

Chapter 1 : Freud | Psychological History of Women

Save Your Sex Life Renewing romance and rekindling desire Lisa Thomas, LMFT, is a Licensed Marriage & Family Therapist and AASECT Certified Sex Therapist practicing in Greenwood Village, Colorado.

Men have a tendency to make the assumption that sex itself is a need, regardless of who or what it comes from. Both of these are wrong, and they both get a lot of people into trouble in their relationships. But to explain why, I need to explain psychological needs. Psychological Needs and Strategies All humans possess fundamental psychological needs. If we do not meet our psychological needs, we suffer, sometimes severely. Just like we need food, shelter, and sleep to survive, we also need to fulfill our psychological needs to remain mentally healthy and stable. Psychologists have studied a number of psychological needs, but you can really narrow them down to four fundamental needs: If we are not meeting these needs, our minds will actually begin to rationalize ways to get them met, even at the expense of our physical or mental health. If one is never able to meet their need for esteem, they will become chronically depressed and sometimes commit suicide. If one never meets their need for autonomy, they will fall into a state of codependence or learned helplessness. On top of psychological needs, we have psychological and social strategies to meet those needs. Some strategies are more abstract and some are obvious. For instance, sports fulfill our needs for connection, and if we win, for esteem. A healthy family unit can provide for our needs of connection, esteem and security. Learning martial arts can fulfill our needs for security and esteem. Getting good at math to impress our teacher can fulfill our need for esteem. Experimenting with drugs can fulfill our need for autonomy and connection. So on and so on. Sex is a strategy we use to meet our psychological needs and not a need itself. How do we know this? Because there is no evidence that celibacy or asexuality is actually physically or psychologically unhealthy. In fact, there are many health risks because of sex. One could even argue that there are psychological and health benefits from not having sex. In fact, sex is great. Sex makes us happier and healthier people. On the other hand, if psychological needs go unmet for long periods of time, it will absolutely fuck us up physically and psychologically. People develop neuroses, addictions, and even delusions to get their needs met. Research shows that social isolation is more harmful than alcoholism or smoking. No one ever killed themselves because they were too horny. They do it because of a lack of connection or self-esteem. The idea of sex as a strategy to meet psychological needs sounds weird to many because sex is also a physiological drive, like eating or sleeping. But unlike eating or sleeping, you can go your whole life without sex and not be any worse off for it. Men and Women And Differing Needs Much of the mismatched understanding between men and women and sex comes from the fact that men and women usually use sex to satisfy different needs. In the past, women mainly sought sex out as a form of security. Women have also suffered a history of having their sexuality shamed and suppressed by society. Therefore, many of them have come to feel an inverse relationship between sex and their need for esteem. Men, on the other hand, have traditionally used their sex lives as a status symbol with other men. Therefore, men have largely been conditioned to seek sex to fulfill their need for self-esteem. Because men and women have traditionally pursued sex to fill different psychological needs, they fail to understand each other and criticize each other for not meeting the need they want met. Men think women are being clingy and manipulative, whereas women think men are being insecure and desperate. In my book on dating for men, a core point I make is that men need to develop themselves independently of women to get their needs met on their own as much as possible. I would argue the same goes for women. Pursuing sex to compensate for your neediness in self-esteem or because you feel a lack of connection in your life will only cause you to behave in unattractive ways. Men and women get caught up in their own needs and then project those needs onto everyone around them. Women see men as cold and brutish because they expect them to have the same need for connection that they have. Men see women as manipulative and deceitful because they assume women use sex as a tool for self-esteem like they do. Sex, Attachment, and Our Psychological Needs Humans have evolved a psychological system of emotional attachment. Totally involuntary yet universal, regardless of culture, age or race, we get deeply and strongly emotionally attached to one another throughout our lives. It starts with a child to its parents. The rise in

oxytocin, serotonin, drop in testosterone levels, decreased prefrontal cortex activity” these processes are designed to get us drunk on love with each other long enough to at least raise a highly functioning, healthy child or two or ten. Even if one manages to suppress those needs, they come roaring back in the forms of neediness and overcompensation. Nature has cleverly wired us this way” to put our psychological needs first and then use sex to fulfill them in order to trick us into sticking around and taking care of one another. And sure, when we break up and feel crappy , we may go on a little sex spree to feel good about ourselves. But few people know that there are some pretty clear signals to know if a relationship is going to work or not. Put your email in the form to receive my page ebook on healthy relationships. You can opt out at any time. See my privacy policy. Social isolation kills, but how and why? Psychosomatic Medicine, 63 2 ,”

Chapter 2 : Sigmund Freud - Wikipedia

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An instinct differs from a stimulus in that it arises from sources of stimulation within the body, operates as a constant force and is such that the subject cannot escape from it by flight as he can from an external stimulus. An instinct may be described as having a source, an object and an aim. The source is a state of excitation within the body and its aim is to remove that excitation. Freud, Life is hence seen as largely about dealing with these conflicts, seeking to maximize gratification whilst minimizing guilt and punishment. It seeks both to preserve life and to create life. Eros is associated with positive emotions of love, and hence pro-social behavior, cooperation, collaboration and other behaviors that support harmonious societies. Freud saw drives as moving towards earlier states, including non-existence. Repetition Freud also noted that we have a strong drive to repeat things, even to the point where it is harmful to us. Rocking helps a baby sleep and traumatized adults will return to foetal position and rock frenetically. Fixation is a particular effect that leads to repetition where the person is unable to remove their attention from something or someone. Discussion In defining these drives, Freud is using a dualist approach, whereby the identification of Eros automatically defines an opposite. Eros and Thanatos interact and one can turn into the other, such as flipping of love and hate, crying and laughter. Eating preserves life but destroys that which is eaten. Perhaps repetition is due to drives that are only partially satisfied. It is important in early activities such as suckling and crying for attention. Perhaps also it is an attempt to completely fulfil all needs. Or maybe when an action fails to fully satisfy, the resulting frustration and indignity increases tension to the point where we seek the nearest potential gratification, which is to attempt the act again. Eros is seen as simple sexuality and hence as morally perverse, casting the human as base and primitive. The death drive is also unacceptable as it opposes the idea of the sanctity of life and can be seen as excusing or even encouraging suicide. Melanie Klein disagreed with Freud in that she believed that we are born with a fragile, brittle, weak and unintegrated Ego, and that the most basic human fear is that of disintegration and death. See also Freud, S. The ego and the id.

Chapter 3 : BBC - History - Sigmund Freud

This brings us to the second experimental conclusion of which I spoke, namely, that psychoanalytic investigation found it necessary to concern itself with the sexual life of the child, since, in the analysis of symptoms, reminiscences and ideas reverted to the early years of childhood.

George Boeree Precursors of Psychoanalysis It often surprises students that psychiatry - meaning the doctoring of the mind - was not invented by Sigmund Freud. Psychoanalysis - a particular and very significant brand of psychiatry - was his baby. Psychiatrists existed before Freud, and most, psychiatrists today are not Freudian. The term psychiatry was coined by the German physician Johann Reil in 1783, and would slowly replace the older term "alienist. There are three people I would like to pay my respects to as important precursors to psychoanalysis: Franz Anton Mesmer, who discovered hypnotism; Philippe Pinel, who changed the way we thought of and treated the mentally ill; and Jean-Martin Charcot, who is often considered the father of neurology. He received his MD from the University of Vienna in 1820. His dissertation concerned the idea that the planets influenced the health of those of us on earth. He suggested that their gravitational forces could change the distribution of our animal spirits. He was, in fact, able to put people into trance states, even convulsions, by waving magnetized bars over them. His dramatic performances were quite popular for a while, although he believed that anyone could achieve the same results. In point of fact, some of his patients did in fact get relief from their symptoms -- a point that would later be investigated by others. When accused of fraud by other physicians in Vienna, he went to Paris. They concluded that his results were due to nothing more than suggestion. In order to serve the many poor people who came to him for help, he designed a sort of bathtub in which they could sit while holding the magnetic rods themselves. He eventually created an organization to train other mesmerists. Disassociated from Mesmer, hypnotism would go on to have a long, if controversial, life into the twentieth century. His father was both a barber and a surgeon, a common combination in those days, as both vocations required a steady hand with the razor. His mother was also from a long line of physicians. Philippe began his studies more interested in literature -- especially Jean-Jacques Rousseau -- than in medicine. But, after a few years studying theology, he began the study of medicine, and he received his MD from university at Toulouse in 1783. Pinel moved to Montpellier in 1785 where he tutored wealthy students in anatomy and mathematics. He moved to Paris in 1789, where he came into contact with a number of the renowned scientists and philosophers of the day including Ben Franklin, as well as becoming familiar with the radical new ideas of John Locke and the French sensationalists. Although he could not practice in Paris, he became a well respected medical writer, particularly known for his careful and exhaustive case studies. In that year, he also married Jeanne Vincent, with whom he had three sons. In 1793, Pinel instituted a new program of human care, which he referred to as moral therapy. The men were given clean, comfortable accommodations, and were instructed in simple but productive work. Here, too, he provided his enlightened treatment conditions to the mentally ill. In that same year, he was made professor of medical pathology at Paris. In 1794, Phillippe Pinel introduced the first textbook on moral therapy to the world. Pinel is also remembered for dismissing the demonic possession theory of mental illness for once and for all, and for eliminating treatments such as bleeding from his hospital. He also introduced other novelties to his hospital, such as vaccinations and the use of the stethoscope. He died in Paris on October 25, 1826. He received his MD at the University of Paris in 1783. In 1793 he became a professor at his alma mater. It, and he, became known throughout Europe, and students came from everywhere to study the new field. Among them were Alfred Binet and a young Sigmund Freud. Charcot is well known in medical circles for his studies of the neurology of motor disorders, resulting diseases, aneurysms, and localization of brain functions. He is considered the father of modern neurology as well as the person who first diagnosed of Multiple Sclerosis In psychology, he is best known for his use of hypnosis to successfully treating women suffering from the psychological disorder then known as hysteria. Now called conversion disorder, hysteria involved a loss of some physiological function such as vision, speech, tactile sensations, movement, etc. Charcot believed that hysteria was due to a congenitally weak nervous system, combined with the effects of some traumatic experience. Hypnotizing these patients brought on a state similar

to hysteria itself. He found that, in some cases, the symptoms would actually lessen after hypnosis -- although he was only interested in studying hysteria, not in curing it! Others would later use hypnosis as a part of curing the problem. Charcot died in Morvan, France, on August 16, 1883. The stamp bearing his image is from the web site of Michael Jacobson, MD, at <http://www.charcot-stamp.com/>. The reality of such things is very much in doubt. Johann Friedrich Herbart was the author of a textbook on psychology, published in 1809. But, following Kant, he did not believe psychology could ever be a science. When ideas were incompatible, one or the other would be repressed, he said - meaning forced below the threshold into the unconscious. Schopenhauer is often seen as the originator of the unconscious, and he spoke at great lengths about instincts and the irrational nature of man, and freely made use of words like repression, resistance, and sublimation! Nietzsche also spoke of the unconscious: One of his most famous statements is "My memory says I did it. My pride says I could not have done that. In the end, my memory yields. Karl Eduard von Hartmann He blended the ideas of Schopenhauer with Jewish mysticism the kaballah and wrote *Philosophy of the Unconscious* in 1869, just in time to influence a young neurologist name Sigmund Freud. The reader should understand that there are many theorists with little or no use for the concept of the unconscious. Brentano, forefather of phenomenology and existentialism, did not believe in it. Neither did William James. Neither did the Gestalt psychologists. Memories, for example, can be understood as stored in some physical state, perhaps as traces in the brain. When activated, we remember. The first differentiated classification was of what he labelled dementia praecox, which meant the insanity of adolescence. I should also mention Eugen Bleuler, who coined the term schizophrenia to replace dementia praecox in 1908. Now, on to Freud In his case those others were his mentor and friend, Dr. Josef Breuer. Twenty one years old, Anna spent most of her time nursing her ailing father. She developed a bad cough that proved to have no physical basis. She developed some speech difficulties, then became mute, and then began speaking only in English, rather than her usual German. When her father died she began to refuse food, and developed an unusual set of problems. She lost the feeling in her hands and feet, developed some paralysis, and began to have involuntary spasms. She also had visual hallucinations and tunnel vision. But when specialists were consulted, no physical causes for these problems could be found. In the evenings, Anna would sink into states of what Breuer called "spontaneous hypnosis," or what Anna herself called "clouds. Anna called these episodes "chimney sweeping" and "the talking cure. The first example came soon after she had refused to drink for a while: She recalled seeing a woman drink from a glass that a dog had just drunk from. While recalling this, she experienced strong feelings of disgust In other words, her symptom -- an avoidance of water -- disappeared as soon as she remembered its root event, and experienced the strong emotion that would be appropriate to that event. Breuer called this catharsis, from the Greek word for cleansing. It was eleven years later that Breuer and his assistant, Sigmund Freud, wrote a book on hysteria. In it they explained their theory: The emotions appropriate to the trauma are not expressed in any direct fashion, but do not simply evaporate: They express themselves in behaviors that in a weak, vague way offer a response to the trauma. These symptoms are, in other words, meaningful. When the client can be made aware of the meanings of his or her symptoms through hypnosis, for example then the unexpressed emotions are released and so no longer need to express themselves as symptoms. It is analogous to lancing a boil or draining an infection. In this way, Anna got rid of symptom after symptom. But it must be noted that she needed Breuer to do this: Whenever she was in one of her hypnotic states, she had to feel his hands to make sure it was him before talking! And sadly, new problems continued to arise. According to Freud, Breuer recognized that she had fallen in love with him, and that he was falling in love with her. Plus, she was telling everyone she was pregnant with his child. You might say she wanted it so badly that her mind told her body it was true, and she developed an hysterical pregnancy. Breuer, a married man in a Victorian era, abruptly ended their sessions together, and lost all interest in hysteria. It was Freud who would later add what Breuer did not acknowledge publicly - that secret sexual desires lay at the bottom of all these hysterical neuroses. To finish her story, Anna spent time in a sanatorium. Later, she became a well-respected and active figure - the first social worker in Germany - under her true name, Bertha Pappenheim.

Chapter 4 : Freud and Psychoanalysis

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These are called psychosexual stages because each stage represents the fixation of libido roughly translated as sexual drives or instincts on a different area of the body. As a person grows physically certain areas of their body become important as sources of potential frustration erogenous zones , pleasure or both. Freud believed that life was built round tension and pleasure. Freud also believed that all tension was due to the build-up of libido sexual energy and that all pleasure came from its discharge. In describing human personality development as psychosexual Freud meant to convey that what develops is the way in which sexual energy accumulates and is discharged as we mature biologically. Freud stressed that the first five years of life are crucial to the formation of adult personality. The id must be controlled in order to satisfy social demands; this sets up a conflict between frustrated wishes and social norms. The ego and superego develop in order to exercise this control and direct the need for gratification into socially acceptable channels. Gratification centers in different areas of the body at different stages of growth, making the conflict at each stage psychosexual. The Role of Conflict Each of the psychosexual stages is associated with a particular conflict that must be resolved before the individual can successfully advance to the next stage. To explain this Freud suggested the analogy of military troops on the march. As the troops advance, they are met by opposition or conflict. If they are highly successful in winning the battle resolving the conflict , then most of the troops libido will be able to move on to the next battle stage. But the greater the difficulty encountered at any particular point, the greater the need for troops to remain behind to fight and thus the fewer that will be able to go on to the next confrontation. Frustration, Overindulgence, and Fixation Some people do not seem to be able to leave one stage and proceed on to the next. One reason for this may be that the needs of the developing individual at any particular stage may not have been adequately met in which case there is frustration. Both frustration and overindulgence or any combination of the two may lead to what psychoanalysts call fixation at a particular psychosexual stage. It is assumed that some libido is permanently invested in each psychosexual stage and thus each person will behave in some ways that are characteristic of infancy, or early childhood. Psychosexual Stages of Development You can remember the order of these stages by using the mnemonic: It gets much satisfaction from putting all sorts of things in its mouth to satisfy the libido, and thus its id demands. Which at this stage in life are oral, or mouth orientated, such as sucking, biting, and breastfeeding. Freud said oral stimulation could lead to an oral fixation in later life. We see oral personalities all around us such as smokers, nail-biters, finger-chewers, and thumb suckers. Oral personalities engage in such oral behaviors, particularly when under stress. Anal Stage years The libido now becomes focused on the anus, and the child derives great pleasure from defecating. The child is now fully aware that they are a person in their own right and that their wishes can bring them into conflict with the demands of the outside world i. Freud believed that this type of conflict tends to come to a head in potty training, in which adults impose restrictions on when and where the child can defecate. Early or harsh potty training can lead to the child becoming an anal-retentive personality who hates mess, is obsessively tidy, punctual and respectful of authority. They can be stubborn and tight-fisted with their cash and possessions. Not as daft as it sounds. The anal expulsive, on the other hand, underwent a liberal toilet-training regime during the anal stage. In adulthood, the anal expulsive is the person who wants to share things with you. They like giving things away. Phallic Stage 3 to 5 or 6 years Sensitivity now becomes concentrated in the genitals and masturbation in both sexes becomes a new source of pleasure. The child becomes aware of anatomical sex differences, which sets in motion the conflict between erotic attraction, resentment, rivalry, jealousy and fear which Freud called the Oedipus complex in boys and the Electra complex in girls. This is resolved through the process of identification, which involves the child adopting the characteristics of the same sex parent. Oedipus Complex The most important aspect of the phallic stage is the Oedipus complex. The name of the Oedipus complex derives from the Greek myth where Oedipus, a young man, kills his father and marries his mother. Upon discovering this, he pokes

his eyes out and becomes blind. This Oedipal is the generic i. In the young boy, the Oedipus complex or more correctly, conflict, arises because the boy develops sexual pleasurable desires for his mother. He wants to possess his mother exclusively and get rid of his father to enable him to do so. Irrationally, the boy thinks that if his father were to find out about all this, his father would take away what he loves the most. During the phallic stage what the boy loves most is his penis. Hence the boy develops castration anxiety. The little boy then sets out to resolve this problem by imitating, copying and joining in masculine dad-type behaviors. This is called identification, and is how the three-to-five year old boy resolves his Oedipus complex. Identification means internally adopting the values, attitudes, and behaviors of another person. The consequence of this is that the boy takes on the male gender role, and adopts an ego ideal and values that become the superego. Freud offered the Little Hans case study as evidence of the Oedipus complex. Electra Complex For girls, the Oedipus or Electra complex is less than satisfactory. Briefly, the girl desires the father, but realizes that she does not have a penis. This leads to the development of penis envy and the wish to be a boy. The girl resolves this by repressing her desire for her father and substituting the wish for a penis with the wish for a baby. The girl then represses her feelings to remove the tension and identifies with the mother to take on the female gender role. Latency Stage 5 or 6 to puberty No further psychosexual development takes place during this stage latent means hidden. The libido is dormant. Freud thought that most sexual impulses are repressed during the latent stage, and sexual energy can be sublimated re: Sexual instinct is directed to heterosexual pleasure, rather than self-pleasure like during the phallic stage. For Freud, the proper outlet of the sexual instinct in adults was through heterosexual intercourse. Fixation and conflict may prevent this with the consequence that sexual perversions may develop. For example, fixation at the oral stage may result in a person gaining sexual pleasure primarily from kissing and oral sex, rather than sexual intercourse. Three essays on the theory of sexuality. How to reference this article:

Chapter 5 : The Question of God . Two Different Lives . The Life of Sigmund Freud | PBS

Freud believed that life was built round tension and pleasure. Freud also believed that all tension was due to the build-up of libido (sexual energy) and that all pleasure came from its discharge.

Nature versus nurture Certain characteristics may be innate in humans; these characteristics may be modified by the physical and social environment in which people interact. The sexual drive affects the development of personal identity and social activities. Freud believed sexual drives are instinctive. He was a firm supporter of the nature argument; he said there are a large number of instincts but they are reduced into two broad groups: Eros the life instinct , which comprises the self-preserving and erotic instincts, and Thanatos the death instinct , which comprises instincts invoking aggression, self-destruction, and cruelty. His instinct theory said humans are driven from birth by the desire to acquire and enhance bodily pleasures, thus supporting the nature debate. Freud redefined the term sexuality to make it cover any form of pleasure that can be derived from the human body. His developmentalist perspective was governed by inner forces, especially biological drives and maturation, and his view that humans are biologically inclined to seek sexual gratification demonstrates the nature side of the debate. A number of them, including neo-analytic theories, sociobiological theories, social learning theory , social role theory , and script theory , agree in predicting that men should be more approving of casual sex sex happening outside a stable, committed relationship such as marriage and should also be more promiscuous have a higher number of sexual partners than women. Observed gender differences regarding the number of sexual partners are modest, with males tending to have slightly more than females. They also deal with the influence of biological factors on other aspects of sexuality, such as organic and neurological responses, [17] heredity, hormonal issues, gender issues, and sexual dysfunction. As adults, they have different reproductive mechanisms that enable them to perform sexual acts and to reproduce. Men and women react to sexual stimuli in a similar fashion with minor differences. Women have a monthly reproductive cycle, whereas the male sperm production cycle is more continuous. This is a small area at the base of the brain consisting of several groups of nerve cell bodies that receives input from the limbic system. Studies have shown that within lab animals, destruction of certain areas of the hypothalamus causes the elimination of sexual behavior. The pituitary gland secretes hormones that are produced in the hypothalamus and itself. The four important sexual hormones are oxytocin , prolactin , follicle-stimulating hormone , and luteinizing hormone. Human male reproductive system Males also have both internal and external genitalia that are responsible for procreation and sexual intercourse. Production of spermatozoa sperm is also cyclic, but unlike the female ovulation cycle, the sperm production cycle is constantly producing millions of sperm daily. The male genitalia are the penis and the scrotum. The penis provides a passageway for sperm and urine. Two of these bodies lie side-by-side in the upper portion of the penis called corpora cavernosa. The third, called the corpus spongiosum , is a tube that lies centrally beneath the others and expands at the end to form the tip of the penis glans. The urethra runs through the shaft, providing an exit for sperm and urine. The root consists of the expanded ends of the cavernous bodies, which fan out to form the crura and attach to the pubic bone and the expanded end of the spongy body bulb. The root is surrounded by two muscles; the bulbocavernosus muscle and the ischiocavernosus muscle , which aid urination and ejaculation. The penis has a foreskin that typically covers the glans; this is sometimes removed by circumcision for medical, religious or cultural reasons. Millions of sperm are produced daily in several hundred seminiferous tubules. Cells called the Leydig cells lie between the tubules; these produce hormones called androgens; these consist of testosterone and inhibin. The testicles are held by the spermatic cord, which is a tubelike structure containing blood vessels, nerves, the vas deferens, and a muscle that helps to raise and lower the testicles in response to temperature changes and sexual arousal, in which the testicles are drawn closer to the body. The first part of this system is the epididymis. The testicles converge to form the seminiferous tubules , coiled tubes at the top and back of each testicle. The second part of the duct system is the vas deferens , a muscular tube that begins at the lower end of the epididymis. The third part of the duct system is the ejaculatory ducts, which are 1-inch 2. It consists of two main zones: Female anatomy and reproductive system[edit] External female anatomy[edit] External

female genitals depilated. The mons veneris, also known as the Mound of Venus, is a soft layer of fatty tissue overlaying the pubic bone. It has many nerve endings and is sensitive to stimulation. The labia majora are two elongated folds of skin extending from the mons to the perineum. Its outer surface becomes covered with hair after puberty. In between the labia majora are the labia minora, two hairless folds of skin that meet above the clitoris to form the clitoral hood, which is highly sensitive to touch. The labia minora become engorged with blood during sexual stimulation, causing them to swell and turn red. Near the anus, the labia minora merge with the labia majora. It is the main source of orgasm in women. These openings have many nerve endings that make them sensitive to touch. They are surrounded by a ring of sphincter muscles called the bulbocavernosus muscle. Underneath this muscle and on opposite sides of the vaginal opening are the vestibular bulbs, which help the vagina grip the penis by swelling with blood during arousal. Within the vaginal opening is the hymen, a thin membrane that partially covers the opening in many virgins. The hymen can be ruptured by activities other than sexual intercourse. The urethral opening connects to the bladder with the urethra; it expels urine from the bladder. This is located below the clitoris and above the vaginal opening. Western culture is one of the few in which they are considered erotic. Breasts develop during puberty in response to an increase in estrogen. Each adult breast consists of 15 to 20 milk-producing mammary glands, irregularly shaped lobes that include alveolar glands and a lactiferous duct leading to the nipple. The lobes are separated by dense connective tissues that support the glands and attach them to the tissues on the underlying pectoral muscles.

Female reproductive system The female reproductive system. The vagina is a sheath-like canal that extends from the vulva to the cervix. It receives the penis during intercourse and serves as a depository for sperm. The vagina is located between the bladder and the rectum. The vagina is normally collapsed, but during sexual arousal it opens, lengthens, and produces lubrication to allow the insertion of the penis. The vagina has three layered walls; it is a self-cleaning organ with natural bacteria that suppress the production of yeast. This area may vary in size and location between women; in some it may be absent. Various researchers dispute its structure or existence, or regard it as an extension of the clitoris. During ovulation, this thickens for implantation. If implantation does not occur, it is sloughed off during menstruation. The cervix is the narrow end of the uterus. The broad part of the uterus is the fundus. Finger-like projections at the ends of the tubes brush the ovaries and receive the ovum once it is released. The ovum then travels for three to four days to the uterus. The lining of the tube and its secretions sustain the egg and the sperm, encouraging fertilization and nourishing the ovum until it reaches the uterus. If the ovum divides after fertilization, identical twins are produced. If separate eggs are fertilized by different sperm, the mother gives birth to non-identical or fraternal twins. The ovaries are suspended by ligaments and are the source where ova are stored and developed before ovulation. The ovaries also produce female hormones progesterone and estrogen. Within the ovaries, each ovum is surrounded by other cells and contained within a capsule called a primary follicle. At puberty, one or more of these follicles are stimulated to mature on a monthly basis. Once matured, these are called Graafian follicles. On days one to four, menstruation and production of estrogen and progesterone decreases, and the endometrium starts thinning. The endometrium is sloughed off for the next three to six days. Once menstruation ends, the cycle begins again with an FSH surge from the pituitary gland. Days five to thirteen are known as the pre-ovulatory stage. During this stage, the pituitary gland secretes follicle-stimulating hormone FSH. A negative feedback loop is enacted when estrogen is secreted to inhibit the release of FSH. Estrogen thickens the endometrium of the uterus. A surge of Luteinizing Hormone LH triggers ovulation. On day 14, the LH surge causes a Graafian follicle to surface the ovary. The follicle ruptures and the ripe ovum is expelled into the abdominal cavity. The fallopian tubes pick up the ovum with the fimbria. The cervical mucus changes to aid the movement of sperm. On days 15 to 28—the post-ovulatory stage, the Graafian follicle—now called the corpus luteum—secretes estrogen. Production of progesterone increases, inhibiting LH release. The endometrium thickens to prepare for implantation, and the ovum travels down the Fallopian tubes to the uterus. If the ovum is not fertilized and does not implant, menstruation begins. This model was created by William Masters and Virginia Johnson. According to Masters and Johnson, the human sexual response cycle consists of four phases; excitement, plateau, orgasm, and resolution, also called the EPOR model. During the excitement phase of the EPOR model, one attains the intrinsic motivation to have sex. The

plateau phase is the precursor to orgasm, which may be mostly biological for men and mostly psychological for women. Orgasm is the release of tension, and the resolution period is the unaroused state before the cycle begins again.

Chapter 6 : Human sexuality - Wikipedia

XX. Sigmund Freud, "The Sexual Life of Human Beings," A General Introduction to Psychoanalysis ONE might think we could take for granted what we are to understand by.

But whatever shape or form of sexuality one eventually takes, Freud asserts, it inevitably has its roots in the infantile sexuality, which is described in terms of sexual development in the first few years of a life of an infant. This essay will explain the concept of infantile sexuality in relation to sexual life of the adults and the neuroses made explainable by the concept. The criticisms and supporting arguments and examples by Freud will also be looked at. The concept of sexuality has been given an extension from Freud. Firstly, it is divorced from its close connection with genitals to concentrate rather on the purpose of achieving pleasure. It is only secondary to serve as the means to reproductive function. Secondly, all feelings and relations are thought to have their roots in the very same sexual impulses that manifest themselves in various forms and degrees. This extension is derived from his laborious clinical researches and psycho-analyses, on which all the theories and observations are based on. Furthermore, he asserts that, human sexuality actually begins at birth, not at puberty as popularly viewed at that time. The infantile sexuality is followed by the period of latency where a child gets an education in school. After that is the puberty period. However, if one was regressed back to the more primitive phases, or the primary phases persisted uninterruptedly until puberty, the deviation from what is normal as having been laid down for civilised men, neuroses and some kind of perversions might arise as a result. The oral phase of the infantile sexuality corresponds to the period from birth to about one and a half years old. The erotogenic zone, which is the term given to an area of bodily organ that is susceptible to stimulation of sexual impulse, in this period, is the mouth. It is the time when an infant learns about its dependence on the external world, about its need to be fed by something external and the deprivation of satisfaction. The object of sexual satisfaction and self-preservation is. It is also the time an infant learns to find pleasure from its own body in order to achieve satisfaction independently. Since the first erotogenic it finds is the mouth, it then starts an activity such as thumb sucking. It will try to grab these objects to the mouth for sucking. The pleasure obtained from the action leads to a sleep or motor reaction, which is claimed by Freud to be the same as in the nature of orgasm in the adults. Later in adult life, this stage of development can still exist along with the more highly developed one and manifests in the act of seeking the lips of another person in kissing. Even though eating and drinking are still activities in which sexual impulses are generated but they are much weaker. For many children, combining with the finding of pleasure from rubbing sensitive organ, this is one of the possible first steps towards masturbation. If regression occurred, the manifestation of this phase will be in the form of addiction or a neurosis which appears as a psychomatic disturbance with symptoms in the mouth or digestive system of the adults. This form of neurosis caused by the conflict of the guilty feeling of performing an oral sex and the desire for oral sexual impulses derived from the oral phase of infantile sexuality. The anal phase corresponds to the following period when an infant is one and a half to three and a half years old. During this period, an infant becomes more independent. It is the period when parents are the authority determining when the infants should defecated as they try to discipline their infants. Having found a new erotogenic zone, the anus, which gives a pleasurable sensation when the faeces are let go, the child often disobeys and holds back the faeces when put on the pot. The accumulation produces a violent muscular attraction with as much pain as pleasure and this habit is usually found in a child. The distinction into the masculine and the feminine is not yet developed but rather as the active and the passive. The object of satisfaction here is not identical for the active and the passive unlike the case of oral phase. The active wants to have a control of its own and to be the authority whereas the passive has to submit to the authority. The anal phase can manifest itself later in adults in authoritarian and rebellious personality. Also in this period, the infants will be preoccupied with anus and faeces. Children often treat faeces as a gift and they also like to play with them. Being told by their parents not to, the children then play with something similar like mud or clay. Adults who regress to the anal phase are sometimes found to play with their faeces in confined cells or hospital. Money is also a symbolic substitute of faeces, deriving from being a substitution of gold, a

substitution of faeces. So playing with money in the adults is an acceptable substitution for the unconscious desire to play with faeces. The sadomasochism is a form of sexual perversion characterised by the enjoyment in inflicting pain or suffering on others and vice versa. It was first thought of as resulting from a child having prematurely seen a sexual intercourse between a male and a female with a sadistic impression. Freud later asserts that the sadomasochism arises from the regression to the anal phase of the infantile sexuality where both active sadistic and passive masochistic form can be exhibited. The capacity of pity is not yet developed during this period and hence the nature of sadomasochism therefore can emerge in these adults. Again, the conflict between the sexual desire and the pity feeling can lead to some forms of neuroses. Repression of the impulses generated by the anal phase sexuality can cause a neurosis with symptoms in the bowel region. Also, it is found in adults the trace of regression to this stage in desire to have an anal intercourse, again, in either active or passive form. Additionally, again using symbolic substitution, Freud proposes that this phase is the first step where the female starts developing the wish to have a baby. Here the faeces symbolise babies since the concept of birth in the mind of an infant is just about letting things out of the bowel. Faeces can also be a symbolic substitution of a penis and the anal phase is the first step towards the aim of possessing a penis in a female. This will reappear more notoriously later in the next phase, the genital phase. The genital or phallic phase corresponds to the period of three and a half to six years old. In this period, the children become aware of the difference between the sexes. The girl will notice what they do not have and the boys learn that the girls do not possess what they have. Combining with the threat of punishment from the parents when they are seen playing with their genitals, the boys will seriously fear of castration, thinking that some unworthy girls have been punished by being castrated. On the other hand, girls become envy of the boys for what they have. The feeling of the girl as mentioned shows that the Oedipus Complex coincides with this period of development of sexuality. The wish to possess a penis also leads a female to unconsciously develop a wish for a baby, which is a symbolic substitution of a penis. The unity of the erotic functions of all separate sexual activities for the purpose of reproduction is required to take place at puberty if a normal sexual life were to take place. If the genital zone can be a strong stimulant and a leading factor, beginning in this phase of the infantile sexuality, this combining process is possible. Otherwise, the other components of sexuality will continue their activity as perversion. Adults who have gone through this stage of development are found to treat their partners as equal and the relationships are mutual and loving. This can be attributed to the function of combining that the genital zone is responsible since one is then able to focus all desires upon a single object, a single person. With the pleasure principle dominating, infants seek to find pleasure in whatever forms, in any symbolic substitution and in any direction, hence the term polymorphously pervert. This is coupled with another characteristic of the infantile sexuality, which is the auto-erotism i. It then means that, they can stick to sexual preferences they find from the stimulation from whichever part of the body, whether it is the genital or not. In adults, the polymorphousness even extends to the object, which is external and symbolic. Sometimes conflicts arise from education and the regressed sexuality, causing neuroses later in the puberty period from 11 years old on. The function of the psychoanalysis is then to reduce this conflict in order to cure. The auto-erotism characteristic of the infantile sexuality also shows how the sexual instinct inherited in living things tend to restore the earlier state. Here, the infants want to repeat the same pleasurable sensual experience they have discovered and so continue doing it for itself. All development follows are therefore attributed to external disturbances, otherwise, an organic life will just be in the same state without any wish to change. Therefore, the process of development in the infantile sexuality as discussed move dynamically forward or backward because of the external disturbances such as deprivation, being forbidden or finding new form of pleasure. Also as a consequence, there is an inclusion of the external objects towards which one can sexually aim, resulting in Fetishism. However, Freud indicates clearly that his theory is derived from the clinical researches and laborious collection of data and information. He is open to academic and constructive criticisms and suggests the stop of self-denial. Freud is accused of writing his theory in the male-constructed world. In fact, quite the opposite of what he is accused for, he suggests that female, both in childhood or puberty, explore and experience more instead of totally repressed until puberty. The female tend to repress more than the male and that is one of the reasons evidently stated by Freud that make women more prone to hysteria. His view is that

during the pregenital infantile sexuality, there is no difference between the male and the female. Only in the genital phase that the difference becomes apparent and not until puberty that the clear distinction is completed. In fact, to Freud, the clitoris in the female is equally competent as the penis in male in terms of its erotic functioning. However, an acceptance of the difference and dependency, seeing the other sex as the complementary opposite, is the way to achieve the feeling of regaining the wholeness one normally feels lost shortly after birth. By uniting with the complementary opposite, the symbolic feeling of love and wholeness will be present. It leads to an attempt to undo the difference, violence in order to eliminate the other and the quest for power as evident in the phenomenon such as sexism where men try to suppress women. Many then argue that the infantile sexuality should differ from one society and culture to another. For example, in eastern society where the family is not a nuclear one, unlike most western families, the Oedipus Complex should not be as Freud suggests since their are more objects to direct the love and hate to. Freud even asserts that each person is potentially capable of having sexual relations with a person of either sex, although there could be exceptions at either end. There is a relationship between the degree of bisexuality and the socialisation experiences the child undergoes in family circumstances. There is therefore actually nothing natural in heterosexuality from his point of view. His theory of the infantile sexuality and its relation to neuroses and perversions in the adults does have a great effect in curing people who suffered. They actually went through the same struggle as any other normal person with the only difference in the failure to cope with the instincts and conflicts arose inside themselves. With more understanding and realisation of some evident phenomena obtained experimentally, one can raise a child with more understanding and the society will surely benefit from that. Jerome Neu, Cambridge University Press,

Chapter 7 : The Psychology of Sex: Sexual Disorders & Sex Issues

The idea of sex as a strategy to meet psychological needs sounds weird to many because sex is also a physiological drive, like eating or sleeping. But unlike eating or sleeping, you can go your whole life without sex and not be any worse off for it.

His father, Jakob Freud , a wool merchant, had two sons, Emanuel and Philipp , by his first marriage. He proved an outstanding pupil and graduated from the Matura in with honors. His research work on the biology of nervous tissue proved seminal for the subsequent discovery of the neuron in the s. His research work in cerebral anatomy led to the publication of an influential paper on the palliative effects of cocaine in and his work on aphasia would form the basis of his first book *On the Aphasias*: Over a three-year period, Freud worked in various departments of the hospital. His substantial body of published research led to his appointment as a university lecturer or docent in neuropathology in , a non-salaried post but one which entitled him to give lectures at the University of Vienna. The same year he married Martha Bernays , the granddaughter of Isaac Bernays , a chief rabbi in Hamburg. The couple had six children: From until they left Vienna in , Freud and his family lived in an apartment at Berggasse 19 , near Innere Stadt , a historical district of Vienna. The close relationship she formed with Freud led to rumours, started by Carl Jung , of an affair. The discovery of a Swiss hotel log of 13 August , signed by Freud whilst travelling with his sister-in-law, has been presented as evidence of the affair. He believed that smoking enhanced his capacity to work and that he could exercise self-control in moderating it. Despite health warnings from colleague Wilhelm Fliess , he remained a smoker, eventually suffering a buccal cancer. Brentano discussed the possible existence of the unconscious mind in his *Psychology from an Empirical Standpoint* Although Brentano denied its existence, his discussion of the unconscious probably helped introduce Freud to the concept. Freud had a lithograph of this painting placed over the couch in his consulting rooms. He was later to recall the experience of this stay as catalytic in turning him toward the practice of medical psychopathology and away from a less financially promising career in neurology research. Once he had set up in private practice in , Freud began using hypnosis in his clinical work. He adopted the approach of his friend and collaborator, Josef Breuer , in a use of hypnosis which was different from the French methods he had studied in that it did not use suggestion. Described as Anna O. In the course of talking in this way these symptoms became reduced in severity as she retrieved memories of traumatic incidents associated with their onset. By he was using the term " psychoanalysis " to refer to his new clinical method and the theories on which it was based. He then sets out the theoretical model of mental structure the unconscious, pre-conscious and conscious on which this account is based. An abridged version, *On Dreams*, was published in In works which would win him a more general readership, Freud applied his theories outside the clinical setting in *The Psychopathology of Everyday Life* and *Jokes and their Relation to the Unconscious* Both men saw themselves as isolated from the prevailing clinical and theoretical mainstream because of their ambitions to develop radical new theories of sexuality. Fliess developed highly eccentric theories of human biorhythms and a nasogenital connection which are today considered pseudoscientific. His first attempt at a systematic theory of the mind, his *Project for a Scientific Psychology* was developed as a metapsychology with Fliess as interlocutor. According to Freud her history of symptoms included severe leg pains with consequent restricted mobility, and stomach and menstrual pains. Eckstein nonetheless continued her analysis with Freud. She was restored to full mobility and went on to practice psychoanalysis herself. Stanley Hall , Carl Jung ; back row: The title "professor extraordinarius" [59] was important to Freud for the recognition and prestige it conferred, there being no salary or teaching duties attached to the post he would be granted the enhanced status of "professor ordinarius" in His conversion to psychoanalysis is variously attributed to his successful treatment by Freud for a sexual problem or as a result of his reading *The Interpretation of Dreams*, to which he subsequently gave a positive review in the Viennese daily newspaper *Neues Wiener Tagblatt*. Kahane had attended the same secondary school and both he and Reitler went to university with Freud. Adler, regarded as the most formidable intellect among the early Freud circle, was a socialist who in had written a health manual for the tailoring trade. He was particularly interested

in the potential social impact of psychiatry. The gatherings followed a definite ritual. First one of the members would present a paper. Then, black coffee and cakes were served; cigar and cigarettes were on the table and were consumed in great quantities. After a social quarter of an hour, the discussion would begin. The last and decisive word was always spoken by Freud himself. There was the atmosphere of the foundation of a religion in that room. Freud himself was its new prophet who made the heretofore prevailing methods of psychological investigation appear superficial. In 1907, reflecting its growing institutional status, the Wednesday group was renamed the Vienna Psychoanalytic Society. Both women would go on to make important contributions to the work of the Russian Psychoanalytic Society founded in 1925. There were, as Jones records, "forty-two present, half of whom were or became practicing analysts. Freud turned to Brill and Jones to further his ambition to spread the psychoanalytic cause in the English-speaking world. Brill founded the New York Psychoanalytic Society the same year. In February 1911, Adler, then the president of the society, resigned his position. At this time, Stekel also resigned his position as vice president of the society. Adler finally left the Freudian group altogether in June to found his own organization with nine other members who had also resigned from the group. In the period after World War I, Adler became increasingly associated with a psychological position he devised called individual psychology. To distinguish his system from psychoanalysis, Jung called it analytical psychology. Max Eitingon joined the Committee in 1913. Each member pledged himself not to make any public departure from the fundamental tenets of psychoanalytic theory before he had discussed his views with the others. After this development, Jung recognised that his position was untenable and resigned as editor of the *Jahrbuch* and then as president of the IPA in April 1914. Abraham and Jones became increasingly forceful critics of Rank and though he and Freud were reluctant to end their close and long-standing relationship the break finally came in when Rank resigned from his official posts in the IPA and left Vienna for Paris. His place on the committee was taken by Anna Freud. Early psychoanalytic movement[edit].

Chapter 8 : Freud, Introductory lectures

Sex and human sexuality are a core part of being human, so it's natural to wonder about sex in all of its different forms. Sexual disorders are like people -- they come in all different kinds of.

First and foremost, what is sexual is something improper, something one ought not to talk about. I have been told that the pupils of a celebrated psychiatrist made an attempt once to convince their teacher of how frequently the symptoms of hysterical patients represent sexual things. For this purpose they took him to the bedside of a female hysteric, whose attacks were an unmistakable imitation of the process of childbirth. But with a shake of his head he remarked: Childbirth need not in every case be something improper. I see that you take offence at my joking about such serious things. But it is not altogether a joke. But you will regard that as colourless and too comprehensive. If you take the fact of the sexual act as the central point, you will perhaps define as sexual everything which, with a view to obtaining pleasure, is concerned with the body, and in particular with the sexual organs, of someone of the opposite sex, and which in the last resort aims at the union of the genitals and the performance of the sexual act. But if so you will really not be very far from the equation of what is sexual with what is improper, and childbirth will really not be anything sexual. If, on the other hand, you take the reproductive function as the nucleus of sexuality, you risk excluding a whole number of things which are not aimed at reproduction but which are certainly sexual, such as masturbation and perhaps even kissing. But we are already prepared to find that attempts at a definition always lead to difficulties; so let us renounce the idea of doing better in this particular case. Something which combines a reference to the contrast between the sexes, to the search for pleasure, to the reproductive function and to the characteristic of something that is improper and must be kept secret-some such combination will serve for all practical purposes in everyday life. But for science that is not enough. Only members of their own sex can rouse their sexual wishes; those of the other sex, and especially their sexual parts, are not a sexual object for them at all, and in extreme cases are an object of disgust. This implies, of course, that they have abandoned any share in reproduction. We call such people homosexuals or inverts. They are men and women who are often, though not always, irreproachably fashioned in other respects, of high intellectual and ethical development, the victims only of this one fatal deviation. We shall perhaps have an opportunity of examining their claims critically. This class of perverts at any rate behave to their sexual objects in approximately the same way as normal people do to theirs. But we now come to a long series of abnormal people whose sexual activity diverges more and more widely from what seems desirable to a sensible person. In their multiplicity and strangeness they can only be compared to the grotesque monsters painted by Breughel for the temptation of St. Anthony or to the long procession of vanished gods and believers which Flaubert leads past, before the eyes of his pious penitent. We accordingly divide them into those in whom, like the homosexuals, the sexual object has been changed, and others in whom the sexual aim is what has primarily been altered. The first group includes those who have renounced the union of the two genitals and who replace the genitals of one of the couple engaged in the sexual act by some other part or region of the body; in this they disregard the lack of suitable organic arrangements as well as any impediment offered by feelings of disgust. They replace the vulva, for instance, by the mouth or anus. Others follow, who, it is true, still retain the genitals as an object-not, however, on account of their sexual function but of other functions in which the genital plays a part either for anatomical reasons or because of its propinquity. We find from them that the excretory functions, which have been put aside as improper during the upbringing of children, retain the ability to attract the whole of sexual interest. After them come, others for whom parts of the body are of no importance but whose every wish is satisfied by a piece of clothing, a shoe, a piece of underclothing-the fetishists. Later in the procession come people who require the whole object indeed, but make quite definite demands of it-strange or horrible-even that it must have become a defenceless corpse, and who, using criminal violence, make it into one so that they may enjoy it. But enough of this kind of horror! The second group is led by perverts who have made what is normally only an introductory or preparatory act into the aim of their sexual wishes. They are people whose desire it is" to look at the other person or to. Next come the sadists, puzzling people whose

tender endea have no other aim than to cause pain and torment to their object, ranging from humiliation to severe physical injuries; and, as though to counterbalance them, their counterparts, he masochists, whose only pleasure it is to suffer humiliations and torments of every kind from their loved object either symbolically or in reality. There are still others in whom several of these abnormal preconditions are united and intertwined; and lastly, we must learn that each of these groups is to be found in two forms: Now there cannot be the slightest doubt that all these crazy, eccentric and horrible things really constitute the sexual activity of these people. Not only do they themselves regard them as such and are aware that they are substitutes for each other, but we must admit that they play the same part in their lives as normal sexual satisfaction does in ours; they make the same, often excessive sacrifices for them, and we can trace both in the rough and in finer detail the points at which these abnormalities are based on what is normal and the points at which they diverge from it. Nor can you fail to notice that here once again you find the characteristic of being improper, which clings to sexual activity, though here it is for the most part intensified to the point of being abominable. Well, Ladies and Gentlemen, what attitude are we to adopt to these unusual kinds of sexual satisfaction? Indignation, an expression of our personal repugnance and an assurance that we ourselves do not share these lusts will obviously be of no help. Indeed, that is not what we have been asked for. When all is said and done, what we have here is a field of phenomena like any other. A denial in the form of an evasive suggestion that after all these are only rarities and curiosities would be easy to refute. On the contrary, we are dealing with quite common and widespread phenomena. If, however, it is argued that we need not allow our views of sexual life to be misled by them because they are one and all aberrations and deviations of the sexual instinct, a serious answer is called for. Unless we can understand these pathological forms of sexuality and can co-ordinate them with normal sexual life, we cannot understand normal sexuality either. In short, it remains an unavoidable task to give a complete theoretical account of how it is that these perversions can occur and of their connection with what is described as normal sexuality. We shall be helped in this by a piece of information and two fresh observations. We owe the former to Iwan Bloch [1]. The two observations were derived from the psycho-analytic investigation of neurotics; they are bound to have a decisive influence on our view of the sexual perversions. I have said that are substitutes for sexual satisfaction [p. The claim made by homosexuals or inverts to being exceptions collapses at once when we learn that homosexual impulses are invariably discovered in every single neurotic, and that a fair number of symptoms give expression to this latent inversion. Those who call themselves homosexuals are only the conscious and manifest inverts, whose number is nothing compared to that of the latent homosexuals. No doubt this does not do away with the differences between manifest homosexuality and a normal attitude; their practical significance remains, but their theoretical value is greatly diminished. Even if this is not actually to be regarded as homosexuality, it is closely related to its preconditions. As you probably know, the hysterical neurosis can produce its symptoms in any system of organs and so disturb any function. Analysis shows that in this way all the so-called perverse impulses which seek to replace the genital by some other organ manifest themselves: The symptoms of hysteria have actually led us to the view that the bodily organs, besides the functional part they play, must be recognized as having a sexual erotogenic significance, and that the execution of the first of these tasks is disturbed if the second of them makes too many claims. Countless sensations and innervations which we come across as symptoms of hysteria in organs that have no apparent connection with sexuality are in this way revealed to us as being in the nature of fulfilments of perverse sexual impulses in relation to which other organs have acquired the significance of the sexual parts. We learn too to what a large extent the organs for the intake of nourishment and for excretion can in particular become the vehicles of sexual excitation. Of the many symptomatic pictures in which obsessional neurosis appears, the most important turn out to be those provoked by the pressure of excessively strong sadistic sexual impulses perverse, therefore, in their aim. The symptoms, indeed, in accordance with the structure of an obsessional neurosis, serve predominantly as a defence against these wishes or give expression to the struggle between satisfaction and defence. Other forms of the neurosis, the brooding kinds, correspond to an excessive sexualization of actions which ordinarily have their place on the-path to normal sexual satisfaction-an excessive sexualization of wanting to look or to touch or to explore. Here we have the explanation of the great importance of the fear of touching and of the

obsession for washing. I should not have much difficulty in giving you a far more intimate picture of the relations between perversion and neurosis; but I think what I have already said will serve our purpose. It is possible, as you have heard [p. But when a real frustration like this occurs, the need moves over on to abnormal methods of sexual excitation. You will later learn the way in which this happens [p. In other cases, it is true, the inclination to perversions is quite independent of such favouring conditions; they are, we might say, the normal species of sexual life for those particular individuals. For the moment, perhaps, you may have an impression that I have confused rather than explained the relation between normal and perverse sexuality. But you must bear the following consideration in mind. If it is true that increased difficulty in obtaining normal sexual satisfaction in real life, or deprivation of that satisfaction, brings, out perverse inclinations in people who had not shown any previously, we must suppose that there was something in these people which came half-way to meet the perversions; or, if you prefer it, the perversions must have been present in them in a latent form. And this brings us to the second novelty that I announced to you [p. For psycho-analytic research has had to concern itself; too, with the sexual life of children, and this is because the memories and associations arising during the analysis of symptoms [in adults] regularly led back to the early years of childhood. What we inferred from these analyses was later confirmed point by point by direct observations of children. And it then turned out that all these inclinations to perversion had their roots in childhood, that children have a predisposition to all of them and carry them out to an extent corresponding to their immaturity-in short, that perverse sexuality is nothing else than a magnified infantile sexuality split up into its separate impulses. At all events you will now see the perversions in a new light and no longer fail to realize their connection with the sexual life of human beings: No doubt you will feel inclined at first to deny the whole business: So allow me to begin by explaining to you the motives for your opposition, and then to present you with the sum of our observations. To suppose that children have no sexual life-sexual excitations and needs and a kind of satisfaction-but suddenly acquire it between the ages of twelve and fourteen, would quite apart from any observations be as improbable, and indeed senseless, biologically as to suppose that they brought no genitals with them into the world and only grew them at the time of puberty. What does awaken in them at this time is the reproductive function, which makes use for its purposes of physical and mental material already present. You are committing the error of confusing sexuality and reproduction and by doing so you are blocking your path to an understanding of sexuality, the perversions and the neuroses. This error is, however, a tendentious one. Strangely enough, it has its source in the fact that you yourselves were once children and, while you were children, came under the influence of education. For society must undertake as one of its most important educative tasks to tame and restrict the sexual instinct when it breaks out as an urge to reproduction, and to subject it to an individual will which is identical with the bidding of society. It is also concerned to postpone the full development of the instinct till the child shall have reached a certain degree of intellectual maturity, for, with the complete irruption of the sexual instinct, educability is for practical purposes at an end. Otherwise; the instinct would break down every dam and wash away the laboriously erected work of civilization. Nor is the task of taming it ever an easy one; its success is sometimes too small, sometimes too great. The motive of human society is in the last resort an economic one; since it does not possess enough provisions to keep its members alive unless they work, it must restrict the number of its members and divert their energies from sexual activity to work. It is faced, in short, by the eternal, primaeval exigencies of life, which are with us to this day. Experience must no doubt have taught the educators that the task of making the sexual will of the new generation tractable could only be carried out if they began to exercise their influence very early, if they did not wait for the storm of puberty but intervened already in the sexual life of children which is preparatory to it. For this reason almost all infantile sexual activities were forbidden to children and frowned upon; an ideal was set up of making the life of children asexual, and in course of time things came to the point at which people really believed they were asexual and thereafter science pronounced this as its doctrine. To avoid contradicting their belief and their intentions, people since then overlook the sexual activities of children no mean achievement or are content in science to take a different view of them. Children are pure and innocent, and anyone who describes them otherwise can be charged with being an infamous blasphemer against the tender and sacred feelings of mankind. Children are

alone in not falling in with these conventions. You yourselves will easily perceive that the sexual activities of infants in arms are mostly a matter of interpretation, or you will probably use that as a ground of objection. These interpretations are arrived at on the basis of analytic examinations made by tracing from the symptoms backwards. In an infant the first impulses of sexuality make their appearance attached to other vital functions. His main interest is, as you know, directed to the intake of nourishment; when children fall asleep after being sated at the breast, they show an expression of blissful satisfaction which will be repeated later in life after the experience of a sexual orgasm. This would be too little on which to base an inference.

Chapter 9 : Introduction to Sigmund Freud, Module on Psychosexual Development

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