3.5: Psychosexual Stages of Development

Above, we examined the basic development of libido and psychosexual function. Freud also believed that psychosexual function developed in a series of stages that occur in two waves. The first three stages occur during early childhood, from infancy to about the age of 5. Freud referred to this early period as the **pregenital phase** (Freud, 1905/1995). There is then a **latency period**, which lasts until puberty, after which the final stage, the **genital stage**, is realized and the individual is capable of physically mature reproductive functioning. These stages are typically presented as if they are exclusive and sequential. Although it is true that they are sequential, they are not entirely exclusive. Therefore, it is possible for the stages to overlap (Freud, 1938/1949). However, it remains true that during a particular stage one region of the body will be dominant, and most of the libido will be focused on that region (see Jarvis, 2004). For the sake of simplicity, we will treat the stages as if they occur one after another.

**The Psychosexual Stages**

The first phase of psychosexual development begins at infancy with the **oral stage**. According to Freud, the mouth is the first region of the body to become an **erogenous zone**, and this lasts for approximately the first year of life. During this time the mouth makes libidinal demands on the mind. In other words, the region of the mouth demands that the mind direct adequate libidinal energy to satisfy the desires of the oral region. Although this serves the purpose of sustaining the infant by satisfying its nutritional needs, Freud believed that the infant’s persistent sucking belied a need for satisfaction that was far greater than simply taking care of physiological needs. He believed that the infant needed to satisfy its desire for psychological pleasure independent of nourishment, and this was the basis for arguing that the behavior was sexual (in the larger, life-oriented perspective on sexuality).

Evidence for this stage is easy to see, and such commonplace observances contributed to Freud’s thinking. Infants suck almost continuously, even when not being fed. They suck their thumbs, they can be comforted with pacifiers, as they become older they put everything they can get their hands on into their mouths. If they cannot satisfy this need, they
may become fixated in the oral stage. As a result of this oral fixation, when an older child or adult becomes frustrated or overwhelmed, they may regress and engage in oral behavior. This occurs because the fixation of libido on the oral region during infancy results in a deficiency of the libidinal energy needed to cope with some stressful period of adulthood. This oral behavior can take many forms, such as: overeating, smoking, drinking too much (of course, this usually refers to drinking alcoholic beverages), or just talking excessively.

During the second stage of psychosexual development, the **anal stage**, the anus becomes the focus of the libido, and the child derives pleasure from the ability to both retain and expel feces. Initially, the pleasure associated with evacuating the bowels is felt within the child, something Freud referred to as the **autoerotic** nature of sexual development (Freud, 1917/1966). Soon, however, the child learns that the world can be an inhibiting place, that greater pleasure can be derived only if the child defecates when and where others consider it to be appropriate. This realization occurs as a result of the most significant parent-child interaction during this stage of development: toilet training. If the parents are either too strict or begin too early the child may develop the traits of an anal character (Jarvis, 2004). These traits include excessive orderliness, stubbornness, and parsimony, each of which results from denial of the child’s anal pleasure during toilet training. Orderliness, or tidiness, serves as a denial of taking pleasure in defecating, and stubbornness carries over from the child’s assertion of their right to defecate at will (Jarvis, 2004). Parsimony, or being stingy, stems from the child’s association of the feces with money. According to Freud (1917/1966):

He feels no disgust at his feces, values them as a portion of his own body with which he will not readily part, and makes use of them as his first ‘gift,’ to distinguish people whom he values especially highly. (pg. 390)

Freud was by no means unaware of how strange this part of his theory seemed. Immediately following the above quote, he went on to say the following, and remember that his **Introductory Lectures on Psycho-analysis** were actual lectures delivered to students at the University of Vienna:

I know you have been wanting for a long time to interrupt me and exclaim: ‘Enough of these atrocities! You tell us that defecating is a source of sexual satisfaction, and already exploited in infancy! That feces are a valuable substance and that the anus is a kind of genital! We don’t believe all that…’ No, Gentlemen. You have merely forgotten that I have been trying to introduce the facts of infantile sexual life to you in connection with the facts ... that for a large number of adults, homosexual and heterosexual alike, the anus does really take over the role of the vagina in sexual intercourse? (pg. 391)

So Freud was simply trying to address very real issues that he, and others, had observed in their clinical practices. His years of working in isolation had prepared him for dealing with disapproval, and he was not going to be shy about studying things that might make others uncomfortable.

The **phallic stage**, in which the libido focuses on the genitalia, represents the culmination of infantile sexuality. Although it typically occurs between the ages of 3 to 5 years old, it sets the stage for adult sexuality. Therefore, it is a very important period. According to Freud (1905/1995), this stage will “leave behind the profoundest (unconscious) impressions in the person’s memory; if the individual remains healthy they determine his character and if he becomes sick after puberty, they determine the symptomatology of his neurosis.” There are two critical aspects of this stage: the first involves the **castration complex** and **penis envy**, and the second is the Oedipus complex. Technically, the Oedipus complex subsumes castration anxiety, but it is important to consider these aspects separately. In **Three Contributions to the Theory of Sex** (Freud, 1905/1995), the book that obviously focuses on the sexual aspects of...
psychoanalysis, Freud discussed the castration complex and penis envy, but not the Oedipus complex. Although he discussed the Oedipus legend in his earlier books, he did not use the term Oedipus complex until 1910 (see Jarvis, 2004). The other reason for considering the major aspects of this stage separately is the difference between boys and girls. Penis envy is obviously something that only girls can experience and, according to Freud, the Oedipus complex is something that only boys can experience. Girls experience something similar to the Oedipus complex, but their efforts are in vain, and this has a permanent, negative effect on their character (Freud, 1938/1949). For more discussion on the latter point, see the section below on Freud’s perspective on the female psyche.

As we begin to address the castration complex and penis envy, it is important to realize that Freud’s phallic stage is entirely focused on the penis, for both boys and girls. As the libido becomes focused on the genitals, a boy begins to manipulate his penis. He experiences no shame, and even enjoys displaying his body (Freud, 1905/1995). As a counterpart to this joy in his own sexuality, children are often curious about seeing other children’s bodies. This creates a very different experience for boys and girls. When boys see a girl’s body, they believe the absence of a penis means that the girl has been castrated. This leads to a fear of the same thing happening to them, and creates castration anxiety, which in adulthood can lead to a castration complex. When girls see a boy’s body they are fully prepared to recognize the penis, and they become envious of it. Indeed, this envy can become strong enough that the girl wishes she was a boy (Freud, 1905/1995). Since she cannot be a boy, she begins to seek an alternative, either her father or a child of her own.

As Freud continued to develop his theory of the phallic stage, he included a broader perspective beyond the castration complex: the Oedipus complex. A boy’s first love object is his mother, the one who feeds him and attends to all of his needs. This is only natural. As his libido becomes focused on his genitalia, however, this takes on the sexual desire that became so controversial. Keeping in mind that Freud did not believe that children understand the adult reality of their desires (much of it is unconscious), he described their behaviors as obvious evidence of their desire: boys talk about loving and marrying their mother, they persistently pursue being in her presence when she is dressing, they want to be in bed with her at night, etc. (Freud, 1917/1966). This eventually leads to conflict with the father, and with it the castration anxiety described above. Since there is no satisfactory resolution, given that the father is much more powerful than the child, the boy is compelled to give up the Oedipus complex, to repress it. In the healthiest condition, the Oedipus complex is completely destroyed in the id, and gives rise to a severe superego (Freud, 1933/1965). This repression, or destruction, of the Oedipus complex allows the boy to transition into the latency period.

For girls, the Oedipus complex takes a very different course. A girl’s first love object is also her mother, since again it is the mother who provides most of the childcare. Once the girl realizes that she does not have a penis she develops penis envy, and she must undertake a change in her love object to her father, the one who can provide her with the desired penis. The mother is then seen as a rival for the father’s penis, and indeed as someone who has already received all that the girl wants from her father. This can intensify feelings of hostility toward the mother. Consequently, she may enter into the Oedipus complex feeling that it is a refuge or safe haven. However, the girl does not fear castration, since she has no penis to begin with, and without the fear of castration leading to repression of the Oedipus complex there is no motivation for the girl to move into the latency period (Freud, 1933/1965). Freud believed that girls remain in the Oedipus complex, and thus the phallic stage, for an indeterminate period of time, and that they cannot ever completely resolve it. Adding one more point of controversy, the only way in which girls can shift from an initially masculine situation (the mother as love object) to a feminine situation (the father as love object) is if they replace their penis envy with the desire for a child, given the ancient symbolic equivalence between the penis and giving birth (Freud, 1933/1965).
Following the oral, anal, and phallic stages there is a period of latency, during which progress is at a standstill. There are, however, some interesting things that happen during this period. The child knows that they are still incapable of procreation (even though this knowledge may be unconscious), so they begin to turn away from their sexual desires. They begin to view sexual impulses with disgust and shame, and to consider them immoral (Freud, 1905/1995). Although their education has much to do with this, Freud believed that it is also a natural occurrence. To compensate, the child (or the child’s mind, as this again may be entirely unconscious) engages the defense mechanism of sublimation: the conversion of the unacceptable sexual impulses into activities that are socially acceptable (such as school work or sports). Another important consequence of this mental activity is that we forget our infantile sexual impulses, something Freud called infantile amnesia. Infantile amnesia is critical to the whole theory of the development of neuroses and the technique of psychoanalysis (Freud, 1938/1949), and it is one of the main reasons that many adults insist upon denying the possibility of infantile sexuality in the first place.

With the onset of puberty, the individual enters the final stage of psychosexual development: the genital stage. If the challenges of the earlier stages have been resolved in a satisfactory way, the individual is finally capable of appropriate and mature intimacy and sexual behavior. All of the psychodynamic processing that has taken place is not gone, however. According to Freud (1938/1949), even normal people have some of the following factors included in their final psychosexual organization: some libidinal cathexes are retained, others are taken into sexual activity as preliminary acts (such as foreplay), and still others are excluded from the organization either by repression or sublimation.

Freud’s Perspective on the Female Psyche

I would like to begin this section by being fair to Freud. First and foremost, there were no other theories on the development of personality for Freud to consider as he developed his own theory. Second, most of the patients Freud saw were women, and apparently he needed to explain how it was that so many of his patients were women and not men. There were certainly other possible explanations than those offered by Freud, but it has been easy for others to look back and criticize him with the benefit of new and different ideas. One must also keep in mind that Freud was a basic scientist for many years, and he put a lot of emphasis on details. It is an undeniable, biological fact that men are male and women are female! Freud believed that psychology could never truly understand sex and gender differences unless we could understand why so many species exists as two different sexes in the first place (Freud, 1933/1965). Nonetheless, having acknowledged this, Freud’s theory does, unfortunately, describe women as the products of an incomplete and frustrated male development.

Freud believed that the development of the feminine psyche was more difficult and complicated than that of the masculine psyche for two main reasons, neither of which is faced by boys during their development. Initially, there are basic biological differences, both anatomically and in terms of temperament. Girls are typically less aggressive, defiant, and self-sufficient; they also seem to have a greater need for affection, and as a result become more dependent and pliant. However, Freud disregarded these differences, feeling that they were insignificant compared to individual differences between boys and girls (Freud, 1933/1965). Through much of the first wave of infantile sexuality, particularly the oral and anal stages, there is no difference between boys and girls. Even during the early portion of the phallic stage there is no difference between the sensations boys experience via the penis and the sensations girls experience via the clitoris. The first difference, however, arises from the need for girls to shift the focus of their libido from the clitoris to the vagina, particularly with regard to the importance of the latter for sexual activity leading to procreation. The second difference is the need for the girl to shift the focus of her libido from the mother to the father as she enters the Oedipus
complex. This shift in the love object is not easy, and the outcome is not pleasant.

Freud proposed that the young girl’s attraction to her father at the beginning of the Oedipus complex is not simply a shift in the libido, but involves a rejection of the mother who had been the previous love object. The girl’s rejection of her mother is accompanied by hostility, and can end in hate. The hate can be profound and last the girl’s entire life, even if it is carefully compensated for later in life (Freud, 1933/1965). The reason for this hostility toward the mother arises from the castration complex and penis envy. Whereas a boy fears being castrated, the girl believes that she already has been, and the mother is responsible. The girl then develops an overwhelming desire to have a penis, the so-called penis envy, but it simply cannot be. Even when a girl is old enough to understand the basic biology of sex differences, she still retains an unconscious feeling of having been wronged and a considerable cathexis of libido remains (Freud, 1933/1965). It is interesting to note that Freud acknowledges that it is difficult to see these processes in action if one simply observes young girls. However, in his clinical practice he saw patients whose neuroses amplified these processes, and following psychoanalysis the underlying basis of this developmental stage seemed evident to Freud.

Table \( \PageIndex{1} \): A Summary of the Psychosexual Stages

<table>
<thead>
<tr>
<th>Stage</th>
<th>Approximate Age Range</th>
<th>Essential Elements</th>
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<tbody>
<tr>
<td>Oral Stage</td>
<td>Birth through the first year</td>
<td>The mouth is the source of erotic pleasure; this helps to obtain nourishment, but babies also put everything else they get their hand on into their mouths</td>
</tr>
<tr>
<td>Anal Stage</td>
<td>From age 1 to 3 years old</td>
<td>The anus is the source of erotic pleasure; toilet training is the major task of this stage (and as any parent can tell you, a most interesting experience!)</td>
</tr>
<tr>
<td>Phallic Stage</td>
<td>From age 3 to 5 years old</td>
<td>The genitals are the source of erotic pleasure; boys may fear castration, girls develop penis envy; boys resolve the Oedipus complex due to the motivation provided by their castration anxiety; since girls are not motivated by castration anxiety, they lack the motivation to completely resolve the Oedipus complex</td>
</tr>
<tr>
<td>Latency Period</td>
<td>From age 6 to puberty</td>
<td>At the beginning of this period infantile amnesia hides our earlier experiences from us; recovering them is the major task of psychoanalysis</td>
</tr>
<tr>
<td>Genital Stage</td>
<td>From puberty throughout adulthood</td>
<td>If the earlier stages were resolved successfully, then normal adult life proceeds; if not, a neurosis may develop; according to Freud, women cannot resolve the Oedipus complex, so they must have some psychological deficiencies relative to men</td>
</tr>
</tbody>
</table>

How then is a girl to resolve the Oedipus complex and achieve a healthy, adult personality? As described above, she can’t! In Freud’s own words:

The girl, after vainly attempting to do the same as the boy, comes to recognize her lack of a penis or rather the inferiority of her clitoris, with permanent effects on the development of her character; as a result of this first disappointment in rivalry, she often begins by turning away altogether from sexual life. (pg. 26; Freud, 1938/1949)

In these circumstances the formation of the superego must suffer; it cannot attain the strength and independence which give it its cultural significance, and feminists are not pleased when we point out to them the effects of this factor upon the
average feminine character. (pgs. 160-161; Freud, 1933/1965).

Another important observation that came to Freud in his early psychoanalytic practice was the recognition that almost all of his female patients reported having been seduced by their fathers (which, if true, is an inaccurate way of saying they were sexually assaulted by a child molester). This led Freud to propose a seduction theory, which was the basis for first proposing the role of sexual trauma in the development of neuroses. This sexual trauma did not have to be as severe as rape, but it was considered significant nonetheless (see Jarvis, 2004). Later, however, Freud came to the conclusion that these seductions occurred only in the fantasies of the young girls. Indeed, Freud described the fantasy of a young girl being seduced by her father as the typical expression of the Oedipus complex in women (Freud, 1933/1965). Freud was criticized for theorizing that young girls fantasized about being seduced by their fathers, and Breuer ended his pursuit of understanding sexual trauma when faced with the same conclusion (Freud, 1914/1995). Today, however, Freud is criticized more for having turned away from what may have been his most startling discovery, the prevalence of sexual abuse (see Jarvis, 2004).