VINTAGE

FREUD ON WOMEN

ELISABETH YOUNG-BRUEHL

Contents

About the Book

FREUD ON GIRLS: ‘They go through an early age in which they envy their brothers their signs of masculinity and feel at a disadvantage and humiliated because of the lack of it...’

FREUD ON WOMEN: ‘At one time (in a matriarchal society) the woman may have been the dominant partner. In this way, like the defeated deities, she acquired demonic properties...’

AND ON HIMSELF: ‘My mother was nowhere to be found; I was crying in despair. My brother Philip...unlocked a wardrobe for me, and when I did not find my mother within it either, I cried even more until, slender and beautiful, she came through the door. What can this mean?’

This collection contains Freud’s most significant statements on women, taken from letters as well as published work, presenting a clear, accessible view of the progress of his thought and his own struggle for understanding and coherence. Elisabeth Young-Bruehl untangles the arguments, relating Freud’s ideas on women and on bisexuality to his clinical practice and broader theory, while the annotated bibliography traces the later disputes.

About the Author

Elisabeth Young-Bruehl's *Anna Freud* was hailed as a 'stunning achievement' in Britain and the USA. After obtaining a doctorate, she wrote an award-winning biography of Hannah Arendt. She has published widely in philosophy and her work has been supported by the National Endowment for the Humanities and the Guggenheim Foundation. She is a professor at Haverford College and a member of the Philadelphia Association for Psychoanalysis.

ALSO BY ELISABETH YOUNG-BRUEHL

Mind and Body Politic
Anna Freud: A Biography
Vigil
Hannah Arendt: For Love of the World
Freedom & Karl Jasper's Philosophy

Freud on Women

A Reader

Edited and with an Introduction by

Elisabeth Young-Bruehl

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A Note on the Texts

All of the Freud texts in this anthology are based upon the monumental twenty-four volumes of translations and indexes prepared primarily by James Strachey: *The Standard Edition of The Complete Psychological Works of Sigmund Freud*, issued by Hogarth Press and The Institute of Psycho-Analysis in London between 1953 and 1974. The longer texts have been abridged, however, and many notes have been eliminated from even the shorter pieces, in order that *Freud on Women* could be one uncomplicated, manageable volume. Abridgments in the texts are indicated with asterisks (* * *), but both Freud's and Strachey's notes have sometimes been cut without indication. For scholarly purposes, therefore, not this anthology but only *The Standard Edition* should be quoted. References made in my Introduction or my notes to Freud texts not included in this anthology but available in *The Standard Edition* will be indicated with volume and page number (e.g., 22:213.) Strachey's English spellings of technical terms have been retained in his translations, while my texts employ American spellings. My notes to the texts are set within braces, while those presented in brackets are by Strachey. The sources for quotations from Freud's letters and from letters to Freud will be noted in my comments, but there is also a quide to these correspondences in the Annotated Bibliography at the back of this volume.

Preface

As a title for an anthology of Sigmund Freud's main statements on female psychology, *Freud on Women* will strike many as all too apt. They will feel that it could also grace a cartoon: Psychoanalytic Imperialism, in the person of Freud, standing on top of a vanquished motherland, the "dark continent" (as he once put it) of Female Psychology. Others will feel that only *Freud on Fin De Siècle Women* or perhaps *Freud and Women: Products of Patriarchy* would accurately signal the cultural limitations of both Freud's views and his subjects' lives. Some readers will argue that there should be equal time for *Women on Freud*.

Ever since he made his first major theoretical statements about female sexuality and psychology, Freud's views have been the focus of intense debates—both within psychoanalysis and without. Initially, Freud's critics protested his claim that there is such a thing as "infantile sexuality" and refused to believe that women could suffer from frustrations of sexual desire, since they were not supposed to have any. After the First World War, the debate from without was headed up by feminists who objected to what they perceived as a denigration of women in psychoanalytic theory; this feminist quarrel with Freud has gone on to the present day, aided by work within psychoanalysis, largely by female analysts.

Freud himself also responded to the first decade of debates with three important essays in which he encouraged further inquiry by admitting that he thought of his own formulations as tentative and in need of review. He asked his friend Marie Bonaparte his famous question,

“What do women want?” at this time. After the end of the Second World War, while psychoanalysts added little to the views advanced by Freud and his contemporary critics, the debate from without grew toward a crescendo of hostility in the early 1970s. In the late 1970s, just as the psychoanalytic community finally began responding to feminist critiques, there was also a turn toward reconsideration among feminists. But the lines of battle had become so many and so crisscrossed during the whole long controversy that it has not been easy to reconsider the terrain; indeed, after so many decades, it is not even easy to see the original *casus belli* clearly.

I hope that this anthology will encourage current and new generations of debaters, and discourage the circulation of simplistic versions of what Freud supposedly said about women. It has often been assumed that Freud’s views were merely a reflection of his patriarchal or misogynistic prejudices, but this assumption, I think, completely neglects both his changing clinical practice and his struggle for verifiability and internal coherence in his science. The texts assembled here are arranged chronologically to emphasize the evolution of Freud’s views, which the Introduction will present in three main periods: before the text that was and is fundamental, the 1905 *Three Essays on the Theory of Sexuality;* from 1905 to 1924, when Freud made many alterations in his general theory and also repeatedly revised the *Three Essays* to reflect his explorations; and after 1924, when Freud stopped revising the *Three Essays* and wrote a series of separate essays on female sexuality. The Introduction and my brief commentaries throughout the volume will also key the evolution of Freud’s views on women to the shifts in his clinical practice and in his theories.

By providing selections of his work that show these broader theoretical and therapeutic contexts, I hope to make it clear that Freud was consistently concerned with a

characteristic women and men share, and which was obvious to him in clinical settings: bisexuality. As Freud noted in his *Three Essays on the Theory of Sexuality,* "without taking bisexuality into account, I think it would scarcely be possible to arrive at an understanding of the sexual manifestations that are actually to be observed in men and women." At the end of my Introduction, I will try to show what happened to this governing concept and also to chart the main types of criticism that emerged in response to it and to Freud's evolving female psychology in general. An Annotated Bibliography will indicate how the criticisms of Freud's contemporaries were reiterated after his death in 1939.

Introduction

1. HYSTERIA: QUESTIONS OF CAUSE

Freud’s first contribution to female psychology was a quarrel with medical and psychiatric orthodoxy in Vienna about the causes of hysteria in women and men. From this quarrel came both a cure for hysteria, a disease long considered specific to women and incurable, and a theoretical foundation for a therapy with much wider applications—psychoanalysis.

The name “hysteria,” the thirty-two-year-old neurologist wrote in 1888, comes from the ancient word *hysteria*, “womb,” and is a “precipitate of the prejudice, overcome only in our own days, which links neuroses with diseases of the female sexual apparatus” (1:41). The renowned French neurologist Jean Martin Charcot, with whom Freud studied for a year in Paris, had finally surmounted this prejudice and directed clinical attention at hysterics rather than persecuting them as witches or heaping moral opprobrium on them as malingerers. Charcot’s superb descriptive work had both defined hysteria as a distinct psychological disease with a hereditary base, and also distinguished it from neurasthenia, a general condition of nervous debilitation arising from nonpsychological current causes. Charcot’s work made it a much easier matter for doctors to diagnose the “petite hysterie” of people with medically unexplainable nervous coughs, painful breathing, migraines, muteness, depressed unsociability, and forced, somewhat artificial boredom with life. The more dangerous hysterical symptoms—horribly contorted facial muscles, paralyzed limbs, painful

vaginal spasms, tics, and fainting spells—that kept thousands of people wretchedly confined in hospitals like Charcot's Salpêtrière were better understood, but still incurable.

Charcot, Freud noted, was someone who "can find no rest till he has correctly described and classified some phenomenon with which he is concerned, but . . . he can sleep quite soundly without having arrived at the physiological explanation of that phenomenon" (1:13). In his own restless search for hysteria's mechanisms, Freud was spurred by the remarkable—though temporary—cures another French neurologist, Hyppolite Bernheim, had achieved with hypnotic techniques, and compelled by the fact that he thought of himself as mildly hysterical (1:259). What he slowly discovered was a psychological explanation: hysterics, he said, suffer from reminiscences.

As he treated patients with neurological techniques like electrical stimulation or hydropathy and with hypnosis, Freud catalogued differences in male and female sexual dysfunction and abnormality, and he made comparisons of neurasthenia and hysteria in men and women. Many of his conclusions were first set out in lengthy letters and draft manuscripts for his chief audience, Wilhelm Fliess, a Berlin ear, nose, and throat specialist with a vivid and often quite strange scientific imagination. Excerpts from Freud's remarkable letters are presented here with commentary. In them, it is obvious how crucial Fliess was as a supporter and collaborator during the years when Freud was struggling to verify what he called "the sexual thesis," the claim that neurasthenia and hysteria are disturbances of sexuality, the first from a current cause and the second from an earlier sexual experience the memory of which has been repressed or forced—and kept—out of consciousness.

Freud was impressed by how seldom young women were neurasthenic before their marriages or in the early years of their marriages. He suggested in 1892 that "neurasthenia in

women is a direct consequence of neurasthenia in men," and then he realized that it is frequently the practice of coitus interruptus which induces neurasthenia in both women and men (1:177–84). In neurasthenia sexual desire or libido, Freud thought, invariably got "dammed up." Hysteria, too, he speculated, was not so much a hereditary disease as a conflict between desire—often desire of which the desirer was not conscious—and defense against the desire. In neurasthenics, the blockage could be due to lack of sexual opportunity, masturbation, contraceptive practices, or fear of disease; in hysterics, a past traumatic experience, specifically sexual and usually quickly repressed and dissociated from other memories, was involved. Desire dammed up seeks a substitute outlet in symptoms, and for hysterics the symptoms constituted their entire sexual lives. Freud looked at hysterical symptoms as though they were hieroglyphs needing decoding, archeological clues to lost cultures—to the unconscious mind, the domain of repressed desires and experiences.

The work Freud coauthored with his older Viennese colleague Josef Breuer, *Studies on Hysteria* (1895), presented the novel therapeutic technique they had developed, along with a version of the "dammed up libido" theory mild enough to satisfy Breuer, who was very apprehensive about Freud's shocking "sexual thesis." When a hysteric (with or without hypnosis) was able to talk about the traumatic event underlying his or her symptoms, the symptoms disappeared. The trauma was "abreacted" or deprived of its active force in this therapeutic process, which Freud eventually came to distinguish from hypnosis. In the nonhypnotic "talking cure" Freud advocated and called "psychoanalysis," patients "free associated" and discovered their own pasts as the repression upon their memories lifted, rather than receiving suggestions from a hypnotist. Hypnotic cures, Freud discovered, lasted only as

long as the patients felt they were satisfying the hypnotist (and see 7:150, n. 1).

The social conditions of the predominantly female patients, however, remained the same no matter what the therapy. Freud and Breuer stressed how often a monotonous married life, without adequate intellectual engagement, contributed to their patients' tendencies to fantasize; and how being unhappily single and materially dependent produced overwhelming sexual needs (see the the case of Miss Lucy R. in *Studies on Hysteria*, 2:106–25). They were very well aware that differences in both constitution and upbringing between girls and boys greatly influenced their attitudes toward sexual experience: "The tendency toward fending off what is sexual is intensified by the fact that in a young unmarried woman sensual excitation has an admixture of anxiety, of fear of what is coming, what is unknown and half-suspected, whereas in normal and healthy young men it is unmixed aggressive instinct" (2:246). Many hysterias, Breuer noted, share with neurasthenia "their origin in the marriage bed" because intercourse is frequently "not an erotic seduction but a violation," and because "perverse demands made by the husband, unnatural practices, etc." are so common (2:246). But Freud argued that hysterias also invariably have a "presexual" root (2:133), by which he then meant a root before marriage, in puberty. This was obviously the case with a peasant girl named Katharina, who told Freud much more freely than "the prudish ladies of my city practice" how her father had forced his way into her bed when she was fourteen. That even earlier childhood experiences were also involved was a hypothesis Freud advanced in 1896, after his collaboration with Breuer came to an end and his quarrel with the Viennese establishment had left him with only Fliess for intellectual company.

Freud was operating with the assumption that specific types of sexual experiences were conducive to specific

types of neuroses (or to what he called the “choice of neurosis”). His claim that the hysteric’s experiences were always “of a passive nature” combined with his (unexamined) assumptions about “the natural sexual passivity of women” to explain why women are more inclined to hysteria than men (1:228). To his conclusion that such passive (usually seductive) experiences were “premature” (1:220) for young women, Freud added the observation that their fathers had played a great role in the early lives of his female hysterical patients. He was sure that idealized fathers determined his patient’s “high standards in love, their humility toward their lover, or their being unable to marry because their ideals are unfulfilled” (1:243). But in 1897 Freud was unsure whether there was always a “father as the originator of neurosis” (1:253) in the quite different sense that female hysterics were the victims of childhood seduction or abuse specifically by their fathers.

While he was trying to answer this question by reconstructing the childhoods of his patients and developing a technique, “self-analysis,” for exploring his own childhood, Freud also observed his six children and their friends and considered the hysterical children he had treated earlier in Berlin outpatient clinics (on an 1886 internship) and in the Vienna Kassowitz Institute for Children’s Diseases (from 1887 to 1896). He became more convinced that memories from childhood—not just puberty—lay in the background of adult hysterias, and all his evidence pointed toward the crucial importance for women and men of precisely when their childhood traumatic experiences had taken place.

In his correspondence with Fliess, Freud drew up a table of childhood stages, suggesting that the “primal experience” conducive to hysteria dated from before the age of four. Then, in a very important letter that is quoted below, he formulated a theory of “erotogenic zones”—the mouth, the anus, and the genitals—exciting to children at different stages of their development (1:229, 268; below, here).

Satisfaction and dissatisfactions connected to oral experiences (nursing, or later sucking) were, he concluded, particularly important in the psychic histories of hysterics. In all psychoneuroses, the role of infantile masturbation was, he thought, very large. But what the theory of erotogenic zones most importantly implied was that in the etiology of the psychoneuroses, spontaneous childhood sexual activities and autoerotic pleasures were involved—not only passive or seductive experiences initiated by adults.

The letters to Fliess show clearly that, while he was writing his monumental work *The Interpretation of Dreams* between 1897 and 1899, Freud also became increasingly aware of the part childhood fantasies play in generating hysterical symptoms. He felt that children as young as six months could witness things, particularly the "primal scene" of parental intercourse, that would later be woven into their fantasies and dreams (1:244, 247). His hysterical female patients, especially, tended to mingle up in their fantasies childhood identifications with people of "low morals," often "worthless women" connected sexually with their fathers or brothers, and to develop habits of self-reproach and guilt. It is tragic that "the action of the head of the family in stooping to a servant-girl is atoned for his daughter's self-abasement" (1:249).

At this time, Freud was exploring with Fliess the hypothesis that the process of repression in hysteria is "sexualized" in the sense that it is directed at the sexual images and memories opposite to the anatomical sex, so that women repress representations they feel are "masculine." But Freud's observations did not lend support to this view. "It is to be suspected that the essentially repressed element is always what is feminine. This is essentially confirmed by the fact that women as well as men admit more easily to experiences with women than with men" (1:251). Men essentially repress "the paederastic element" (the feminine element in themselves) just as

women repress their memories of passive, feminine desires, not their “homosexual” desires.

Freud’s formulation reflected Fliess’s great interest in bisexuality, but not Fliess’s conjecture about the sexualization of repression. Freud later gave up his own first conjecture—that the feminine in everyone is repressed—and argued against any form of sexualization of repression (below here), but it is important to note that he initially connected repression with the feminine. What this meant was that in his female patients, who admitted more easily to experiences with women than with men, what was most obvious to Freud was their unrepressed “masculinity.” He had earlier even briefly considered, as a letter to Fliess quoted below (here) indicates, the hypothesis that all libido or desire is masculine and “male” homosexuality directed at the father is the primitive form of sexual longing in both women and men. What struck him so forcefully was the ubiquity among female children and adult hysterics of clitoral masturbation, which he considered “masculine” because he thought of the clitoris as the female’s homologue of the masculine genital (and then-current embryology reinforced his idea that the clitoris is an undeveloped penis).

Eventually, Freud gave up his speculation about primordial masculine homosexuality in both sexes and about sexualization of repression, but he remained puzzled by the complexities of an active “masculinity” in the girl’s tie to her father. The rudiments of what came to be known as the Oedipus complex had appeared to Freud in 1897, as he noted in a long, self-revelatory letter to Fliess (here). By analyzing his own dreams and memories and considering children’s fantasies, Freud began to interpret identifications with, and rivalrous death wishes against, parents: “Hostile impulses against parents (a wish that they should die) are also an integral constituent of neuroses. . . . It seems as though this death-wish is directed in sons against their

father and in daughters against their mother" (1:255). In its earliest form, Freud's theory of the Oedipus complex assumed opposite-sex love and same-sex rivalry in both boys and girls. In *The Interpretation of Dreams* Freud stated this conclusion (4:257) with a certainty that it took him years to overcome: ". . . a girl's first affection is for her father and a boy's first childish desires are for his mother." But the girl's affection for her father still seemed to him very problematic because of the "masculine" masturbatory activity involved in it.

As he added these new elements to his causal theory of the neuroses, Freud kept considering his "seduction hypothesis." But he slowly and with much vacillation abandoned it. He did not, of course, claim that seductions do not take place or that they are rare, as some recent commentators have tried to argue. Rather, he became convinced that all children are sexual from birth, through the oral, anal, and genital stages, and that all children feel love for parents of the opposite sex; seduction, which was not universal, had to be seen against this universal background. Moreover, the seduction theory had failed to effect therapeutic "abreactions" in all the hysterics Freud treated, and many patients left his care before he could even effect relief of their symptoms. Freud began to suspect that he had been suggesting the idea of father-daughter seduction to his patients, thus repeating the problem of suggestion that had years before led him to abandon hypnosis as a technique.

Theoretically, the seduction hypothesis also could not account for the layering and reworking of fantasies and symptoms Freud constantly encountered. A single source of illness seemed more and more unlikely, particularly as Freud learned of cases in which seduction had not given rise to later illness. So he focused on the role of "the wish fulfillment of the repressing thought" in dreams, in fantasies, and in symptoms. When he abandoned the idea

that behind every hysteria lay a literal seduction, he could see conflicts among fantasies—and symptoms. There is no single type of mental content—like “the feminine”—repressed by everyone. In general, he concluded that single causes for mental activities and structures are not to be found: “in a word, over-determination is the rule” (7:60).

As an example, in 1899 he sketched the case of a woman whose hysterical attacks fulfilled both her wish to be pregnant and her wish to lose her beauty and not be sexually attractive—equally strong but contradictory wishes (1:278). Specifically, and crucially, the broadening of his causal theory allowed Freud to begin to reconsider the bisexuality so apparent in his female patients’ fantasies: he became convinced that their bisexuality had to involve some kind of “masculinity” preceeding their love for their fathers or their sexual experiences with males (possibly including their fathers). He also became convinced that there is no such thing as an inborn or primordial femininity uncompounded with masculinity.

Later, between about 1905 and 1908, when Freud was again preoccupied with fantasies, he recapitulated his conclusions that no hysterical symptom corresponds to a single unconscious fantasy; that all are compromises between opposite impulses—one sexual and one repressing; and that modes of oral, anal, and genital satisfaction in infantile life are recreated and disguised in symptoms. In a 1908 essay “Hysterical Phantasies and Their Relationship to Bisexuality,” he added the further formula that often, if not always, “hysterical symptoms are the expression on the one hand of a masculine unconscious sexual phantasy, and on the other hand a feminine one. . . . In psycho-analytic treatment it is very important to be prepared for a symptom’s having a bisexual meaning. We need not then be surprised or misled if a symptom seems to persist undiminished although we have already resolved one of its sexual meanings; for it is still being maintained by the—

perhaps unsuspected—one belonging to the opposite sex" (here). This theory of bisexuality marked the beginning of a more complicated notion of the Oedipus complex as composed, for both females and males, of loves for *both* the same-sex and the opposite-sex parent. The idea that a girl might love her mother before she turned to her father came to Freud very slowly.

The only full-scale case study of a hysteric that Freud ever wrote, which was prepared in 1901 but not published until 1905, explores the two loves reflected in his patient's dreams and symptoms. The patient called "Dora" has two "objects" (to use Freud's term for mental representations of loved ones or loved things): her father and her father's mistress (not a servant girl of "low morals," but nonetheless a mistress). In Dora's analysis, however, the less accessible love of the father's mistress and its connection to Dora's mother was barely touched upon (7:60), for Dora—like many earlier hysterical patients—left the treatment after only a few months. Freud had often complained to Fliess that his patients fled after the first remission of thier symptoms, but with this case it became clear to him why they fled. A treatment can relieve existing symptoms and stop formation of new symptoms without halting the "productive powers of the neurosis," which goes right on creating a special type of mental structure to which he gave the name "transference." Impulses and fantasies made conscious in the analysis do not lose their power, they are reproduced as transferences, "re-editions or facsimiles" in which important famale and male figures from childhood are replaced by the person of the analyst. The patient had not escaped from her Oedipal desires, she had refocused them.

Freud understood that Dora's loves had been replayed in her transference to him, and that the treatment should have included exploration of the transference, especially of the female or maternal transference, which was hardest for him to detect. As he noted in a letter to Fliess (here), the issue

of Dora's bisexuality was ready "for detailed treatment . . . on another occasion." At the time, Freud proposed to write a book called *Human Bisexuality*, but what he wrote instead was *Three Essays on the Theory of Sexuality*.

In general, after the Dora case study Freud seems to have retreated from his tendency not only to influence his patients by suggestion, but to inflict his interpretations on them and even to insist on their compliance—that is, to behave toward women like Dora with a therapeutic-scientific version of Victorian patriarchal preemption. It is obvious in the study that he felt a great deal of sympathy for Dora's manipulative father and her married suitor, but not much for Dora herself. Later, when Freud had assimilated the results of his own self-analysis—as he noted to Fliess, "in my life, as you know, woman has never replaced the comrade, the friend" (here)—and in the process gotten over his tie to his comrade Fliess, there was an abatement in his tendency to tolerate behavior in males that made him impatient in females, to employ a psychologically rooted but culturally sanctioned double standard. He also became willing to accept females as colleagues, even comrades, in the growing psychoanalytic movement. Similary, his 1920 case study of a female homosexual is very different in tone from the Dora case. Freud gave the name "countertransference" to the presumptions and unconscious fantasies a psychoanalyst brings to the treatment.

The case of Dora gave Freud the chance to show his theory of dream interpretation in action while he was presenting his causal theory of hysteria. He had not only two dense, vivid dreams to analyze, but a story rich in the scenes and experiences he considered characteristic of hysteria (without involving a childhood seduction). The eighteen-year-old Dora had a childhood memory of blissful oral satisfaction in thumb-sucking; childhood neurotic symptoms (dyspnea or painful breathing at the age of

eight); memories of sexual enlightenment by means of books belonging to her father's mistress; an erotic encounter at age sixteen with her father's friend Herr K., to which she reacted with further neurotic symptoms; and a homosexual love-object not initially accessible to consciousness. Freud's preliminary ideas about the "Oedipus complex" as the centerpiece of the psychoneuroses crystallized as he worked through this material, but he only felt sure of them when he had tested them in nonpathological domains. In *The Psychopathology of Everyday Life* (1901) and *Jokes and Their Relation to the Unconscious* (1905), Freud extended his science by showing that everyday actions like slips of the tongue or pen and witty stories share mechanisms with neurotic symptoms (as well as with dreams and fantasies). Then he was ready for a treatise that systematically combined his psychopathology with a theory of normality or normal development.

Three Essays on the Theory of Sexuality (1905) was, like The Interpretation of Dreams, organized to reflect a journey of discovery: from psychopathology to normality, from specific types of perversion and neurosis to the elements of "sexual constitution" shared by all people. The journey presented in *Three Essays* was also Freud's first public statement of why he felt that no mono-causal theory of neurosis—such as the seduction theory—would ever be adequate: "To look for the aetiology of the neuroses exclusively in heredity or in the constitution would be just as one-sided as to attribute that aetiology solely to the accidental influences brought to bear upon sexuality in the course of the subject's life—whereas better insight shows that the essence of these illnesses lies solely in a disturbance of the organism's sexual processes" (7:279). In the neuroses, the causes are always plural; the result, however, is always, no matter how nonsexual in appearance, fundamentally a "disturbance of the organism's sexual processes."

2. “NORMAL” FEMININITY AND BISEXUALITY

At the turn of the century, most of Freud’s medical readers—like many today—would have considered “psychoneurotic” and “perverse” to be overlapping terms: all perverse persons were considered psychoneurotic, and many psychoneurotics were known to be perverse. So, from its opening pages, Freud’s *Three Essays on the Theory of Sexuality* was shocking, for he began by explaining why he considered the psychoneuroses to be “the negative of the perversions,” that is, of those choices of love objects or love acts generally considered abnormal. A perverse person expresses in fantasies or behavior his or her abnormal love-choices and love-acts; a psychoneurotic represses these and replaces them with symptoms. A person who chooses a love object considered abnormal—say, a homosexual—is not a psychoneurotic for that reason; he or she may be “quite sound in other respects” (7:148). (In Freud’s one full case study of a homosexual, the eighteen-year-old female patient is said (here and here below) to be “not in any way ill,” quite remarkably “without one hysterical symptom,” and unusual only for having taken “the path that is banned by society.”) By contrast, psychoneurotics have fallen in love without knowing it, their love having been repressed, and the whole of their lives is usually affected by the symptoms with which they replace the love.

These distinctions, hard enough to accept, required that Freud’s readers also be willing to accept that (1) people’s physical (or anatomical) characteristics, (2) their mental characteristics or attitudes, (3) their male or female object choices, and (4) their preferences in sexual aims or types of practices could be combined in a very great number of variations. Contrasts like the one between “heterosexual” and “homosexual,” if made in the usual way—by noting opposite-sex or same-sex object choice alone—appeared to Freud by 1905 as simplified to the point of meaninglessness.

His own fourfold scheme was radically complex; only on the matter of mental sexual characteristics was it conventional. For example, Freud thought of shyness, modesty, and need for instruction or assistance (7:144) as typically and exclusively female mental qualities, impossible for men to possess. Women, on the other hand, could assume male mental characteristics—and this possibility of "character inversion" was one thing that distinguished women from men (7:142). With the exception of this kind of conventionality about mental characteristics, however, Freud's fourfold scheme was so novel that few of his readers would even have noticed the conventional ground that he shared with them.

Freud opened his treatise with his barrage of distinctions in order to do two things at once: he tried to persuade his fin de siècle readers to suspend their immediate equation of perversity (particularly homosexuality) with degeneracy or insanity so that he could argue for the even more shocking idea that "perverse" love-choices and love-acts lie in the early history of each and every person. He was setting down a train of thought that led to a revolutionary goal: the idea that perversity is normal for children (and for peoples in the childhood of the human race—either "primitive" societies or ancients like the Greeks) and is overcome only by a process of restriction or narrowing of possibilities. The price of mature sexuality for individuals is *limitation*; and only those who can pay this price by redirecting their sexual energies into other activities, like cultural projects, rather than simply repressing them can avoid the inevitable modern unhappiness—the discontent of civilization. (This general view, and the analogy between individual and social development, is advanced in popular prose in "'Civilized' Sexual Morality and Modern Nervous Illness," here below.)

Sexual normality is, Freud argued, a complicated and culturally prescriptive notion. Similarly, sexual abnormality —however defined—is a notion much more frequently to be

found in thunderous sermons than in scientific discussions. In his attitude toward sexual abnormality, Freud was certainly a man of his milieu and times, but he was most unusual in his effort at scientific impartiality (7:50):

> We must learn to speak without indignation of what we call the sexual perversions—instances in which the sexual function has extended its limits in respect either to the part of the body concerned or to the sexual object chosen. The uncertainty in regard to the boundaries of what is to be called normal sexual life, when we take different races and different epochs into account, should itself be enough to cool the zealot's ardour. We surely ought not to forget that the perversion which is the most repellent to us, the sensual love of a man for a man, was not only tolerated by a people so far our superiors in cultivation as were the Greeks, but was actually entrusted by them with important social functions. The sexual life of each one of us extends to a slight degree—now in this direction, now in that—beyond the narrow lines imposed as the standard of normality.

Freud insisted that it is completely "inappropriate to use the word perversion as a term of reproach" (7:160). Specifically: "Psychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of special character" (7:145). This dictum unfortunately had little effect on subsequent psychoanalytic research and none at all on psychiatric classifications, which (in America) labeled homosexuality as a disease until the 1970s, when they were revised for reasons quite other than the authority of Freud.

When we are infants, Freud argued, our sexual desire or libido is neither focused on a particular type of sexual object (a person or a part of a person's body) nor aimed at a particular type of sexual activity. The sexual instinct is "initially independent of its object" (7:148), and children are of a sexually undifferentiated disposition. Starting at about the end of the second year of life, the sexual instinct begins to become tied to objects. A sexual "efflorescence" of several years' duration is followed after about the fifth year by a calmer period of "latency" (when children become

more educable and are, traditionally, enrolled in school). There is second efflorescence in puberty. When the first efflorescence, with all its genital excitement and clear choices of love objects (7:189, 199), recedes in latency, most of it and of the sexual activity that preceded it sink behind a curtain of “infantile amnesia.” This amnesia, which was still strong in most of Freud’s scientific contemporaries, who denied the very existence of infantile sexuality, makes it difficult to reconstruct the activities and feelings of the first two or three years of life.

Before latency, infants and toddlers engage in diverse activities as they respond to the stimuli or sensations arising in their bodies, to which Freud gave the collective title “instincts.” (The German word *Triebe* clearly indicates the stimuli themselves, and not habits of responding to stimuli as the English word “instincts” often does.) In early infancy, there is often a period of genital masturbation or general touching of sensitive areas—ears, breasts. After weaning, children replace the pleasure of their nursing with another oral pleasure, like thumb-sucking, which is autoerotic, that is, involves the infant’s own body parts as objects and sources of pleasure. (Freud reiterated his earlier observations on orality and hysteria by noting: “Many of my women patients who suffer from disturbances of eating, globus hystericus, constriction of the throat and vomiting, have indulged energetically in sucking during their childhood,” 7:182.) Toddlers in what is popularly known as “the terrible twos” assert themselves actively through the agency of their musculature, exhausting their caretakers with their incessant mobility and “instinct for mastery” (7:198, 202). Passive sexual aims, focused on the anus, also draw surrouding people into action. Children who “hold back their stool till its accumulation brings about violent muscular contractions, and, as it passes through the anus, is able to produce powerful stimulation of the mucous membrane,”

please or displease their caretakers with their compliance or lack of compliance with toilet training (7:186, 198).

In addition to the instinctual-drive sensations arising in the oral and anal zones and the musculature, infants have "component instincts" that appear independently of these zones and involve other people from the start: these are scopophilia (love of looking), exhibitionism (love of being looked at), and cruelty, in an active form (sadism) and a passive form (masochism).

Gradually, in normal people, these early-appearing component instincts (and another that emerges between the ages of three and five, the instinct for knowledge or research) are integrated under the dominance of genital sexuality. Freud assumed that before this integration, and while the oral and anal zones still command a great deal of a child's activity, there are no essential differences between the sexes—though in later life the significance of the sexual activities as remembered or unconsciously active may be different for women and men, as is the case with orality for female hysterics. The main reason for assuming that childhood sexuality is the same for girls and boys is that they both actively seek pleasure in the oral, anal, and genital erotogenic zones. "Auto-erotic" meant for Freud active pleasure-seeking, not pleasure-receiving, even when the aim of the pleasure-seeking activity, like anal retention, was passive.

In his late work, Freud revised his ideas about the sexes before the period of genital dominance (or, to use later terms, during the pregenital or pre-Oedipal period) and about how the developments of the sexes diverge, but for the moment it is important to consider his view in the *Three Essays* (in all the editions up to 1924). Freud claimed that girls and boys alike are led by their instinct for knowledge first to the riddle of where babies come from, and later to the question of the distinction between the sexes (here). For boys, he said, the existence of two sexes is not problematic

because boys simply assume—even in the face of visual evidence to the contrary—that everyone has a penis. That is, they deny that women have genitals of a different kind. By contrast: “Little girls do not resort to denial of this kind when they see that boys’ genitals are formed differently than their own. They are ready to recognize them immediately and are overcome by envy for the penis—an envy culminating in the wish, which is so important in its consequences, to be boys themselves” (here). Both boys and girls, as they undertake their “sexual researches,” fail to discover “the fertilizing role of semen and the existence of the female sexual orifice,” and the frustration they then feel over the riddle of where babies come from leads to “a renunciation which not infrequently leaves behind it a permanent injury to the instinct for knowledge” (here). (Another presentation of these ideas can be found in the 1908 essay “On the Sexual Theories of Children.”)

Freud’s distinction—later so controversial—between little boys who deny anatomical difference and then struggle for realism and little girls who start out as realists and then turn into deniers was drawn initially only in the context of his “instinct for knowledge” discussion. He gave no phase-developmental explanation of why boys and girls should react so differently except in a parenthetical remark indicating that boys have to struggle for realism because of their “castration complex” (7:195), by which he meant all the conscious and unconscious fears boys have about losing their genital. In 1924, Freud did address this issue of sexual difference by taking a phase-developmental approach. He added to the *Three Essays* the conclusion he had reached in “The Infantile Genital Organization,” a 1923 essay (here), which also reflects Freud’s approval of a 1920 paper by his colleague Karl Abraham, “Manifestations of the Female Castration Complex.” Freud argued that there is a third phase of pregential or pre-Oedipal development after the two phases called oral and anal. The third phase:

> presents a sexual object and some degree of convergence of sexual impulses upon that object; but it is differentiated from the final organization of sexual maturity in one essential respect. For it knows only one kind of genital: the male one. For that reason I have named it the 'phallic' stage of organization.

Freud also made one other adjustment in the theory of the genital phase. Reconsidering the "instinct for knowledge" at this stage, he noted (in 1920): "We are justified in speaking of a castration complex in women as well. Both male and female children form a theory that women no less than men originally had a penis, but that they have lost it by castration."

Despite these additions, however, key questions are passed over: Why do girls envy the penis? How should their phase development at the time be described? (Freud considered the phallic and genital phases largely in terms of masturbatory activity, making no distinctions between girls and boys except to note in passing that he thought girls frequently give up active masturbation for "a process in the nature of a nocturnal emission" (here). by which it seems he meant "spontaneous discharges" of clitoral excitement (here).) Is it simply fear of castration that produces denial in boys and (according to the 1920 theory) girls? This is the phase in which love objects are chosen—do those choices effect the "castration complex" in girls and boys?

Freud's text is uncharacteristically vague and cursory over the topic of penis envy and the castration complex—the topic that becomes central in his approach to female sexuality. But the next section of the *Three Essays*, "The Transformations of Puberty," reverts to the topic because it deals extensively with how the two sexes diverge psychologically as their primary and secondary sexual organs and characteristics mature. Both girls and boys choose new sexual objects (which usually echo their earlier Oedipal choices); both subordinate all erotogenic zones to the genital zone; and both tend toward a new sexual aim or