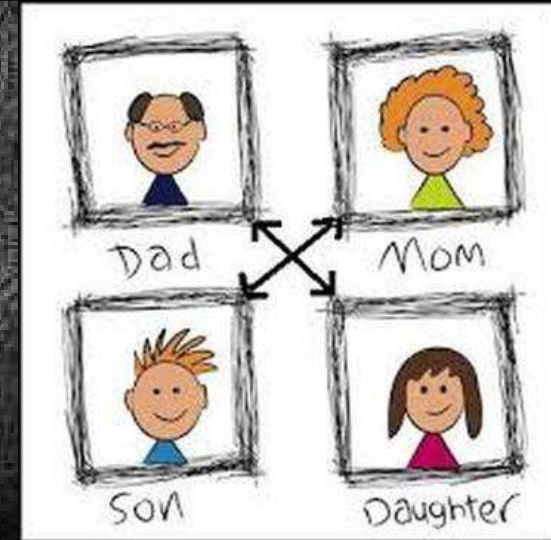


- Boy has sexual/sensual desires for mother; views father as rival for mother's affection – possess mother, replace father
- Fears being punished by father – “**castration anxiety**”
- Eventually begins to identify with father as a means of resolution
- Starts seeing father as role model





Electra Complex



- Girl attracted towards father
- Notices that she lacks male sex organs “**penis envy**”
- Fantasizes rivalry with mother, fears punishment, loss of love and genital damage
- Eventually identifies with mother, gives up sexual desire for father and views mother as role model





Phallic Stage

Fixation:

- Reckless/afraid of love
- Narcissistic
- Self-assured/selfish
- Poor opposite sex relationships



Phallic Stage

Definition	Phallic stage begins sometime during third year and continues until approximately end of fifth year.
Description	The phallic phase is characterized by a primary focusing of sexual interests, stimulation, and excitement in the genital area. The penis becomes the organ of principal interest to children of both sexes, with lack of penis in females being considered as evidence of castration. The phallic phase is associated with an increase in genital masturbation accompanied by predominantly unconscious fantasies of sexual involvement with the opposite-sex parent. Threats of castration and the related anxiety are connected with guilt over masturbation and oedipal wishes. During this phase oedipal involvement and conflict are established and consolidated.
Objectives	To focus erotic interest in genital area and genital functions. This lays the foundation for gender identity and serves to integrate residues of previous stages into a predominantly genital-sexual orientation. Establishing the oedipal situation is essential for furtherance of subsequent identifications serving as a basis for important and perduring dimensions of character organization.

Pathological traits	Derivation of pathological traits from phallic-oedipal involvement is sufficiently complex and subject to such a variety of modifications that it encompasses nearly the whole of neurotic development. Issues, however, focus on castration in males and penis envy in females. Patterns of internalization developed from resolution of the Oedipus complex provide another important focus of developmental distortions. The influence of castration anxiety and penis envy, defenses against them, and patterns of identification are primary determinants of the development of human character. They also subsume and integrate residues of previous psychosexual stages, so that fixations or conflicts deriving from preceding stages can contaminate and modify oedipal resolution.
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Character traits	The phallic stage provides the foundations for an emerging sense of sexual identity, of a sense of curiosity without embarrassment, of initiative without guilt, as well as a sense of mastery not only over objects and persons in the environment but also over internal processes and impulses. Resolution of the oedipal conflict gives rise to internal structural capacities for regulation of drive impulses and their direction to constructive ends. The internal sources of such regulation are the ego and superego, based on introjections and identifications derived primarily from parental figures.
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Latent Stage



- 6 years – puberty (12 years)
- Libido interests suppressed, sexual energy diverted to areas like intellectual pursuits and social interactions
- Few opposite sex friends; homosexual affiliations
- Development of social & communications skills & self-confidence



Latent Stage

Fixation:

- Lack of control – impacts learning and skill development
- Excessive control – premature closure of personality development; precocious elaboration of obsessive compulsive traits

Latency Stage

Definition	This is the stage of relative instinctual quiescence or inactivity of sexual drive during the period from the resolution of the Oedipus complex until pubescence (from about 5–6 years until about 11–13 years).
Description	The institution of the superego at the close of the oedipal period and further maturation of ego functions allow for considerably greater degrees of control of instinctual impulses and motives. Sexual interests are generally thought to be quiescent. This is a period of primarily homosexual affiliations for both boys and girls, as well as a sublimation of libidinal and aggressive energies into energetic learning and play activities, exploring the environment, and becoming more proficient in dealing with the world of things and persons around them. It is a period for development of important skills. The relative strength of regulatory elements often gives rise to patterns of behavior that are somewhat obsessive and hypercontrolling.
Objectives	The primary objective is further integration of oedipal identifications and consolidation of gender and sex-role identity. Relative quiescence and control of instinctual impulses allow for development of ego apparatuses and mastery of skills. Further identificatory components may be added to the oedipal ones on the basis of broadening contacts with other significant figures outside the family, e.g., teachers, coaches, and other adult figures.
Pathological traits	Dangers in the latency period can arise either from the lack of development of inner controls or an excess of them. Lack of control can lead to failure to sufficiently sublimate energies in the interest of learning and the development of skills; an excess of inner control, however, can lead to premature closure of personality development and precocious elaboration of obsessive character traits.
Character traits	The latency period is frequently regarded as a period of relatively unimportant inactivity in the developmental schema. More recently, greater respect has been gained for the developmental processes in this period. Important consolidations and additions are made to basic post-oedipal identifications and to processes of integrating and consolidating previous attainments in psychosexual development and establishing decisive patterns of adaptive functioning. The child can develop a sense of industry and capacity for mastery of objects and concepts that allows autonomous functioning and a sense of initiative without risk of failure or defeat or a sense of inferiority. These are all important attainments that need to be further integrated, ultimately as the essential basis for a mature adult life of satisfaction in work and love.





Genital Stage



- Puberty onwards
- Development of strong sexual interest in opposite sex
- Development of interest in welfare of others
- Successful completion of previous stages - individual becomes well-balanced, warm and caring, fully developed personality
- Participation in personal and professional areas





Genital Stage



Fixation:

- Guilt about sexuality
- Feelings of inadequacy
- Poor sexual relationships
- Anxious feelings regarding opposite sex



Genital Stage

Definition

The genital or adolescent phase extends from the onset of puberty from approximately ages 11–13 until young adulthood. Current thinking tends to subdivide this stage into preadolescent, early adolescent, middle adolescent, late adolescent, and even postadolescent periods.

Description

Physiological maturation of systems of genital (sexual) functioning and attendant hormonal systems leads to intensification of instinctual, particularly libidinal, drives. This produces a regression in personality organization, which reopens conflicts of previous stages of psychosexual development and provides opportunity for re-resolution of these conflicts in the context of achieving a mature sexual and adult identity. This period has been described as a “second individuation.”

Objectives

Primary objectives are the ultimate separation from dependence on and attachment to parents and establishment of mature, nonincestuous, heterosexual object relations. Related are the achievement of a mature sense of personal identity and acceptance and integration of adult roles and functions that permit new adaptive integrations with social expectations and cultural values.

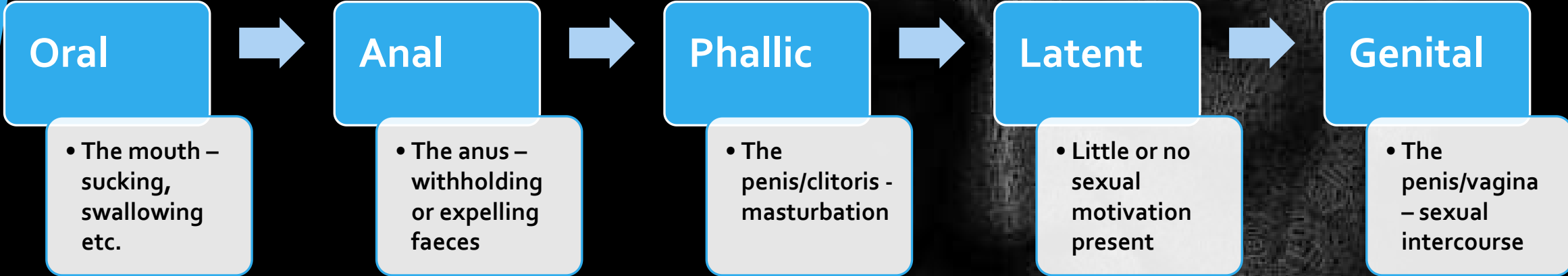
Pathological traits

Pathological deviations due to failure to achieve successful resolution of this stage of development are multiple and complex. Defects can arise from a whole spectrum of psychosexual residues, since the developmental task of adolescence is in a sense a partial reopening and reworking and reintegrating of all of these aspects of development. Previous unsuccessful resolutions and fixations in various phases or aspects of psychosexual development will produce pathological defects in the emerging adult personality and defects in identity formation.

Character traits

Successful resolution and reintegration of previous psychosexual stages in the adolescent genital phase set the stage normally for a fully mature personality with the capacity for full and satisfying genital potency and a self-integrated and consistent sense of identity. This provides the basis for a capacity for self-realization and meaningful participation in areas of work, love, and in creative and productive application to satisfying and meaningful goals and values.

Summary



Ego

Superego

Summary

Stage	Age	Focus of libido	Development	Adult fixation
Oral	0-1 yr	Mouth	Feeding	Smoking, overeating, nail biting
Anal	1-3 yr	Anus	Toilet training	Orderliness, messiness
Phallic	3-6 yr	Genital	Oedipus/Electra	Sexual dysfunction
Latent	6-12 yr	-	Socialism, skills	Lack of close friends
Genital	>12 yr	Genital	Sexual maturity	Relationship issues

Evaluation

- Contributed to understanding human development
- Unconscious influences impact human behaviour
- Importance of early life experiences on development having lifelong effects

Evaluation

- Controversial
- Difficult to test scientifically
- Stages related to childhood, but theory based troubled adults
- Too much focus on human sexuality
- Based on self-analysis



Evaluation

- Biased research samples – Freud's patients mostly middle class women – findings cannot be generalized
- Gender-biased; women inferior to men (penis envy)
- Opposing research against Oedipus complex

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Thank You

WHAT'S ON A MAN'S MIND

