

FREUD, SIGMUND (1856–1939). The twentieth century saw perhaps no more influential thinker on sexuality than Sigmund Freud. While many aspects of his theory have entered the vernacular (Oedipus complex, penis envy, castration anxiety) and have left an indelible mark on how we think about sexuality, the status of Freud's theory is still contested, and his reputation continues to undergo periodic rises and falls. Detractors from different orientations argue that Freud's theories condone everything from the oppression of women and sexual minorities to sexual licentiousness and immorality. In his own day,

Freud's view that sexuality was intrinsically "perverse" was provocative, insightful, and in some ways progressive.

Freud was born in the small town Freiburg (Příbor) in Moravia, an area of the Austro-Hungarian empire that eventually became, in 1993, the Czech Republic. His family moved to Vienna when he was four, and Freud spent most of his life there. A Jew, although never religious, he was compelled to seek exile in England in 1938 after Germany's annexation of Austria. He died in London from cancer (he had developed tumors on the palate, perhaps from smoking cigars, by 1917). As a young man, Freud studied medicine at the University of Vienna and in 1885 went to Paris for an internship under Jean-Martin Charcot (1825–1893), a leading researcher on hysteria. Charcot had been using, with success, hypnosis in the treatment of hysterics, and Freud's experience with Charcot led him to turn his studies to psychology. Returning to Vienna a year later, Freud established a private practice and replaced the use of hypnosis with the "free association" technique, establishing the basis for what would become psychoanalytic theory and practice.

The importance of sexuality for Freud's work is already present in his claim in the early *Studies on Hysteria* (1895), written with Josef Breuer (1842–1925), that the symptoms of hysteria are sexual in nature even when they do not appear to be overtly sexual. Hysterical patients often suffered from choking or coughing fits, fainting spells, or false paralyses—all symptoms without an underlying organic disturbance. A hysterical paralysis would not follow the neurological paths of a true paralysis, and hysterical coughing was not accompanied by any virus or infection. To support his view that in these cases "*the patient's symptoms constitute his sexual activity*" Freud pointed to the mechanism of repression ("My Views," 278). The free association technique encouraged patients to say whatever came into their minds, however nonsensical or irrelevant it might seem. This technique unearthed long repressed ideas and memories, generally with an overtly sexual content, that were associated with the hysteric's symptoms. Reconnecting these sexual ideas to the symptom led, in many cases, to the dissolution of the symptom. Freud hypothesized, then, that while the ideas and memories associated with sexuality can be repressed, the affects associated with sexuality cannot be. These affects are forced to express themselves in a distorted form, in the form of a hysterical symptom with no apparent link to the repressed ideas.

Freud came to the view that sexuality is at work in hysteria early in his career but still did not have a theory that accounted for the cause of the dissociation between sexuality as an affect and the ideas associated with it. For several years in the 1890s, Freud held that hysteria was caused by a traumatic encounter with sexuality in childhood, through abuse or molestation. He held that this early traumatic encounter with sexuality would create incompatible ideas for the child about the molester (such as feelings of hostility or betrayal toward a previously beloved family member). The incompatibility of the new ideas associated with the seducer would lead to a repression of the **seduction**. This view, the "seduction theory," assumed that sexuality is not naturally present in childhood; its presence was understood to be due to the actions of an adult or older child. The seduction theory required that anyone suffering from hysterical symptoms in adulthood must have been a victim of sexual abuse in the past. This became harder and harder for Freud to maintain, and he eventually came to feel that the condition of hysteria was far more widespread than could be accounted for by the seduction theory. Thus, he abandoned this theory of hysteria in favor of a new one that placed the cause of hysteria no longer in a traumatic sexual event but in "normal" infantile sexuality. His rejection of the seduction theory has been criticized by some who accuse Freud of neglecting the fact of child sexual abuse even when he had

evidence to the contrary (see Masson). Others have written that this criticism does not withstand scrutiny (see Crews et al. for discussion). Some neuroses were clearly caused by sexual abuse, Freud felt. Others were not, and for some of these cases Freud argued that the memories his patients had of sexual abuse were actually fantasies. The hysterical symptoms in these cases were formed because of the repression of these sexual fantasies, which contained sexual ideas concerning family members or other important childhood figures.

The view that sexuality is already present in the infancy and childhood of both neurotic and healthy individuals became a central tenet of psychoanalytic theory, and the events that occurred during the course of the development of infantile sexuality through adulthood were seen to prescribe "the direction that will be taken by later sexual life after maturity" ("My Views," 274). To paraphrase poet William Wordsworth (1770–1850), the child is the father of the adult: The contingencies of infantile sexuality laid the groundwork for the sexual behaviors of adulthood.

Infantile sexuality appears in three main stages, each centered on different parts of the body, called the erotogenic zones, which act as sources of stimulation: the oral, anal, and genital zones. These are not the only erotogenic zones, but they are the central ones. Indeed, Freud claimed that any part of the body could serve as an erotogenic zone. The symptoms of hysteria showed this. Parts of the body not normally associated with sexuality become in hysteria areas of **sexual activity**: The throat in hysterical choking, the lungs in hysterical coughing, the limbs of the body in hysterical paralysis are all cases in which parts of the hysteric's body became sexualized.

To pinpoint the nature of sexuality (infantile and adult; normal, neurotic, and perverse) Freud distinguished stimuli that originate from an organism's external world from stimuli that originate from within an organism. Examples of the latter would be hunger and thirst but also the kinds of instincts that Freud would call sexual drives. (The standard translations of Freud render the *Trieb* as "instinct," but more recent translations and many psychoanalysts and scholars prefer "drive," to avoid confusion with what are commonly called instincts, as well as to avoid confusion with the German cognate *Instinkt*.) Organisms deal with stimuli coming from the external world by means of instantaneous reactions; for example, a contraction of the pupil in response to a bright light, or running away from a threatening situation. Instincts like hunger and thirst are sources of stimulation coming from inside the organism, and the fact that "no flight can avail" against such stimuli forces the organism to adopt other methods to deal with the stimulation ("Instincts and Their Vicissitudes," 118).

All instincts are sources of stimulation coming from within an organism, and sexual drives could be considered a special set of such instincts. Freud felt that this difference needed to be reinforced by a terminological distinction. "Libido" is Freud's word for the quantity of energy associated with a sexual drive. This quantity can appear in different forms and be put to a variety of uses, but whatever its form and whatever its use, the presence of this type of stimulation qualifies as sexual. To make an analogy: If sexuality is thought of as an organ, libido could be thought of as the substance that the organ secretes. This substance can appear in greater or lesser quantities, and it can take on a variety of different forms (symptoms, sexual acts, fantasies, dreams).

With the *Three Essays on the Theory of Sexuality* (1905) Freud aimed in part to criticize a view of sexuality according to which it first appears only in puberty and in only one particular form: an attraction to members of the opposite sex for the purpose of reproduction. Freud felt that this was an idealized and limited view of sexuality and argued that what we call sexuality in adulthood (coitus) is but one particular form in which sexuality appears: It cannot claim to be more natural, nor can it claim to be a developmental inevitability. This

was also true of heterosexuality: “[F]rom the point of view of psycho-analysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact” (*Three Essays*, 146; note added in 1915). To support his view, Freud distinguishes between sexual aims and sexual objects. Freud claimed that the aim of any instinct “is in every instance satisfaction, which can only be obtained by removing the state of stimulation at the source of the instinct” (“Instincts,” 122). According to Freud, the purpose of the nervous system of any organism is to reduce the amount of stimulation within the organism “to the lowest possible level” (120). This rule, called the pleasure principle, is applied to sources of stimulation from both inside and outside the organism. Whatever the source of the stimulation, a feeling of pleasure is brought about when the quantity of stimulation in an organism is lessened, and a feeling of displeasure occurs when there is an increase in stimulation. While all instincts share the same aim, the ways in which instincts obtain satisfaction differ, and this is where the status of an instinct’s object becomes important. The object of an instinct is what an instinct uses to achieve its aim. Hunger requires food, thirst requires liquid, and both hunger and thirst are satisfied by incorporating things from the external world into the body. In the case of these instincts, there is a close link between the aim and the object: Special sorts of objects are required for the instinct’s satisfaction. In the case of sexual drives, however, Freud claimed that the aim and the object are merely “soldered together” and are in principle independent of each other (*Three Essays*, 148). The object a sexual drive uses to obtain satisfaction may be anything from an inanimate object (fetishism) to another species (**bestiality**); from another person or a part of that person’s body to one’s own body. Freud argued that it is even possible for an organism to obtain satisfaction for its instincts by merely hallucinating or imagining the presence of its object. Thus, the object of a sexual drive may in some instances be entirely phantasmatic. This idea played an important role in Freud’s theory of dreams and **fantasy** (including daydreams): Experiencing thirst while sleeping, a person may dream about drinking, thereby temporarily alleviating the thirst instinct while also being able to fulfill the simultaneous wish to stay asleep. While “hallucinations” only temporarily alleviate instincts such as hunger or thirst before the need to eat and drink becomes too strong, the aim of sexual drives can be fully attained by such means.

The loose connection between the aim and object of sexual drives permits sexual drives to be sublimated. Sublimation occurs when a drive does not achieve the aim of satisfaction through its normal channels and its normal objects but through objects and actions that are devoid of any overt sexual significance, such as artistic activities, religious practices, and other behaviors.

Freud’s theory of sexuality thus stretches the concept of sexuality beyond its conventional use. This stretching made Freud vulnerable to one persistent objection, that he advocates pansexualism. Pansexualism holds that all human desires and actions boil down to the satisfaction of sexual drives: Psychoanalysis would, on this view, reduce everything to sex. Freud argued that while the importance of sexuality as a contributing factor to the neuroses, psychoses, and perversions cannot be neglected and must be upheld by any theory calling itself psychoanalytic, psychoanalysis does not claim that sexuality is the exclusive source or purpose of all human actions, desires, and interests. Nor does it claim that it is the exclusive cause of psychological troubles, although psychoanalysis does claim that sexuality is a factor in more psychological problems and more types of human behavior than is generally believed. To those who continued to object to his extension of sexuality, Freud pointed out that his view had precedent in “the Eros of the divine Plato,” which was also not restricted to adult, heterosexual coitus (*Three Essays*, 134).

Freud's "On Narcissism" (1914) added to the pansexualist controversy. Prior to this paper, Freud held that there were two basic orders of drives: sexual drives as well as "ego" drives. The latter serve the interest of self-preservation yet are also the source of affectionate feelings toward others ("Universal Tendency," 180). In "On Narcissism," Freud argued that a child's ego is first formed as an object by his or her sexual drives. This makes narcissism an extension of the autoeroticism that Freud held to be one of the main characteristics of infantile sexuality. The implication, then, is that the affectionate and self-interested drives that Freud claimed originate from the ego are actually just a subset of the sexual drives, since they come from an "object," albeit an internal object, that was created by the investment of the sexual drives. Many of Freud's colleagues felt that this brought Freud's theory closer to pansexualism (Jones, *Life and Work*, 303).

Narcissism, for Freud, is an extension of the early autoerotic activities of childhood. Autoeroticism is but one of two major characteristics of infantile sexuality. The other one is that this sexuality attaches to activities involved in the satisfaction of the infant's organic needs. Freud takes sensual sucking to be the infant's earliest sexual activity. Sucking is necessary for the infant to obtain nourishment, and while the satisfaction of the hunger instinct occurs by taking in objects (milk) from the external world, the activity of sucking on its own provides satisfaction that Freud dubs sexual: In sensual sucking "the need for repeating the sexual satisfaction now becomes detached from the need for taking nourishment" (*Three Essays*, 182). This pursuit of sexual satisfaction in sucking, divorced from biological needs yet using the avenues the body employs in meeting its needs, is typical of the perverse kernel of sexuality. The child can find any number of substitutes (a thumb, a pacifier) to obtain this satisfaction, and what makes it a sexual satisfaction is its independence from hunger or any other instinct.

The infant's next source of sexual satisfaction comes from the anal zone. Again, this is a zone of the body that, like the lips and mouth, plays an important role in the infant's ability to fulfill its biological needs. Just as was the case for the mouth and lips in hunger, the anal zone provides a sexual satisfaction on top of the satisfaction of the needs relieved through that zone. This satisfaction can also be repeated in separation from any need: through stimulation from rubbing or the intentional release and retention of the contents of the bowels.

Oral and anal sexuality show that infants engage in autoerotic activity even before their genitals are of any real interest to them. So Freud remarks that the genitals are not at all the original or oldest sources of sexual stimulation. The genitals become objects of interest to boys and girls in association with the need to urinate, and the conditions in which the genitals become an erotogenic zone and a center of autoerotic activity are similar to the conditions seen in the two previous zones. Freud also argues, however, that once an infant is familiar with the autoerotic activity available from oral sexuality, the genitals will be found to provide a particularly acute source of autoerotic pleasure.

Freud's description of the three initial stages of infantile sexuality suggests that the sex of the infant does not make any difference for either the nature or the development of sexuality up to the genital stage. Freud pointed out that around age four an important modification occurs in genital sexuality, and at this point whether the child is male or female is important. This second genital stage is a critical stage in the development of sexuality, for it is a stage at which the autoerotic behavior that characterizes infantile sexuality changes back into a form of sexuality that seeks satisfaction from objects in the external world. Initially, before it became autoerotic, the oral drive did have an object: the breast. This return to an object, in what Freud calls an "object-choice," is now accompanied by drives coming

from the ego: the drives that are involved in **love** for others. Yet the objects sought by the sexual drives in this second genital phase are repetitions of the initial sexual object: "There are thus good reasons why a child sucking at his mother's breast has become the prototype of every relation of love. The finding of an object is in fact a refinding of it" (*Three Essays*, 222). With the convergence of ego-drives and sexual drives upon the same external object, which is a repetition of the original object, the stage is set for the Oedipus complex.

First mentioned in his *The Interpretation of Dreams* (1900), the Oedipus complex is one of Freud's most significant theoretical legacies (see also *The Ego and the Id*, chap. 3). Freud argued that both boys and girls go through a period during the second phase of genital sexuality that deserved to be compared to the situation of the Greek hero. Sophocles's (495–405 BCE) *Oedipus Rex* tells of an Oedipus who murdered his father and took his mother as his wife. The Freudian Oedipus complex is not a literal repetition of this scenario; however, the Oedipus complex involves more than mere wishing and hidden desires. Freud pointed out how a young boy "may show the most undisguised sexual curiosity about his mother, he may insist upon sleeping beside her at night, he may force his presence on her while she is dressing or may even make actual attempts at seducing her" (*Introductory Lectures on Psycho-Analysis*, 333). While a boy of four or five would not aspire to coitus, having no idea about it, he may seek out his mother as a source of genital arousal (in exhibitionism, incidental contact during washing, and so forth).

For a time Freud held that girls go through an Oedipus complex, too, simply with the genders reversed: love for the father and rivalry with the mother. He later argued that the situation was more complicated than that. Both boys and girls, Freud claimed, enter the Oedipus complex under the same conditions: with the mother as the primary object and the father as a rival. For boys, the penis remains the primary erotogenic zone before, during, and after the Oedipus complex. Yet for girls both the object and the source of the sexual drive changes: The object changes from mother to father, and the source of stimulation changes from the clitoris to the vagina. Thus, the Oedipus complex for girls is the structure in which girls attain femininity. Femininity is seen by Freud as an accomplishment because he saw the autoerotic activity of girls prior to the Oedipus complex as basically masculine. Clitoral **masturbation** is the primary sexual activity during a girl's genital phase, and Freud did not believe that this activity differed in kind from the masturbatory activity of boys. Both could be called "phallic" and "masculine" since they are primarily characterized by an activity centered on the genitals. Thus, Freud claimed that libido is essentially masculine in nature, even in the case of female sexuality, insofar as it is primarily active. Yet feminine sexuality becomes different in kind from masculine sexuality when it has a "passive aim." The shift from masculine libidinal activity to feminine occurs when the vagina replaces the clitoris as a girl's primary source of sexual stimulation ("Female Sexuality," 228). This is, not surprisingly, one of the more controversial aspects of Freud's theory of sexuality, and it was contested even in his lifetime by psychoanalysts such as Ernest Jones (1869–1958; *Papers on Psychoanalysis*, 438 ff.) and Karen Horney (1885–1952; *Feminine Psychology*, 37–53).

Freud also held that both boys and girls experience a castration complex. Interestingly, however, for boys the castration complex occurs after the Oedipus complex, whereas girls enter Oedipus with a castration complex already in place. The castration complex is characterized, for boys, by an anxiety over the loss of the penis. During the Oedipus complex, the boy fears that he may be punished with castration by his father or a similar authority figure for his feelings toward his mother. This leads to a repression or destruction of the

Oedipus complex, yet the feelings aroused in him later by other women in adulthood will echo the feelings he initially had for his mother. This makes the romantic life of adulthood a difficult libidinal challenge, since it will always run up against what Freud referred to as the “rock of castration”: a fear of punishment for breaking the incest taboo (“Analysis Terminable,” 252). Castration anxiety, Freud argued, could account for such phenomena as psychical impotence (for example, an inability to have sex with one’s wife or partner but concurrent with an ability to have sex with anyone else) and some men’s overestimation of certain women as pure, unstained love objects and simultaneous devaluation of the women with whom they have sex. In “Universal Tendency” (186), Freud offers the following sobering advice: “[I]t sounds not only disagreeable but also paradoxical, yet it must nevertheless be said that anyone who is to be really free and happy in love must have surmounted his respect for women and have come to terms with the idea of incest with his mother or sister.”

Since girls enter the Oedipus complex with a castration complex already in place, it cannot be said that girls fear castration: Rather, what they fear during and after Oedipus is a loss of love from their mothers as punishment for their incestuous desires. This difference is due in part to the fact that girls do not interpret sexual difference the same as boys do. Boys tend not to believe their eyes when confronted with the anatomical difference between boys and girls and hold on to the belief that girls have penises for as long as possible. When this is no longer possible, boys frequently believe that girls used to have penises but have lost them (are castrated) and that this loss was due to a punishment. (Freud felt that this accounts for why many men hold women to be inferior beings in adulthood.) Girls are less inclined to interpret sexual difference in this way, and at any rate, they do not experience castration anxiety when confronted with the anatomical difference: Freud argued that they experience themselves as already castrated. Freud writes that along with this “they are overcome by envy for the penis—an envy culminating in the wish . . . to be boys themselves” (*Three Essays*, 195).

Given this primary childhood wish to be a boy and have a penis, Freud discerned three distinct lines of development for girls, only one of which would result in “normal” womanhood. One line results in sexual inhibition (a general lack of interest in sex and sexual satisfaction). This is a response to penis envy in which a woman renounces sexual satisfaction altogether to avoid being reminded of her castration: any sexual satisfaction would evoke the disappointment she felt as a girl at the difference between her clitoris and a penis. Another option is what Freud calls the “masculinity complex,” in which the girl “clings to her clitoridal activity” and identifies either with her father or mother, whom she continues to believe, unconsciously, is not castrated (thus, Freud calls this a “phallic” mother; *New Introductory Lectures*, 130). In this position, a girl acts as if her wish to be a boy and have a penis has already been fulfilled. The last possibility is what Freud refers to as “normal femininity,” in which the wish for a penis is replaced by a wish for a baby. This wish for a baby is an important factor in the girl’s entry into the Oedipus complex. In the feminine Oedipus complex, instead of remaining with the wish to have a penis, the girl wishes for a child from her father and experiences her mother as a rival for her father’s love (*New Introductory Lectures*, 128).

Freud held that after the Oedipus complex, children entered a latency period, which lasts from the age of six or seven to puberty. This period is characterized by a general repression of the autoerotic activity of early childhood, and it is during this period that what Freud called infantile amnesia occurs: our inability to remember much of anything about the sexual life and the sexual fantasies of early childhood. Sexuality and fantasy life awaken once again with the onset of puberty, which can lead to a revival of the Oedipus complex.

Freud’s view of female sexuality has been roundly criticized for its phallogocentrism by feminist writers interested in and even attracted to, yet also critical of, other aspects of

Freud's theory (see, for example, Nancy Chodorow, Jane Gallop, Evelyn Fox Keller, and Juliet Mitchell). His views on **sexual perversion** and **homosexuality** also continue to be the subject of lively debate. Freud's use of the term "perverse" was not meant to imply any devaluation or ethical dismissal of the actions in perversion, yet Freud's views on perversion seem to suggest that people whose sole sexual activities are "perverse" are psychologically immature. Freud did claim that "the extraordinarily wide dissemination of the perversions forces us to suppose that the disposition to perversions is itself of no great rarity but must form a part of what passes as the normal constitution" (*Three Essays*, 171). Passages like this suggest that for Freud the difference between perversion and normalcy is not all that great (for discussion, see Neu); indeed, perverse sexuality exemplifies the crucial distinction between the sexual aim and the sexual object. Freud even claimed that in a certain sense homosexuality was universal, insofar as everyone makes unconscious homosexual "object-choices." These are present in **friendships** for members of the same sex or in identifications with same-sex figures (parents, teachers, peers, and role models) throughout life (*Three Essays*, 144n.1). This type of universal homosexuality is, however, significantly different from what we ordinarily call homosexuality, which is defined by specific sexual practices. For many, Freud's definition of sexual perversion in terms of nonprocreative, infantile forms of sexuality continues to suggest that even though perversion is also a component of normal sexuality, nevertheless normal sexuality may mark a progression away from an exclusive practice of perverse sexuality. Still, Freud was far from seeing homosexuality as immoral. In a famous letter to a concerned mother who wrote to Freud about her son's homosexuality, Freud sought to assuage her concerns and at the same time managed to put his views on homosexuality quite clearly:

Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness; we consider it to be a variation of the sexual function, produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and modern times have been homosexuals, several of the greatest men among them. (Plato, Michelangelo, Leonardo da Vinci, etc.) It is a great injustice to persecute homosexuality as a crime—and a cruelty, too. (Letter 277 [9 April 1935], Ernst Freud, *Letters of Sigmund Freud*, 423)

Freud is widely credited with having changed the way we think about sexuality. Starting with the basic idea that hysterical symptoms were actually forms of sexual activity, Freud was led to understand human beings as fundamentally sexual creatures, beginning at birth. Central to Freud's theory of sexuality is the view that sexuality is defined neither by genital activity nor by the aim of reproduction. It appears initially in the form of oral activity and becomes autoerotic with the infant's ability to find a satisfaction in sucking that is detached from the need for food. The fact that sexuality later becomes an activity that is not primarily autoerotic is seen by Freud to be an accomplishment and not at all an inevitable one. It is an incredibly fragile accomplishment, and sexuality is always inclined to regress or fixate on its earlier forms. Whether Freud held that adult heterosexual coitus is somehow developmentally superior to forms of infantile sexuality and the perversions, he lends to sexuality an intrinsically perverse core.

See also African Philosophy; Arts, Sex and the; Bisexuality; Ellis, Havelock; Firestone, Shulamith; Freudian Left, The; Kolnai, Aurel; Lacan, Jacques; Leibniz, Gottfried; Paraphilia; Perversion, Sexual; Poststructuralism; Psychology, Twentieth- and Twenty-First-Century; Schopenhauer, Arthur; Sexology; Sherfey, Mary Jane; Singer, Irving; Spinoza, Baruch; Westermarck, Edward

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Ed Pluth

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