Chapter III

THE ROLE OF THE INFANTILE SEXUALITY

I

Exposition

Neurosis does not ensue haphazardly, say, in a fortnight. It should be traced and may be traced back to infancy. This is for the fact that a long period for predisposition is necessary. But this long period may cover up any length of time in an individual's life. To this Freud will reserve the period only for infancy. He happened to analyse many neurotic patients, all of whom were talking of infantile experiences which were sexual in character in some way or other. "Sexual life does not begin only at puberty but starts with clear manifestations soon after birth."¹ "Sexual life comprises the function of obtaining pleasure from zones of the body - a function which is subsequently brought into the service of that of reproduction."² Consequent on this he postulated infantile sexuality as the source of neurosis. Let us see how he arrived at this strategic stage.

At the outset, a theory of psycho-sexual genesis including infantile sexuality was propounded. The theory is divided into three stages - (a) infantile stage, (b) latency

¹. An Outline of Psycho-analysis - S. Freud, 1940, p. 141
². Ibid.
period and (c) genital stage. The infantile stage is further sub-divided into three stages - (a) oral stage, (b) anal stage and (c) phallic stage. A detailed explanation of each stage is obviously necessary.

(a) The Oral Stage

The first weaning occurs at birth. The new-born child reacts to the frustration of being born with the development of the independence of breathing and the responsibility of having to do so. Otto Rank considers birth itself the first and greatest universal human frustration. Most psychoanalysts think that Rank considerably overemphasised the importance of birth but all admit that it may have psychological significance. The nervous system of the child is so relatively undeveloped that it probably has less effect than Rank believes. The psychoanalysts have very much evidence, however, that the behaviour of the child in nursing and in weaning is of the greatest significance for his personality.

The new born child is a completely helpless individual. We have reasons to take him to be very much undifferentiated as a person. He is largely id in the sense used in the last chapter, and has no idea of the self, or ego, or conscience, or superego. His wants are few. He wants to be fed when he is

3. The myth of the Birth of the Hero - O. Rank, 191
4. The Ego and the Id - S. Freud
hungry, to be kept dry and warm. And approximately the first eight months of his life are concerned with caring for these needs. The young child probably does not differentiate clearly between breast and artificial feeding. To begin with, he is primarily a physiological organism. When his stomach is empty or when he is cold or when he is uncomfortable from defecation or urination, this physiological status is translated into the first psychological unpleasantness. Feeding at the mother's breast is the most important activity, both physiologically and psychologically, for the young child. For this reason psychoanalysts refer to the period from birth to about eight months as the oral sucking period. The libido is located chiefly in the mouth and oral region. The mode of pleasure finding and hence tension relief is sucking and swallowing. The child has no conscious knowledge of his aggressive urges.

Although some children never progress beyond this stage, the average child is forced by the frustration of weaning to begin to develop a differentiated person structure. About the age of eight months, weaning begins to play an important role in the child's life. He is taken from the breast and some, at least, of his food is gained by other methods than sucking. This is a traumatic experience for the child. He has to develop some self-directed activity other than sucking to satisfy his needs. The first crude ideas of outside reality and the first diffuse ideas of himself as an individual develop at this time. At the same time, he develops his teeth and has for the first time an instrument with which he may exhibit aggressive behaviour. Most mothers who nurse
their children until the teeth are developed are well aware that at about this time the child shows his dissatisfaction at the frustrations of weaning by biting. In this conflict situation, we have the beginnings of what we shall later call the "Oedipus situation". The result of the resolution of the conflict created by the frustration of the purely passive oral sucking behaviour is the development of oral aggressiveness or the oral-sadistic period. This is accompanied by considerable repression. Throughout the oral sucking period, the child is predominantly dominated by the pleasure principle. His personality to begin with is all id in its dynamic aspects and chiefly unconscious in its topographical aspects. At the end of the oral sucking period, the ego begins to emerge and with it consciousness and an extended sense of reality. One must not get the idea that this emergence occurs at exactly eight months or any other definite time. Actually this is a very gradual process of a dialectical nature.

With the development of teeth, the child can show aggressive behaviour and so enters into a new stage of his development. This lasts from around eight months to around eighteen months. Again, the time limitations vary greatly. One must not get the idea that all the behaviour of the oral sucking stage automatically disappears at eight months or is completely replaced by the oral biting behaviour up to eighteen months. On the contrary, much of oral sucking behaviour remains and certain aspects of even the grown personality and the adult character have already been determined at eight months. Let us say that all our eating and drinking behaviour through
life represents the continuation of the oral sucking stage, although its form becomes much changed through environmental influences. Thus, eating and interest in food represent oral characteristics. Likewise, the pleasure all of us get from kissing a loved one on the lips originates in the oral stage.

Although certain adaptations to the oral sucking period remain permanently in the personality, new traits emerge and the personality develops further differentiation with the frustration of weaning. In the oral biting stage, the aim or mode of pleasure finding is in biting as well as in sucking and swallowing. The child is motivated not only by the erotic urges of tender sucking but by the aggressive urges of destroying. He becomes ambivalent towards his mother. He loves her as the source of his satisfaction, but at the same time he hates her, because, to a certain extent, she has neglected him for that he is no longer completely dependent on her. We have seen that the oral sucking child was primarily autoerotic. This autoeroticism continues, but we find with the emergence of the ego the appearance of the early narcissism. A child not only loves his body and the comfortable feelings ensuing from it, but he begins to have an idea of himself as an object and part of the libido is directed to himself. Soon after the development of the oral biting stage, the child is finally weaned from the bottle and forced to play an active role in his own food-getting process. Besides this, he is being trained in habits of personal cleanliness throughout this period. Often, at around this time, a second child appears, and we know that the baby has enough of an idea of reality at
this time to be jealous of this second child. The combination of the final weaning, the beginnings of training in habits of personal cleanliness, and the possible appearance of a new child represents the second major traumatic experience. The ego becomes even more differentiated from the id and the centre of the world, but that there is outside reality which he will have to meet. The effect of the resolution of this complex leads to the strengthening of the ego and further development of the reality principle as a motivating force, although the pleasure principle is still dominant. In many cases, the feeling of being cheated develops. The manner in which the child comes through the late oral period is of the greatest importance for his later personality structure and character.

In this way, psychoanalysts attribute much of our later character, and personality structure to the frustrations of earliest childhood. We can now have a better sense of what is meant by infantile sexuality. Since our original eating behaviour starts out in connection with a libidinal gratification, Freud shows that there are sexual elements even in the process of food getting. From the beginning, the child is a socialized and sexual individual.

(b) The Anal Stage

The general reader will find it easier to accept the correctness of the psychoanalysts' ideas about oral development than he will those concerning anal development. The oral
period is largely concerned with food getting at the time when the infant is very much undifferentiated and where the mode of food getting may be modified. The food getting itself may not be completely frustrated, however. Man must eat if he is to continue to live. Even the partial continuation of oral behaviour are socially more allowable than those of anal behaviour, which we are now about to explain. Under the proper circumstances, we are all allowed to eat and kiss. Admiration for a pretty mouth is universally acceptable. Our toilet habits are, however, strictly regulated by society. To admit pleasure in defecation and urination, but to admit publicly admiration for the buttocks and anal region is also rarely permissible in our society. Karin Stephen points out that such admiration is quite permissible in some primitive societies and that we have very good reason for believing that the average individual was interested in the buttocks and anal region and received pleasure from urination and defecation during his childhood.

But even the adult receives, under some circumstances, at least a feeling of quite comfortable relief from urination and defecation. All of us have experienced situations when we would like to go to the toilet but where, either through lack of facility or through embarrassment, we cannot go immediately. Under such conditions a great deal of visceral tension arises, the relief of which may be actually pleasant. In connection with the oral stage, we saw that the growth of the teeth and the aggressive ability to bite out of the oral frustrations. The young child to begin with is without
sphincter control. The musculature connected with evacuation of the bladder and bowels is at first undifferentiated. Probably the child only experience evacuation when the viscer al tension is very high, so that the normal act of evacuation may bring to the child feelings of relief similar to those which the adult experiences after extreme inhibition of anal function. Children are not by nature cleanly in their personal habits and must, like puppies, be "housebroken". The anal expulsive period overlaps with the oral period and occurs from about six months to three years. In the anal expulsive period the aim or mode of pleasure finding is the expulsion of the feces and urine. But the child comes to perceive that the parents place great weight on the feces and urine being given to the parent under the proper social situation. The child is often told, "Do something now for mother", or "Make sure that you go to the toilet before we go out." Very early, then, urine and feces are seen by the child as something dirty to be gotten rid of, on the one hand, and something valuable to be retained, on the other. Since the ego and sense of reality become well developed at this period, the child comes to feel very powerful in this respect. The morning going to the toilet is so emphasized by many parents that a good bowel movement appears to the child the most important thing in the day's work. It is also something for which he is given rewards. On the other hand, he soon realizes that besides the personal pleasure from urination and defecation and the rewards they bring under the right circumstances, under the wrong circumstances he may use urination and defecation aggressively. Parents realize
that bedwetting is at the same time a pleasure and an aggression.

In the anal expulsive period, autoeroticism continues but becomes predominantly anal in its nature. The narcissism of the oral stage continues likewise. During this period, the ego becomes well established and the pleasure principle activates only relatively little more of the child's behavior than does the reality principle. The child has come to what psychoanalysts call "the level of reality testing." At the level of reality testing, the reality principle is strong enough developed that the child perceives the consequences of giving into the pleasure principle under certain circumstances. From this time on in the normal development, pleasurable acts are generally carried out only in so far as they are not completely irreconcilable with reality.

In this period come the beginnings of the formation of the superego, the exact details of which will concern us shortly. In this period there are also the beginnings of the formation of ideas of sex differentiation in the child's mind, the first realization is that the child must turn to a person of a definite sex. The Oedipus situation continues to be the chief conflict situation. The little boy has the first beginnings of thinking of himself as a future man, the little girl has to realize that eventually she will have to turn from the mother to the father. The effect of the social frustration of personal habit training is the development of the anal retentive stage.
Where the child previously gained pleasure from the expulsion of urine and feces, the child now realizes the social value of retaining, controlling, and possessing them. Furthermore, the child's reasoning is different from ours. The child comes to see the excreta as things of independent value. Although it is hard for us to realize it, there are at this time in the child's thinking certain confusions. Has all the openings in the body are to a certain extent considered equal: the mouth, the anus, and the vagina are not clearly differentiated. All things extending from the body also become confused. Thus the penis, nipples, and feces are unconsciously equivalent. The feces themselves play a dual role. They are valuable under certain conditions as gifts; under other conditions, they are dirty and may become insults.

Some of this childhood confusion continues into adulthood. The anal region becomes something valuable and beautiful or something repulsive and used to insult. Thus, the insulting factor of flatus is realized among all individuals. Everyone realizes what is meant by "giving the bird" or "bronx cheer". Practically every language has a colloquialism in which the insulted one is asked to kiss the anal region. On the other hand, in the child, feces properly given represent gifts. Thus, feelings of omnipotence and extraordinary power come from the time when the child first realizes that he can control this all-important process of urination and defecation.

In the period roughly from twelve months to four years, the child comes to personal cleanliness. The final frustration of his anal behaviour occurs at around the fourth year. At
this time, still, another type of psychosexuality is beginning to be active, namely, genitality. The conflict brought about by the giving up of anal pleasures leads to the resolution of the anal retentive period. In the jump from anal expulsive behaviour to anal retentive behaviour, we have the development of the period of reality testing. The child not only sees reality as something with which he has to meet and as something which is not always friendly, but he realizes that he has to stand alone in a family. He has the first vague realization that not only is he not the centre of interest but that father and mother really are perhaps even more interested in each other than they are in him. This is a hard blow for the child to take. He develops into the phallic period.

(c) The Phallic Stage

Just as the child has to be brought to personal cleanliness, he has to be brought to wear clothes. Nudism is quite a natural phenomenon with young children. Children learn about sex differences at a very early period. They practically always have occasion to see not only brothers and sisters naked, but also to see mother and father naked. Thus, they come to realize the difference between the sexes. Furthermore, often children see mother and father in sexual intercourse and even if they do not actually observe parental intercourse, they soon come to realize something about it. When they are out of the room or put to bed or forced to go and play, it is obvious that something very interesting occurs.
between the parents. In the early phallic period, the chief aim or mode of pleasure finding turns from the anal region to the genitalia. Just, however, as we saw that the oral period did not cease to exist at the emergence of the anal period, similarly, neither oral nor anal periods cease to exist with the development of the early genital period.

The early genital or phallic period develops dialectically out of the anal period. Some analysts even insert another period, the so-called "urethral period", before it. The process of urination is, under certain circumstances, a pleasant one. Furthermore, it is known that urinary visceral tension very often increases the pleasure of sexuality in adults. Consequently, there is probably a period in the life of both the little boy and the little girl where the pleasure of urination is partially anal (in the technical sense of the word) and partially genital. We know from numerous observations by child psychologists that all children masturbate intermittently during early childhood and that masturbation becomes the most important source of psychosexual satisfaction in the fourth and fifth years. The aim or mode of pleasure finding of the early genital or phallic period is through the touching, the rubbing, and the exhibiting of the genitalia. This phallic interest is primarily narcissistic in character. The child is interested in his own genitalia rather than in those of the opposite sex. Most adult males can remember a period in which they indulged in urination contests and were much concerned with the size of their own and their friends' penises. Similarly, most adult females remember interest in the genitalia of both sexes. Very
often children of opposite sexes engage in mutual masturbation, where the little boy is concerned with his penis and the size of it and the little girl is concerned with her lack of a penis. All children know by this time that papa has a big penis and that mama has no penis at all. There is a great deal of confusion in the child's mind as to just how the sex organs function. It is, however, realized by normal children at the fourth or fifth year that the story about the stork is a monstrous lie. Children know that the new child comes out of mama, but how it gets in and how it gets out is another problem.

In this period, the child begins to have ideas, however erroneous they may be, about sexuality. He masturbates frequently and begins to wonder what the consequences of sexuality are. For the first time, the child must choose an object for the sexual act and this choice naturally falls on the parents, or in some cases, the siblings. This is not because of any hereditary mechanism but because the parents and siblings are in the life situation of the child. Also, the parents are persons of great power and tremendous prestige to the child. The male child, interested in his penis, cannot help but think, "When I grow up, I shall have a penis like father." The female child very often thinks, "When I grow up, I shall have breasts like mother." In this way, children overcome feelings of inferiority. Such solutions to the child's feelings of inferiority are not the only possible ones, however. Both little girls and boys wonder why mother has no penis while father does have one, and the idea which most frequently occurs to them in connection with this is that originally mother did
have one but she somehow lost it. Similarly, little girls often think that they at one time had penises but lost them. The male child tends to think to loss of the penis as a colesally unfortunate possibility; and the female tends to think of her penis as already lost. This situation in the male leads to the Oedipus situation, the castration complex, and the repression of infantile sexuality. It leads to the same thing in the female, but the sequence of events is somewhat different; we must, therefore, treat the phallic period of the male and the female separately.

The male has always been dependent on his mother and, when he develops his first ideas of sexuality and its significance, he chooses the mother as a love object. He realizes, however, that the mother is possessed by the father. He sees the father not only as a potential rival for the mother's affection but also as the possible avenger of his desires on the mother. During this time, his masturbation fantasies often contain the mother as a sexual partner. One must not get the idea that the child necessarily has any precise and exact ideas of what coitus means. He does know, however, that the penis is connected with coitus and that coitus is a highly valued and pleasurable act to the parents. The parents feel they must prevent this infantile interest in genitalia and ensuing masturbation. He is taught by both the mother and the father to stop masturbating, to "take his hands away from there," "not to play with himself." He is often told the horrible consequences of masturbation, that it is bad and nasty, and in some cases he is even threatened with castration. "If you do
"not stop playing with yourself, I shall cut it off", says either the father or the mother. The situation arises which is known as the Oedipus situation. The boy loves his mother, wants to possess himself of her, but realises the consequences of becoming a real rival to his father. The fear of castration frustrates the infantile masturbation in connection with the Oedipus situation and leads to the repression of infantile sexuality. Since the oral and the anal components of sexuality are not completely clearly differentiated from the phallic in the child's mind, this repression of the Oedipus situation carries with it all ideas of infantile sexuality. "The male child, however, not only loves the mother but identifies himself with the father. When he grows up, he will be like father; when he grows up, he will have a penis like father. Consequently, he introjects a part of the father particularly that part of the father which tells him that he must give up his infantile sexuality. This becomes the superego. Actually, parts of the mother have also been introjected in connection with the prohibitions of anal behaviour. What we call our conscience is actually the voice of the parents saying, "You shall control your bowel movements"; in other words, "You shall do your duty." "You shall not indulge 'in masturbation' "; in other words, "You shall deny sexuality."

Such a solution to the Oedipus and castration complexes is called the positive solution of the problem. This is the normal one and leaves the child in the so-called "latency period", where sexuality remains in the unconscious, so that he may grow up and become civilized and eventually take ever
the role of the father in his own family. Very often, however, we have the reverse of this process. The male child chooses the father as love object, considers the mother as rival, identifies himself with the mother. In such cases, we have the basis for the development of adult male homosexuality rather than adult male heterosexuality.

By the castration complex, psychoanalysts understand much more of infantile behaviour than is shown in the fear of actual castration. The castration complex covers the fears of all sorts of painful retaliation on the part of the parents because of the sexual and aggressive wishes of childhood. The male child, as well as the female is always bisexual and fears the loss of his father's love as well as the actual punishment by the father for his attachment to the mother. Possessive love in the child leads to jealousy, which lead to imagined aggressions, which again lead to the fear of punishment (castration as only one form) for these imagined aggressions and fear of loss of the love of the one who is the object of the aggressions. The castration complex refers to this whole behavioural situation. Freud called it the castration complex because in its most severe pathological manifestations it is always actual castration which is feared. Although actual castration may rarely be threatened in our society, in some societies it is not only threatened but practised. That adult males place a higher value on their sexual organs than on any other is so obvious a fact to the honest individual that it needs no particular demonstration.
The outcome of the Oedipus and castration situations in the female is of the same import as it is in the male but follows a slightly different sequence. The female also develops superego, which prevents her from continuing to indulge in infantile masturbation and which protects her against sexuality until society permits it after the period of adolescence. In general, we may say that the little girl reverses the procedure in that she has masturbatory fantasies about the father and considers the mother the potential rival. It is the mother's warning voice which is incorporated into the mind of the girl through the process of introjection and becomes her superego. The first libidinal cathexis, however, for the little girl is the same as for the little boy. In the oral and anal stages, it is the mother more than the father who is the source of all good things in her environment. Consequently, we see that the Oedipus situation in the female starts out with love of the mother. The same interest in sexuality which characterizes the little boy, however, characterizes the little girl. She also wonders as to why she is different and why she has no penis. Adler has pointed out that it is normal for the little girl to have a penis envy. At the urethral period, she also gets sexual excitement through urination and begins infantile masturbation. Her growing knowledge of sexuality convinces her that she may no longer choose the mother as a sexual object, but now must choose her father. Unconsciously, a penis may have the same value as a child.
Thus, the girl begins to see in the possibility of having a child a compensation for her loss of a penis. Her masturbatory fantasies, then, are concerned normally with imagined intercourse, but again one must not suppose that the child knows precisely what happens in intercourse with the father or that as a result she will have children. Most little girls at this age not only want children, but if allowed to express their desires want many children. The repression of the Oedipus situation through the fear of its consequences occurs much more slowly in the girl child than in the boy. The girl child is also taught that she must give up her infantile masturbation because of threatened loss of love if she continues it. The superego in the girl in the normal outcome of the Oedipus situation, then, is the mother identification through introjection. The voice of the conscience is the carryover of the voice of the parents saying, "You must be clean anally; you must do your duty"; "You must stop your infantile masturbation, you must give up sexuality if later you are to have children."

Thus, as the male conscience makes the individual active and dutiful and causes him to inhibit his sexual functions to fit into the rules of society, the female conscience does the same thing.

As the little boy may go through the Oedipus situation in a negative fashion, so may the little girl. In this case, the little girl wants to be like her father and identifies herself with her father in order that she may love or be loved by some one like her mother. This is important in the development of female homosexuality.
We have noted the nature of sexuality as prevalent in the infantile stage according to Freud. The phenomenon of sexuality in this stage, although of infancy, is not permissible by society as reflected in family life. Eventually, the sexual traits are to be put in exile from the level of consciousness, i.e., they are to be suppressed or repressed. Freud chooses the latter.

As a psychologist Freud was aware of the individual differences. So, naturally, there will be difference in the levels of consciousness of sexual traits of separate individuals. There will be also difference in the degree of these traits from person to person. The formation of Oedipus and electra complexes in boys and girls respectively are common phenomenon. These complexes are undesirable elements in the society. They are to be resolved and are resolved. In the resolution of these complexes another important complex, i.e., castration complex, comes to play a big role. Now this complex is not formed in different individuals in the same nature and degree. This is due to the fact that differences in sexual traits in its degree can be noted in individuals.

The point as stated above can be best explained in the relation of a young male child with its mother who differs from that of another male young child with its mother. The first child may be in a rich family where no sibling is born. The family may be a standard one in an urban setting. The second child, however, is in a poor family where seven or eight siblings are born. The family is a sub-standard one in a rural
setting. In both the families there is no other woman except the mother. We imagine the situation to our advantage. In these life situations, the first child is more prone to Oedipus complex than the second child. The question of setting - urban and rural - is brought in for the fact only that in the urban way of life almost all young children are almost always under the care of the mother.

The situation will be more illuminated by the term, "fixation" which was taken by Freud as very much decisive in the life of a child who may become neurotic in the near future or in the remote date.

Psychoanalysts and students of Psychoanalytical literature are conversant with the term, fixation. But this term has been, sometimes, loosely used by some writers to include any preference or choice in selecting mode of behaviour, taste of food, dress etc. Apart from the general psychological connotation, in psychoanalysis, usually it means a psychosexual emotional attachment to an early stage of libidinal development or to an object at such stage, which causes difficulty in normal mental development in forming new attachments, new interests or establishing new adaptations. Fixation, therefore, causes impairment in normal libidinal development of the person so fixed at any stage mentioned. More frequent fixation met with in analysis are Narcissistic Fixation or even pre-Oedipal fixation or other fixations at oral or anal stage, homosexual fixation and Oedipal fixation. In the wider sense of the term it may include, as has been mentioned, any particular choice-pattern etc. I shall confine my exposition within the
psychoanalytical connotation of the term, fixation.

I shall try to place only the general conditions and situations found to be responsible for the fixation at a particular stage. Needless to mention that a fixation takes place early in the developmental stage of the libido. We are, therefore, confronted with the question: under what circumstances can a child get so fixed? Since the problem is an emotional one, we are to seek for the answer in the emotional life of the growing child. It gets emotionally fixed at a particular stage and such emotions should have some sort of a libidinal character in it. For clarity and advantage in explaining the topic let us take the example of Oedipus fixation in a male patient. It has many aspects in it. I shall mention only such points in this connection which have reference to the subject matter of this chapter.

In a case suffering from Oedipus fixation the most important feature is a deep emotional attachment with the mother or a mother surrogate. In normal children this Oedipus attachment is considered as a normal feature of life. Commonly such children pass over this stage and gradually take up the normal heterosexual role. Whereas, in the case of the fixed child, it cannot outgrow the Oedipus role like the other children. Not that necessarily he cannot grow to live a heterosexual life at all, but that except in very acute cases such fixed child cannot be free in the heterosexual role in its future life of adulthood, like other normal children. Such a child in his adult married life finds difficulty in adjusting
with his wife unless the wife be overtly of motherly type. A person of this character will seek motherly care, protection, attention, assurance, etc. from the wife, approach the wife as a child to a mother, may even be desiring to be fondled like a child by the wife. His love and affection for his wife shows infantile approach and character. In actual sex life the behaviour may take up the role of a passive sex partner to be roused, tickled and managed to sexual intercourse, if that be possible. In some cases sex play becomes more important and pleasurable than the sexual intercourse proper. In some other cases he may take up the defensive attitude and play the role as the father performing sex with the mother. Strong jealousy against people to whom the wife may show some attention is another important feature in some cases. It should not, however, be thought that only the Oedipus fixation causes these difficulties and problems. Various other factors are contributory to such problem. I shall, for the purpose of this chapter, consider only the feature of Oedipus fixation and leave the other factors out of the consideration here. Also other symptoms of Oedipus fixation are being left out.

If Oedipus complex is a normal phenomenon of mental life, what then may be the more probable factors, at that early developmental stage, to cause a fixation at the Oedipus level? We may look at the problem from two angles. One is (1) the innate mental character and the other is (2) the environmental factor. I shall take up the environmental factor first. In a situation when the child has to live on the mother or the mother substitute, more than usually depended by other children,
emotional attachment to the mother in such a case may be more acute. In a family where there be no other female member than the mother or none others than the motherly persons alone, the child may naturally get accustomed to that particular type of environment and reaction pattern. Other situations may then be considered undesirable or painful for the child to face. We may imagine such a situation to our advantage. But in reality such absolute situation is hardly to be met with in actual life. Another possibility is that of over-stimulation of the child's emotional reaction by the mother at that stage. That is to say, if the child, due to such over-stimulation, gets more strongly attached to the mother than usual and finds pleasure and relief in the release of the tension on the mother, this eventually may give rise to fixation at the stage. It must be noted that the child must be able to release on the mother the tension caused by over-stimulation in him. For, otherwise, the unreleased tension may give rise to not only discomfort but also anxiety. In that case the child will rather try to avoid such a situation than look for it. To a child the pleasure principle is more important than any other consideration at the first instance. Reality principle prevails gradually, but on some, this reality knowledge is found to be different, not only in degree but also in kind from the normal range. Excess of aggression and anxiety factors often distort the normal evaluation of a situation by the child. So also an irritated child will misconceive a situation and react differently to it from a normal child and from its own reaction when it is in a normal and pleasant mood.
Thus our attempt in tracing the mechanism is gradually becoming complex. We are now compelled to take into consideration the subjective pattern of the child. Before explaining that aspect I shall dwell upon the so-called external or environmental points a little more. From what has been said it appears that when over-stimulation of emotion in the child finds release on the mother, resulting in pleasure, it may cause fixation at that level. It should not be forgotten that the pleasure derived from the catharsis of the tension should be intense and must be able to bring the child to a state of contentment. Such experience when repeated many times in that early stage may infuse in the child a tendency to enjoy it and live in that pleasurable state as much as it can. When faced with any undesirable situation it may then naturally seek to go back to that earlier experienced pleasurable situation by withdrawing from the present unpleasant situation. Frequent repetition of such an experience, or even few but very intense pleasurable experience of emotional gratification with the mother may help fixation in that stage. Another situation may be conceived when the child suffers from frequent physical ailments and leans too much on the mother for relief. Even in the case of a prolonged physical suffering or an intense physical suffering when the child emotionally leans on the mother and feels that it gets the best relief from the mother, may get deeply attached towards the mother who then is looked upon as the best source of pleasure. But we know this is more or less true for every child. The emotional reaction of the mother towards the child in all these situations is an important factor. The mother who not
only looks to the care and well-being of the child but also gets, emotionally over-involved with the child's emotional mental state, may also help fixation to grow. Child in its early days depends, as it has to, on the mother for fulfilment of almost all its needs. But when such dependence grows beyond the normal limit fixation may result. Thus there are two aspects of the environmental situation. One is the situation when the Oedipus urge is strongly felt and emotionally greatly satisfied, and the other is the experience of the relief of pain and suffering caused by the Oedipus mother. These and similar objective conditions we may account for emotional fixation in the Oedipus stage.

I shall now try to explain the problem from the standpoint of subjective and innate factors. All that has been said before does not satisfy. For we should not confidently presume that every child in the above mentioned situations would necessarily behave in the same way or that their reaction pattern and their chatharted emotional quantity would be the same to enable them to enjoy the release of tension with equal intensity. All these factors are essentially subjective and depends on the child's overall mental pattern. Some children are more easily irritated, stimulated, etc. whereas others are not so. Also that the capacity to release the tension is another subjective character which, besides heredity factors, if any, depends much upon the child's interpretation of a stimulus situation etc. The intensity of experience is another important factor. The same stimulus may be experienced by different children with different emotional intensity, depending
on the sensitiveness of the nervous system and also on the emotional condition of the child at the time of stimulation. Past experience might also exert inhibitory influence both in receiving the stimulus as well as in reacting emotionally to it. They are of no lesser value in determining fixation. The mentally retarded, deficient are found to show fixation in their behaviour and emotional life. It may be argued that this is due to the fact that these cases have lesser mental motility. Therefore, the scope for variety of choice in reacting to a situation is necessarily less. Their behavioural pattern in general is not the type of fixation we are discussing here.

We have mentioned difficulties which a child might face in subjective valuation of a situation. Another important consideration is the economic factor of a given emotion. We can neither presume that each child has the same amount of emotion nor can we take it for granted that such an emotion can be roused to the same height by the same amount of stimulus at all stages of development in each child.

We have talked of fixation a bit minutely. This is important in that it plays a significant role in effecting neurosis. Although there is fixation, there will be repression followed by latency period, which will be followed by genital stage. In the latency period, the child will be more inclined towards the external world, freely mixing with its peers, willingly concentrating in educational activities. In the genital stage the libidinal line will blossom forth and manifest in several ways. He now becomes a social being to the fuller extent than before. In his gratification of the
libidinal instincts, surely there will be checking from the external reality. Then there is frustration on the part of the child, now adolescent. In the presence of such conflicts, complicacies, frustrations etc. the adolescent, in an attempt to avoid the conflicts, goes back to the past, i.e., the stage when he could easily get his conflicts resolved by his mother. This stage is the one when fixation occurred. Such going back to fixation occurs by means of the mechanism, "regression". Neurotic symptoms of various forms appear herewith. In case of child neurotics, fixation is immensely heavy and heavier than the one of adult neurotics. The heavier the fixation, the earlier the neurosis.

Regarding this grand and historic retreat by the individual to resolve the conflict, Freud likens fixation and regression to an advancing army in enemy territory leaving occupation troops at all important points. The stronger the occupation troops left behind (fixation) the weaker is the army that marches on. If the latter meets a too powerful enemy force (e.g., toilet training) it may retreat to those points (regression) where it had previously left the strongest occupation troops. The stronger the fixation the more easily will regression take place if difficulties arise. Fixation are most frequently rooted, according to Fenichel, in satisfaction which simultaneously gave assurances against some anxiety or helped in the repression of some feared impulse.

5. New Introductory Lectures on Psycho-analysis - S. Freud, Vols. 15 & 16
6. The Psychoanalytic Theory of Neurosis - O. Fenichel
Variations in adult personality, therefore, are linked, according to this theory, to fixations at and regressions to these psychosexual stages. Such fixations are themselves related to child-rearing procedures as well as to constitutional factors.

Thus the infantile sexuality is crucial to the personality development of the individual because it cannot always be directly expressed. The clearest example of this is the adult anal character - a triad of traits, parsimony, orderliness and obstinacy - which is derived from repressed anal eroticism. In the concluding paragraph of this paper Freud states that "The permanent character traits are either unchanging perpetuations of the original impulse, sublimations of them or reaction formations against them." As an example of this process, kissing may be regarded as a perpetuation of oral eroticism, orderliness a reaction formation against anal eroticism and parsimony a sublimation of anal eroticism. Indeed Fenichel points out that such correlation of personality and infantile sexual development were the first discovery of psychoanalytic characterology.8 "The decisive repressions all occur in early childhood."9

7. Character and anal eroticism - S. Freud, Vol. 9, p. 169
8. The Psychoanalytic Theory of Neurosis - O. Fenichel
9. The Question of Lay Analysis - S. Freud, Chapter-3
II

Discussion

The theory seems to lose a part of its significance in the later stages of Freud's theory, for by that time he was much interested in laying stress upon the hostile, aggressive and finally death instincts. Though this being so, "infantile sexuality" does not sink into nothingness; for it can be grouped under the head of "life instinct". The thing is this that this concept equally commands regard as others do. We are, therefore, compelled to study it by pointing out merits and drawbacks.

There can be no doubt that this is an important theory in psychoanalysis: much has been made of its implications. Berkley-Hill, for example, attributed the character and behaviour of Hindus to repressed anal erotism, a factor which was employed by Spitser and Gorer in the clarification of Japanese culture. Freud regarded fixation at the anal phase as important in the development of obsessional neurosis, while Abraham related depression to the oral phase. Sexual repressions also are considered to spring from fixations at various phases. If this be

10. The anal erotic factor in religion, philosophy and character of the Hindus - Berkley-Hill, p. 306
12. The predisposition to obsessional neurosis - S. Freud, Vol. 18, p. 317
13. The first pregenital phase of libido - K. Abraham
insufficient evidence, Rohelm regarded the whole of Western culture as anal\textsuperscript{14} and Meaninger considered the anal phase as 'without doubt the most important period in the development of not only individuals but whole cultures as well.'\textsuperscript{15} Freudian psychosexual theory gives insight into the nature and causes of personality development and implicitly suggests how desired behaviour patterns might be produced. It implies, also, possible alleviation of disorders in that the conflicts resulting in fixation may be resolvable under psychoanalytic therapy. It is from this theory that the first five years of life are considered crucial for adult behaviour. For, as has been indicated, normal personality variations, neuroses, cultural differences and sexual anomalies are based upon psychosexual development within this period.

Inspite of its overwhelming merits, the theory of infantile sexuality is not totally free from or immune to criticisms. Before proceeding to the step of criticism, let us single out some strategic concepts in the theory. The reason why Freud attributes importance to the theory is that behaviours of the neurotic are infantile and sexual, i.e., there is close affinity between the neurotic behaviour and the infantile behaviour. His assumption is this that an adult, when confronted by some odd situations in his walks of life

\textsuperscript{14} The study of character development and the ontogenetic theory of culture - G. Rohelm

\textsuperscript{15} Characterologic and symptomatic expressions related to the anal phase of Psychosexual development - W.C. Meaninger, pp. 161-193
that seem to him insurmountable, will gradually adopt a life style similar to that of the infantile. This he will do by means of regression. Why he goes back to the infantile is that he was fixed to one or other of the infantile stages of sexuality. But fixation is more or less apparently undermined in its functioning or at least kept out of picture for some time by castration complex, anxiety etc. The importance of the castration complex, anxiety lies in the resolution of the Oedipus and Electra complexes. So the major concepts are fixation, regression, infantile stages—oral, anal and phallic, Oedipus and Electra complexes, castration and castration anxiety. The criticisms will be on each of them separately.

First, on Oedipus complex. Will there be Oedipus complex in a son whose parents do not live together or one of the parents died early in its infancy? J.P. Sartre recalled, "Actually, my father's early retirement had left me with a most incomplete 'Oedipus complex'. No superego granted."16

The formation and resolution of Oedipus complex imply the involvement of both father and mother, which was not possible in the life of J.P. Sartre. In this connection nothing was mentioned by Freud.

The situation is different when we come to the case of a son whose parents died when it was barely one year old. This happens exactly to a great personality, J.J. Rousseau.

16. The Words - J.P. Sartre, p. 16
In considering the life and achievements of Rousseau, Wilt and Ariel Durant raise a provocative question, "How did it come about that a man born poor, losing his mother at birth and soon deserted by his father, afflicted with a painful and humiliating disease, left to wander for twelve years among alien cities and conflicting faiths, repudiated by society and civilization, repudiating Voltaire, Diderot, the Encyclopedia and the Age of Reason ... had more effect on posterity than any other writer or thinker of that eighteenth century in which writers were more influential than they had ever been before?" 17
Whether or not one wholly agrees with the Durants' evaluation of Rousseau, his accomplishments seem truly remarkable when viewed against the developmental and stressful conditions of his life. Although he apparently suffered from emotional difficulties, he nevertheless reached an unusually high level of achievement. His story makes clear the need for caution in interpreting the effects of given conditions in abnormal behaviour. Freud's Psychology is still a long way off from answering the question of Durant, "How did it come about ...?"

Even if the parents are alive and live together there is no guarantee that Oedipus complex will ensue in the style of Freud. This point is to be examined in connection with matriarchal societies. B. Malinowski observes that there is no evidence of sexual rivalry between a son and a father, but there is considerable hostility directed against the uncle, who

17. Rousseau and Revolution — W. Durant and A. Durant, p. 3
wellded the power. Erich Fromm, a neo-Freudian, gives a similar view. "Incestuous (Oedipal) wishes are not primarily a result of sexual desire but constitutes one of the most fundamental tendencies of man: The wish to remain, to return where he came from, the fear of being free ... ." In an earlier paper, he argued that Oedipal rivalry with the father was due to the fact that Western society was patriarchal and authoritarian; the conflict was due to harsh treatment meted out to the son by the father. As support, anthropological evidence was quoted to show that Oedipus complex did not occur in matriarchal societies - that it was not universal.

Horney does not deny that the Oedipus complex can be seen in large numbers of people. However, she rejects its biological foundation and regards it instead as a product of describable conditions. 'One of them is, briefly, sexual stimulation by the parents. ... The other series of conditions is entirely different in nature ... it is connected ... with its (the child's) anxiety.' This anxiety, according to Horney, arises from the conflict in the child between its dependency on its parents and its hostile impulses. It is thus aimed at security. She claims that the

18. Sex and repression in savage society - B. Malinowski, New York
19. The Heart of Man: its genius for good and evil - Erich Fromm
20. Oedipus Complex & Oedipus Myth - E. Fromm, 1948
22. Ibid.
"vast majority of infantile attachments to parents, as they are retrospectively revealed in the analysis of adult, belongs to this group."\textsuperscript{23}

The Oedipus complex was made instrumental in his theory by Freud himself. It was, however, a myth, a legend. It is questionable whether he first discovered "incest" and later sought the support of the myth or the reverse. Dr. Hamas, a follower of Freud comments that to interpret an intensive son-to-mother attachment "as incestuous, either consciously or sub-consciously strikes me as being laboured and unnatural. It suggests that Freud or whoever first thought of it in this connection, had deliberately searched for a myth on which to hang his new incest theory, and having found the Oedipus myth, adopted it as being the nearest he could find to what he wanted."\textsuperscript{24} Jastro contends, "Infantile sexuality" such is my analysis - was a needed promise for the assumption of "Oedipus Complex."\textsuperscript{25}

There are two important promises for the assumption of Oedipus complex. One is the taboo against incest, while the other is the amazing thesis (belonging to Freud) that what is prohibited must be strongly desired. The two promises appear to have close relations. We may explain that incest is strongly desired. Hence, prohibition on it and, therefore, subsequently

\textsuperscript{23} Ibid., p. 83

\textsuperscript{24} Dr. Hamas as quoted in Freud: his dream and sex theories - J. Jastrow, p. 176

\textsuperscript{25} Freud: his dream and sex theories - J. Jastrow, p. 176
taboo against it. Prohibition may not necessarily lead to taboos. Other factors as well may lead to taboos. Our concern is with the relation between taboo and prohibition. On this issue, Jastraw further observes, "We must also bear in mind the "socialised" factors in taboos. Many orders of prohibition, noble and ignoble in intent, rational and irrational, flourished and continued by virtue of tradition and possibly of a legalised prejudice. These suggest an unexpected field for further psychoanalytic research." The clinical findings of Freud serving as premises of the Oedipus complex also have limitations as there is liability of complicacy in regarding every word, reaction, gesture of the neurotic patient as real or imaginary.

Second, on the castration complex, Freud claimed that the Oedipus complex is 'smashed to pieces by the shock of threatened castration.' At the same time as this, the super-ego, the heir of the Oedipus complex is developing by introjection or identification with the father. In boys, therefore, the castration complex destroys the Oedipus complex and brings about the development of super-ego.

In girls, the situation is somewhat different. The castration complex for them consists in feelings about not having a penis as referred to by Freud as penis envy. At the phallic stage the girl finding her clitoris inferior to

26. Ibid., p. 182
27. The Dissolution of Oedipus Complex - S. Freud, Vol. 19, p. 173
the penis as a source of pleasure, turns against her first object of love, the mother whom she holds responsible for her absence of penis. Then she turns towards her father, first to have a penis at her command and then to have a baby, and the Oedipus complex (also called Electra complex) has begun. The castration complex, therefore, creates Oedipus complex in girls. What will destroy the Oedipus complex in girls and being about the development of the super-ego? Freud answers that super-ego is not strongly developed in women and Oedipus complex in them is not so harmful and, therefore, not fully repressed.

The different explanations of castration complex in boys and girls imply that different theories of the etiology of neurosis are to be formulated. Freud, however, did not do so.

The positing of the castration complex also implies that new attachments, interests etc. will be made possible by/through it. But it cannot be so. The infantile ego at this stage is quite developed to the extent that new attachments, interests etc. can be made with its power of integration, differentiation, control etc. "The super-ego begins in earliest infancy. It is not, as in Freudian theory, the heir of the oedipus complex." A question may be raised as to

29. New Introductory Lectures on Psychoanalysis - Freud, Vol. 29
30. The dissolution of Oedipus complex - S. Freud
31. An Outline of Psychoanalysis - S. Freud
32. P. Klein, as quoted in Fact and Fantasy in Freudian Theory - P. Kline, p. 331
whether the castration complex was coined to pave the way of super-ego.

Karen Horney emphatically denies the penis envy being made the crucial concept in the psychology of women by Freud. She writes, "The wish to be a man, as Alfred Adler has pointed out, may be the expression of a wish for all those qualities or privileges which in our culture, are regarded as masculine, such as strength, independence, success, sexual freedom and the right to choose a partner."\(^33\) She continues, "In short, interpretations in terms of penis envy, bar the way to an understanding of the fundamental difficulties such as ambition, and of the whole personality structure linked up with them."\(^34\) Here, then, are shades of Adler - the masculine protest and the emphasis on cultural factors,\(^35\) as Blum points out.

Freud often talks of fixation in the oral, anal stages. When these are to be resolved apparently or really, what will be the agent? Will the castration complex arrive at the scene for its duties? If it is to come, how will it come? If not, will the child in this stage remain for ever without any change?

One important factor for the postulation of infantile sexuality was the hypothesis that the mouth, the anus and the phallus are the erotogenic zones in the infant's body. \(^1\)

\(^{33}\). New Ways in Psychoanalysis - K. Horney, p. 108

\(^{34}\). Ibid., pp. 109-110

\(^{35}\). Psychoanalytic Theories of Personality - G.S. Blum, 1953
then, the phallus seems to have more evidence than the two zones. But equal emphasis is laid upon them as well. The criteria of sexuality in this stage being fixed as derivation of pleasure (by Freud) from the zones of the body, the child's behavior clearly indicates that he obtains pleasure in oral sucking and biting. This is supported by the phenomenon of "thumb-sucking". Freud's mind is preoccupied with the idea that, the breast, the nipple being the sites of erotism in adulthood, any manipulation of them either in the infant or in the adult stage could be sexual as well. This is why he could see sexual elements in thumb-sucking. On the other hand, Freud thought that a child, being the subsequent product of sexual union and pleasure, could be a sexual being since its birth.

It may be pointed out that, when auto-erotism is labelled to the infant's oral sucking and biting, it is self-contradictory that the mother's body is used as an object. Further, thumb-sucking may be regarded as a phenomenon to which the infant is subjected when it feels hungry. Furthermore, the physiological pleasure derived from the function of the anus in its expulsion of bowel is mixed up with sexual elements.

Many experiments were done in the field of psychoanalysis. Paul Kline collected the results of these experiments and made appropriate assessments in his book, "Fact and Fantasy in Freudian Theory". Some were found supporting the Freudian theory, others were found negating it. It is clear, at least, that the term, 'universality', cannot be applied to the theory of infantile erotism.
Then, on the fixation. The analogical approach made by Freud regarding the relation between fixation and regression is very nice and convincing to a certain extent. It convinces us that the individual wants to grow, to develop psychologically in the same manner as advancing army goes forward on behalf of the occupation troops to occupy more. It indicates that one part of the personality is fixed to a constellation of traits, while the other part moves on to acquire new traits.

Now, we should be aware of the fact that a fixation cannot be strong by itself. It is necessary that it is strong: for regression will take place and neurosis ensues. A fixation will be strong when the external world is hostile or, at least, inhospitable to the infant in addition to the subjective factors, i.e., taste and temperament etc. This point appears not clearly stated by Freud.

Another point to be noted is this. When the advancing army is pushed back by the enemy forces, it will surely return to the base camp, i.e., occupation troops' area. In case the enemy forces further intensify its activities, the occupation troop is to shift backward. In our case, when regression occurs, there must be some change in the fixation (analogy followed logically) and this seems to be by passed by Freud.

Once again, the occupation troop will remain almost unchanged inspite of its shifting here and there following the activities of the advancing army. Correspondingly, what the fate of the fixation will be following the activities of
regression in the ceaseless flow of psychic life seems to remain unexplained.

Lastly, on 'Pansexualism'. Jung also modified Freud's view of pan-sexuality as the root of perversion, and divided human life into three stages - childhood as presexual stage, stage up to puberty as prepubertal stage and postpubertal onward from puberty, the stage of maturity. "Others are antagonistic against psycho-analysis on the ground of its basic principle of infantile sexuality or 'Pansexualism'.”

36. Introduction by H.C. Miller