

Björn Christiansen

**NOTES CONCERNING INFANTILE
PSYCHOSEXUAL PHASES**

OSLO

INSTITUTE FOR SOCIAL RESEARCH

1960

Notes Concerning Infantile
Psychosexual Phases.

Björn Christiansen
Institute for Social Research

O S L O 1960

P r e f a c e

The present monograph has been written on the basis of notes made during the authors stay at the Institute for Child Psychiatry in Oslo from 1954 to 59. In particular it is influenced by Dr. Nic Waal's lectures on psychodynamics and somatic psychodiagnostics and by the discussions following the authors own lectures on psychoanalytic developmental psychology. In a way, it represents a systematic presentation of some features of the structural and dynamic conceptions which have crystallized at the Institute during later years.

The author wishes to emphasize that the monograph should be regarded as a tentative outline; that it has been issued with the purpose of stimulating interest in an area of central importance for personality theory, and with the hope of inviting discussions and exchange of opinions.

B.C.
Oslo, 1960

C o n t e n t s

	Page
Historical Perspective	1
The Early Oral Phase	8
The Late Oral Phase	15
The Early Anal Phase	22
The Late Anal Phase	29
The Early Genital Phase	34
Some Remarks in Summary	42
Some Remarks in Conclusion	49
References	56

Historical Perspective.

Psychosexual development represents an integral part of classical psychoanalytic thinking. To illustrate this position more clearly we will describe briefly some central features in the writings of Freud, Abraham and Fenichel (1, 9, 12).

According to these authors, basic human motives (instincts) can be classified into two groups: 1) Those dealing with physical needs, e.g. hunger, thirst, defecation and urination, and 2) those dealing with sexual urges. Both types of motives are assumed to function from birth onwards and can be described by the following three characteristics: 1) aim, 2) object, and 3) source.

In contrast to physical motives, sexual motives are supposed to have the capacity to change, to alter aims and objects, to disappear from consciousness and to reappear in different disguises. The energy of sexual motives is called libido and in each individual a certain quantity of libido is assumed to be present from birth. In the course of an individual's development, libido becomes attached to various bodily zones or organs and undergoes a variety of transformations, e.g. from self to other persons, from progression to regression; from fixation to sublimation, etc.

Infantile sexuality differs from mature sexuality in three ways: 1) The areas which afford greatest sexual pleasure, 2) the aims of sexual urges, and 3) the objects

through which the sexual urges reach satisfaction.

In figure I is presented a schematic survey of this developmental model. The designation of the various stages refer to the area or zone affording greatest sensitivity. The developmental process, the investment of libido, is considered to move from the oral to the anal to the genital zone.

Figure I

Schematic Survey of Classical Psychoanalytic Views Regarding
Pregenital Developmental Stages.

Stage	Sexual aim	Sexual object
Earlier oral	Preambivalent, autoerotic: Pleasure in sucking and oral incorporation (oral erotism)	Own body (without object), Situationally determined objects; milk, breast, bottle (anaclitic pre-objects)
Later oral	Ambivalent, narcissistic: Pleasure in biting and total (destructive) incorporation (oral sadism or cannibalism)	Mother and mother-substitutes (narcissistic object)
Earlier anal	Ambivalent, partial love: Pleasure in expelling and destructive elimination (anal sadism or expulsion)	Excrement and persons involved in the child's toilet training (partly narcissistic, partly altruistic object)
Later anal	Ambivalent, partial love: Pleasure in retaining and destructive controlling (anal sadism or retention)	Excrement and persons involved in the child's toilet training (partly altruistic, partly narcissistic object)
Earlier genital	Ambivalent, partial object love: Pleasure in masturbation, exhibitionism and destructive penetration (castration) (phallic-urethral sadism)	Parent of the opposite sex (incestuous object)

Briefly, we may say that the very first sexual aims are assumed to be of a pre-ambivalent, oral erotic character, i.e. sexual satisfaction is thought to be brought about by a discharge which dispels a condition of excitement in the oral zone, and furthermore, this discharge is thought to imply a certain mode of reacting. Later on, it is assumed, that the child goes through a second oral stage and two anal stages where an ambivalent orientation and sadistic impulses represent partial drives and a normal mode of reacting. These modes are also considered central of the phallic or early genital stage which follows and forms the transition to the post-ambivalent, genital primacy of the fully matured personality.

Changing our attention from the orthodox psychoanalytic model to Erikson's conceptions there are a couple of features which strike us as being different (8). Erikson does not specify sexual aims and objects, but concentrates exclusively on what he calls organ modes or general modes of approach; he does not differentiate between an earlier and a later stage, but between the infantile genital stage in boys and girls; he does not consider sadism and ambivalence an innate characteristic of pregenital stages, and consequently he does not consider repression, fear of punishment, and fear of loss of love, a prerequisite for a child's educability and socialization which is the logical consequence of the orthodox psychoanalytic model. Figure II presents a schematic survey of Erikson's point of view regarding psychosexual development.

Erikson's point of departure is to some extent the same as the classical view, i.e. in each child different bodily zones successively become focus of psychosexual functioning. Erikson differentiates the following three zones: 1) "oral-sensory", which includes the facial apertures and the upper nutritional organs, 2) "anal", the excremental organs, and 3) the genitalia. In each stage of development, Erikson maintains, a certain mode of approach will emerge and dominate the whole organism and its relation to its environment. Given a mutual regulation between the child and its mother in the first oral stage, an incorporative mode will dominate not only the oral zone, but become generalized to all sensitive zones on the body surface. In the same way, given a mutual regulation between the child and its surroundings, in the muscular, anal-urethral stage, the retentive and eliminative modes will from their focus in the anal zone become generalized to the whole of the developing organism, to its muscular as well as its social spheres.

Figure II.

Schematic Survey of Erikson's View Regarding Infantile
Psychosexual Stages.

Stage	Dominant Mode	Social Modality	Nuclear Conflict
Earlier oral-respiratory-sensory	Passiv incorporative	getting	Trust vs. mistrust
Later oral-sensory	Active incorporative	taking and holding on to	
Muscular anal-urethral	Retentive-eliminative	letting go and holding on	Autonomy vs. shame, doubt
Locomotor infantile-genital (male)	Intrusive	making, i.e. being on the make	Initiative vs. guilt
Locomotor infantile-genital (female)	Incorporative (inclusive)		

A mutual regulation between the child and its surroundings can be disturbed either by the child itself or by its significant object. This being the case, the child may develop an inappropriate mode, or more correctly, a previous auxiliary mode of approach may grow into dominance and thus in a permanent way disturb the child's psychosexual functioning. Theoretically Erikson considers it possible for each one of the five modes he describes, i.e. passive incorporative, active incorporative, retentive, eliminative, and intrusive, to become dominant in relation to each stage. The dominance of an inappropriate mode, will interfere with the child's learning of basic

modalities. In the first oral phase, given a mutual regulation between the infant and the maternal source of supply, the child learns to get, to receive and take what is given, and to get others to give what it wants. By this learning "to get", the necessary ego groundwork develops for the baby's capacity "to give", Erikson maintains. Thus, what Erikson designates as social modalities may be looked upon as a type of ego capacities.

In his book "Childhood and Society", Erikson deals at length with the relationship between psychosexual stages and ego development. At each stage the child has to adjust itself to the external world, and to the biological changes which take place in itself. In the early oral stage the child has to learn to regulate its organ system in accordance with the way in which the maternal environment organizes its methods of child care; in the late oral stage, it has to learn to combine sucking without biting or to untie its unity with the maternal matrix, and in the anal stage, it has to learn to coordinate tendencies towards retention and elimination. The various stages represent "problems" which have to be solved. The solutions arrived at will influence the child's total development and its enduring orientation throughout life. The various stages may be considered as nuclear conflicts for the child's growing ego formation. By successfully adapting itself to the changes taking place, and this of course, to a very high extent depends upon the emotional support received from the environment, the child's ego will not only acquire specific capaci-

ties, but also specific qualities. According to Erikson the enduring pattern of solution established in the oral stage will be decisive as to whether basic trust or basic mistrust is to characterize the ego. The consequence of the anal phase and the solution the child then adopts will be decisive as to whether autonomy or shame and doubt are to become a quality of the growing ego. Further, Erikson regards the infantile, genital phase as decisive for the dimension "initiative - guilt", the latency period as decisive for the dimension "industry - inferiority", puberty and adolescence for "identity - role confusion", the early adult years for "intimacy - isolation", and adulthood for "generativity - stagnation". He ends his account of the different phases of life with what he calls "maturity". Here "integrity" as opposed to "disgust and despair", stands out as the keystone of the genetic process.

After this brief historical introduction we will turn our attention to a description of the various phases of development. With Abraham we shall distinguish between five pregenital phases; the early oral, the late oral, the early anal, the late anal, and the early genital phase. A detailed description will be given of each of these phases in accordance with our desire to present a survey of the impulse patterns and modalities we think are most characteristic. In so doing we will deviate somewhat both from the classic psychoanalytical, as well as from Erikson's point of view. In particular we will base our remarks on developmental psychology and on points of view advanced by Ribble, Spitz and Waal.

The Early Oral Phase

To begin with let us establish the fact that a newborn child is completely helpless and that its existence is at the mercy of the sympathy and care of those persons surrounding it. The greater part of the child's day is spent in sleep. When the child is awake it makes a number of inarticulate, meaningless sounds.

At birth the vocal organs are only rudimentarily developed, but after a few weeks the nervous system has linked up with the vocal chords, and after a few months it is possible to differentiate between different sounds. Some will be fretful whimpering or weeping; others, such as crooning, gurgling, belching and smacking its lips, may make us think of more pleasant experiences. In certain situations we will observe a lively organism jerkily sprawling and kicking its limbs as if it lacked a central organ to coordinate and control them. In other situations the picture may change completely. When the infant is being suckled we will usually discover a finely attuned coordination of the muscles in and around the mouth and throat. If we follow the child further we will often notice that it is far from satisfied by its sucking of the nipple or teat. It has a tendency to suck anything within reach, preferably round, soft objects. It is as if its mouth were always ready to attach itself to its fingers, hands, toes, and so on. Besides its mouth the surface of its body, and the areas round the nose and the forehead in particular, seem to be central instruments of pleasure. Stimulation in the form of fondling and caressing gives rise to signs of pleasure

and gratification and, according to some observers, stimulates the infant's circulation and breathing. Although the mouth is the main window through which the child achieves contact with its environment, it may be said that its whole body takes part in sucking in external impressions. It is true that the infant is completely dependent on the care of others, but it is not merely passive and receptive. Searching movements can already be observed at birth, particularly in connection with feeding and later in connection with sight and hearing. The first searching movements seem to be reflexive and do not imply any intention on the part of the child. Gradually the reflexive basis grows weaker and the child shows its first genuine signs of social orientation. From the beginning the infant displays greater bodily ability to make bending rather than stretching movements, as if it were more ready to receive and take in than to give; but along the receiving there, nevertheless, occurs very early - as far as oral activity is concerned - a significant element of seeking and approaching, so that even at birth, in our opinion, one can speak of a basis in the child itself for active emotional interaction with its environment.

The mouth and the surrounding area makes up the dominant system of organs in the infant's life economy. One can almost say that initially the child's life is organized around its mouth. It takes in impressions, pleasant and unpleasant, through its mouth; it expresses itself, whether delighted or displeased, through its mouth. The child's first vague perception of its environment seems

to be based on the experience gained by its mouth. Its mother will therefore play a decisive role in its first social interaction. A commonly held view is that an affective foundation will grow out of this interaction; and just as any foundation will decide how solid the whole building is to be, it will decide to a substantial degree the child's subsequent affective attitude to its environment: if its mother's breast is experienced as pleasure-giving, if its sucking is not interfered with through the infant acquiring its food with too much or too little effort, and if suckling takes place in a timeless and harmonious atmosphere with its mother's arm and body holding and supporting the child and giving relaxed, warm contact, a germ of trust, confidence and optimism will be formed which will influence the child's further interaction with its environment, and support its initial reaching out and its emerging social orientation.

Granted that sufficient emotional support is offered by the external world, the development of searching and responding impulses will assume a central position in the infant's maturation process. These searching and responding impulses will have the form of pleasure-getting avenues. By the early oral phase we may refer to the crystallization of these impulses, or more precisely, to the emergence of a receptive, approaching modality.

If the infant experiences its mother's breast as deceitful and treacherous, if the supply of milk is insufficient, if more food is forced into its mouth than its digestive system will accept, or if suckling is rigidly

bound to a time table which is out of step with the infant's own rythm, then disturbances will easily arise and interfere with the emergence of the above modality.

Being offered insufficient emotional support by the environment the infant is in a fairly defenceless position. It cannot yet do much about its environment.

According to Ribble, great individual differences exist as regards young babies reaction to restricted sucking and inadequate mothering (19). We are here talking about differences having to do among other things with the child's psychosomatic constituion, the sum total of the biological-psychological characteristics of the child at hirth. In some children early deprivation of emotional support, of opportunities for engagement in activities giving functional pleasure, may lead directly into an apathetic state, prolonged and unnatural sleeps, diminished impulse to nurse and suck. In most instances, and if the child is not too young, the child will react to a sudden deprivation by starting to struggle, jerk up and down, move from side to side, show increased tension and activity. If these protests produce no result its means of expression will change. According to observations, some infants may give up protesting altogether after a couple of hours, others not until one or two weeks, when they will pass into a more permanent condition of either oral refusal or oral resigned, depending upon innate reaction potentials and the possibilities existing for impulse gratification.

By oral refusal we mean that the child develops a form of negativistic excitement which often will show itself in the oral zone as vomiting and as a refusal to

suck. Muscular tension will increase, particularly muscles of the interior of the neck, and of the back and the back of the neck. The torso will be arched slightly backward, and arms and legs resist extension. Periods of prolonged restlessness, spasmodic crying and screaming, will frequently occur, periods in which it is very difficult to quiet the child. In extreme cases complete loss of appetite and a failure to assimilate food may come to the fore, indicating a closing up of internal intake-processes. Until the child is about three months old its possibilities for active refusals by closing the mouth or by shaking the head is practically nonexistent.

By oral resigned we mean that the child develops a form of retiring quiescence which shows itself in the oral zone as a passive rejectivity. Muscular tensions will become lax, and sucking movements weak. Sleep will occupy a disproportional part of the child's day, and often feeding will immediately be succeeded by sleeping which sometimes lasts until the child is awakened for his next meal. The child's interest in its surroundings will be passive and narcissistic. In extreme cases the suckling reflex may disappear altogether and the child's sleep get the quality of stupor, indicating a paralyzing of oral intake, a regression to a prenatal level of psychobiological functioning.

Spitz, in his treatment of psychogenic diseases in infancy, subdivides these into two groups: psychotoxic diseases and emotional deprivational diseases (26). The last category he divides further into the effects of total

and partial deprivations, respectively. Stupor and coma, oral lethargy, diminished reflex excitability throughout the body, is, according to Spitz, to be considered the result of an open global and total rejection from the time of the birth or possibly before. This condition will lead to death if no treatment is given. Possibly, the condition is identical to marasmus and infantile atrophy, diseases assumed to be responsible to nearly half the infant mortality rate some few decades ago. The condition has some very striking similarities to a condition described by Spitz as hospitalism (22). Here too, apathy, resignation, lack of interest in external objects, lack of readiness to invest feelings, lack of protest to deprivation and disappointment, stands out as central characteristics. On the other hand, the deterioration of primary body reflexes seems to take place on a much slower rate, parallel to the environment in this latter case certainly being depriving and impersonal, but not totally rejecting.

If objects exist to which the child in one way or another can attach itself, disappointments and deprivations will usually not lead to a progressive deterioration, or to lack of inner motivation towards motoric, emotional and intellectual development, but to a stabilization of the reaction patterns developed. Oral refusing as well as oral resignation may become stabilized, generalized modes of reacting, without this implying any general disorganization of functioning or any total arresting of development.

Many factors contribute to the final outcome of early frustrations, e.g. the child's congenital strength of resistance, the particular character of the external frustration and the time at which it begins. A combination of satisfaction and deprivation or a sufficiently early active frustration can -- according to some observers -- lead to a complete blocking and closing of affects, a repression of all encountering and affective responding impulses. The child will be capable of receiving, but incapable of emotional interaction with others. Kanner's term, early infantile autism, seems in part to cover such a condition (5, 7). In certain cases this deep withholding of affects seems to be accompanied by disturbances in intellectual maturation; in other cases the capacity for social learning seems to be unimpaired, and the affective emptiness overruled by a pseudo-social outlook. Here we are faced with different courses of development, about whose detailed background and premisses we as yet know very little.

Generally, the younger the child, the more detrimental does deprivation of affective contact seem to be for its development, but during the whole of early childhood the separation of children and parents may have considerably injurious effects unless the child is given an opportunity to create emotional links with one or several other persons in its new environment.

We stated above that contact between the infant and its environment will be effected particularly by its mouth. From the very beginning searching impulses seem

to be exclusively concentrated around the mouth, but after a while other parts of the body will be included. From the age of two months the infant will exhibit seeking and approaching impulses by means of its arms and eyes, and a couple of months later the beginnings of coordination of eyes, hands and mouth. The child smiles at faces, first on a reflexive basis, later as an expression of its search for contact and its dawning social orientation (24).

The late Oral Phase.

At about the age of six months we glimpse new features in the child's behaviour which indicate that it is about to enter a new phase of development. In making a division here we do not imply the appearance of totally new behaviour patterns unconnected with earlier ones. As in other maturation processes the transition is gradual and continuous. Our reason for choosing the age of six months is partly the growth of the infant's first teeth, and partly its dawning ability to grasp different objects on a non-reflexive basis. Sucking is still a dominant element in its relationship to its environment, but its teeth and grasping ability imply that the external world can gradually be met in a new fashion. If we observe a child at this stage we will discover that it likes to put things in its mouth; it looks as if it needs to bite and enjoys it; its hands reach out and take things, its eyes focus on and seem to "grasp" objects, and its ears capture aural impressions. The child is receptive as in the early oral phase, but its mode of receptivity is changing. It is more purposefully receptive, more organized in its

activity. Its mouth is still a central source of pleasure, but its reaching impulses gradually adopt the form of taking and actively incorporating rather than merely approaching and seeking. Sucking gives place to chewing; to begin with this is perhaps mainly to offset the discomfort of teething; to relieve tension in the gums, but after a while it becomes more and more of a substitute for sucking as an independent source of pleasure and as a means of obtaining food.

If the child's conditions for growth were inadequate in the early oral phase, this will now frequently be reflected in its way of holding its body and in its general grasping ability. On the basis of extensive observation of institutionalized children, Fischer has drawn attention to the following pathognomic signs in the second half of the first year: "restless grasping", i.e. immediate release after prehension, which does not allow systematic manipulation or combining of toys; "atypical grasping position", i.e. the upper arms lifted horizontally in abduction, bent at the elbows, so that the hands dangle passively near the ears; and, closely connected with these, unwillingness and resistance against a sitting position, this in strong contrast to even 3 - 4 month old children who may often protest violently against a supine position, and become calm when they are held or supported in a sitting position and thus allowed a more extended and gratifying field of vision (10). Fischer emphasizes that these reactions are not to be considered as expressions of deficient physical maturity, but that they have an emotional basis which justifies the term "essential

emotional immaturity reactions".

As new oral activities become differentiated sucking impulses will spontaneously wane. Vocalizing and biting will appear as new avenues of pleasure-getting. The sight and the sound of the mother will replace the child's earlier satisfaction of tactual contacts with her. "When this stage has been reached with skilful handling and with a minimum of privation of the primary mothering", Ribble maintains, "the child gives up sucking activity spontaneously, and weaning is not necessary". On the other hand, if "children have been frustrated in their earlier sucking and in primary mothering, they (will) give up sucking later and less spontaneous". (19, p.640).

The dawn of independence symbolized by this chewing is followed by increasingly selective perception and greater ability for specific mobilization of energy. This is especially manifested in situations in which the child's impulses are blocked or frustrated. Anger is a normal reaction to the frustration of basic impulses, but the expression of anger will always be preconditioned by the available means. While frustration in the early oral phase led to diffuse aggression, rage, protests without any particular point of attack, the child will now be in a position to react aggressively in a more directed manner.

The growth of the teeth and increasing control of the jaw muscles enable the child to bite in the sense of snapping back. This newly acquired ability can easily become a two-edged sword as far as the child is concerned. Aggressive biting in small children is often regarded as

extremely improper and unseemly in our culture. The child's impulse to bite in response to frustration can therefore easily become a boomerang which strikes back in the form of new threats and increased frustration.

As indicated above, by the late oral phase we may refer to the emergence of a receptive self-providing (active incorporative) modality. We regard the emergence of this modality as characteristic traits in the child's maturation process, granted sufficient emotional support is offered by its environment.

Insufficient emotional support may particularly be involved in connection with the child's aggressive responses to frustration. Weaning may easily give rise to numerous critical situations. If it does not proceed flexibly in accordance with the child's growth and development, if towards the end suckling occurs in an atmosphere of impatience and tension, biting impulses will easily be aroused. The child's mother, who was perhaps tense and uncertain before, will react by even greater uneasiness which in turn will be transmitted to the child. If the mother withdraws when the child bites or tries to bite, this means much more to the child than a threatened loss of food. For the child its whole existence is in danger.

A mutual regulation of behaviour between mother and child implies not only that the child is protected against a weaning that is too sudden and rough, but also that the child's dawning impulses towards taking and self-

provision are supported and encouraged. An over-protective attitude on the part of the mother will have a suffocating effect on the child's growing self assertion, and will be just as impulse-blocking and threatening as direct rejection and withdrawal.

As stated above, the child will be in a position to meet frustrations in a more directed manner than previously. Its deprivational tolerance will be somewhat greater, but at the same time, the possibilities of open and total rejection of its aggressive responses will be much more pronounced. Rejection of a child's biting impulses will easily cause an ambivalence on the part of the child towards its environment. The ambivalence will be represented by simultaneous impulses to bite and to hang on, to aggress and to keep hold of the frustrating object. On the behavioural level this ambivalence will often achieve expression in the form of "taking in order to possess and destroy", and on the symbolic level as cannibalistic fantasies. The "hanging-on" and "keeping hold of" element indicates the child's dependence and attachment to his environment, and the ambivalence as a whole, a fusion of aggressive and libidinal energies, psychoanalytically speaking. (C.F. 3, pp. 41-44)

An open ambivalence of the type described above, will represent an anxiety-charged conflict, which will have to be solved in one way or another to ensure the child's continuing interaction with its environment. As in the early oral phase we consider it likely that the child will develop one of two forms of defence solutions, in this case either an oral gluttonous or an oral adhesive mode

of reacting.

By oral gluttonous we mean that a child's receptivity becomes overruled by a demanding and biting orientation, which shows itself in the oral zone as a tension of the jaw muscles as if a static clenching of the teeth takes place. The child doesn't want to chew (take) in order to provide, but in order to destroy, and it doesn't want to bite at, but to bite into. By making its mouth hard the child will, so to speak, be characterized by insatiable biting incorporative urges. In extreme cases, a greedy devouring attitude may come to the fore, a tendency to incorporate more than it can bite, and vice versa, giving rise to excessive restlessness and aggressive demandingness.

By oral adhesive we mean that a child's self-providing tendencies become overruled by a clinging orientation which shows itself in the oral zone as a seeking for consolation. Regressive tendencies e.g. sucking and licking will be pronounced, as will be tendencies towards passive demandingness expressed in the form of grief and fretful whimpering. In some cases the underlying ambivalence may give the clinging a distinctly sadistic character, in other more extreme cases, where the child's clinging doesn't produce gratification, where it is faced with a situation in which there is no possibility of making emotional contact with another object, the child may move into a period of contact-refusal, insomnia, developmental arrest, generalized suppression of activity, and later relapse into a state of lethargy, apathy,

melancholy, and developmental retardation. In this last psychotic-like phase, the child's face becomes expressionless and distant and its whole orientation depressive and withdrawn. Spitz has described this developmental sequence in great detail and proposed the designation anaclitic depression (25). The deterioration process taking place to a certain extent parallels the prenatal regression found under severe deprivational conditions during the early oral phase. The sequence seem to be very much alike, but the rate of speed and the deepness of regression somewhat greater in the first instance.

As stated previously in most cases we do not find total, but partial deprivations, and not progressive deterioration, but stabilization of a certain mode of reacting ensuring some gratification.

As we see it, the impulses being crystallized in the late oral phase are intrinsically neither destructive nor aggressive, although they may often appear to be so from a superficial, non-dynamic point of view. The child has not yet learned to distinguish between valuable objects d'art and objects with which is permitted to play, between what it may throw about and bite and what it must leave alone. Its activity will often have unintentionally destructive consequences. This may also occur when the child reacts with anger and aggression because its interests are threatened. It is true that its aggressive expressions are much more focussed than previously, but this does not imply that its perception of threats is always realistic.

A much debated question is whether parents ought

to protect their children from experiencing anger. According to some psychologists today, the mobilization of aggression can, under certain conditions, have a beneficial effect on the child's development, as long as its spontaneous anger is not rejected or condemned (30).

The child's dawning self-providing orientation is expressed in several areas. It will spontaneously turn from sucking to chewing, from being fed to feeding itself, from receiving things to grasping them itself. It will reach out towards its environments more specifically than before, with dawning purpose and with greater confidence in its own powers.

The Early Anal Phase.

We can normally observe the child's first grasping movements before the age of six months, but not until it is one year old is it able to coordinate its thumb and fingers so that it can hold the objects it grasps. The one-year-old is able to grasp and pick up objects, inspect them and let them go. The components in this interaction between "taking" and "letting go" seem to develop more or less simultaneously. While the former impulse pattern belongs, in our opinion, to the late oral phase, we are inclined to ascribe the latter to the early anal. These two phases seem to be more closely related in time than any others (11).

In a little child undifferentiated mass activity is characteristic as far as the evacuation process is concerned. The child reacts as a unit, and all kinds of strain immediately affect its appetite and gradually its

digestion and bowel movements also. This displacement of sensibility is the result of a general cephalo-caudal process of development.

During the first months of a child's life the intestine is emptied more frequently than it is later on, and the excrement is quite loose. At about six months a change takes place. The fluid in the upper part of the large intestine is more effectively absorbed, and movements which divide up the contents of the intestine into sausage-like lumps occur at regular intervals in the lower part. Excretion thus acquires a certain regularity as well as form and consistency. When the contents of the intestine enter the rectum, pressure arises which automatically releases a coordinated contraction of the stomach muscles and relaxation of the muscles closing the rectum so that the contents of the intestine are expelled.

The movements in the large intestine give rise to a period in which the child's attention is directed toward the process of excretion. The mouth still represents an important source of pleasure, but gradually the anus acquires great significance. The movements in the large intestine seem to be experienced as troublesome, on a par with pain in the stomach (hunger), and elimination as enjoyable, relaxing and pleasant, like eating. Just as an infant's receptivity starts out from a congenital searching and sucking reflex, elimination is initially a congenital excretory reflex. In contrast to the former, this latter reflex does not function completely before the child is several months old.

An infant does not have any clear consciousness of the surface of its own body. Its ability to distinguish between internal and external stimuli is rudimentary. While its first months of life are characterized by a complete psychosomatic symbiosis with the mothering object, it will gradually be able to make distinctions between what is internal and what is external, and to discover itself as a separate object. The excretory process seems to play an important role in this connection.

The excretory process stands for more than a passive experience of pleasure. It seems to the child to represent a new area of contact with the environment. Its excretory products awaken the child's positive interest where taste, smell and touch are concerned, and the process in its broadest sense seems to be an important testing ground for the child's dawning self-discovering tendencies. According to some scholars, by letting go of the anal product, which is part of itself, the child learns to let go, or to untie, its symbiotic relationship to its mother.

An attuned interaction between the child and its "significant object" is just as important in this phase as before. Lack of consideration for the child's rhythm and lack of understanding of its feeling of belonging to its own product may easily give grounds for conflict. A widely held attitude towards child rearing in our culture is expressed in the proverb, "A good hook must be bent early", and this attitude has predominated as regards toilet training. Such training is often begun long before the child has reached a sufficient level of maturity. Some-

times the child is put on the pot or held for the purpose of excretion without relation to its own rhythm, and its dawning interest in its excretory product is met with disgust, disapproval and punishment. Excretion is not something to be looked at or smelt, picked up or talked about.

As indicated above, we are inclined to regard the emergence of an eliminative self-discovering modality as being characteristic of the early anal phase, granted sufficient emotional support is offered by the environment.

Insufficient emotional support may take the form of an overtly denial of love, or of an over-protective, indulgent cleanliness training, in which the child is denied all possibility of experiencing pleasure and experimental action in the direction of "letting go".

If during this period the child suffers severe loss of affective contact the result will usually be confusion and withdrawal, very often expressed in the form of digestive trouble and constipation. Confronted by overt frustrations the child's protest will take the form of kicking, slapping, pushing and knocking away; in other words its eliminative impulses will acquire an aggressive aspect, and now the child has the ability not only to hit back, but by degrees also to expel, to shut himself off from the frustration object. In our opinion this represents a more complex level of psychic functioning than that characteristic of oral aggression: the child's aggressiveness will not be exclusively directed towards

taking hold, but will be more genuinely self-assertive.

Rejection of a child's aggressive impulses will still, however, easily cause an ambivalence on the part of the child towards its environment parallel to that described earlier in connection with late oral impulses. The ambivalence in question will be expressed in the child by simultaneous impulses towards expulsion and retention, between pressing out and keeping hold of the excretory product as if the product represented a love object for the child, an object which would be lost if not kept back. On the behavioural level this ambivalence will often achieve expression in the form of crushing, smashing, and squeezing, and on the symbolic level as fantasies concerning explosions and anal incorporation of objects. The "keeping back" and "keeping hold of" element indicates the child's attachment to its environment, its anxiety concerning environmental rejection, and the ambivalence as a whole, a fusion of libidinal and aggressive tendencies.

As stated previously, an open ambivalence will always represent an anxiety-charged conflict which has to be solved in one way or another to ensure the child's continuing interaction with its environment. In connection with an early anal ambivalence we consider it probable that the child will develop either an anal expulsive or an anal retentive mode of reacting.

By anal expulsive we mean that the child's eliminative impulses acquire permanent aggressive features which will show itself as an implicit conception

of excrements as ammunition which can be used against the environment. The child's self-assertiveness will to a certain extent get the character of opposition, spite and revengefulness. In extreme cases, a profound lack of tension and ambition may come to the fore, an expulsive orientation being manifested in passive indifference, indicating self-abandonment and feelings of emptiness and worthlessness, of having nothing to give or to let go of. Here we find a parallel with an extreme oral passive withdrawal, the child being seized with a feeling of helplessness at having nothing to take or to bite at. In both cases a pronounced, overindulgent attitude on the part of the mother may be a predisposing condition. Occasionally, such an attitude seems to be a central causal factor in infantile psychosis of a symbiotic type (16).

By anal retentive we mean that the child's original exploratory, carefree "letting go" gives way to a premature pleasure in holding on to, which will show itself as an implicit conception of excrement as treasure too valuable to be given away. In this case the child to a certain extent develops a premature perception of its own body surface, of what is internal and what is external, of what is its own possession and what is others. Its former generosity gives way to a fastidious parsimony, to a prolongation of forepleasure at the expense of endpleasure, psychoanalytically speaking.

In some children of between 12 and 18 months of age striking tendencies towards almost insatiable hoarding has been observed. Hoarding becomes an aim in itself; the child keeps objects as if it were in a threatening

competitive situation. Its reaction to demands to give up toys or other objects is most remarkable; even giving up toys in a purely indirect way, such as when piecing together a puzzle or putting bricks in a box, can bring about a violent reaction, the child throwing the toys away in anger. Such hoarding often seems to represent a compensation for an underlying anxiety concerning letting go.

If the child's deprivation of affective rapport during the early anal phase becomes sufficiently severe, and if it has previously experienced a comparatively satisfactory affective relationship, one may according to Spitz, sometimes find signs of a peculiar form of retentive-ness - an inwardly-directed "abstract" self-devotion: The child acquires a suspicious, almost paranoid expression and we do often find pronounced tendencies towards coprophagia (28). It is as if the child is trying to win back the lost love object by reincorporating its own excretion. The symbolism of excretion and love object, suggested by many psychoanalysts, is psychologically meaningful in the sense that the child still has a very diffuse perception of its body, and that anal "letting go" is intimately related to the emotional climate in which the child is growing.

There is much evidence that early anal training impedes rather than stimulates a child's development in the direction of independent excretory control. One aspect of toilet training is of particular interest: the occasional use of an enema for a child's constipation.

According to some psychologists an active operation of this kind may easily give the child a feeling of losing and being taken from, and may even increase its retentiveness, or give its retentiveness the character not only of holding on, but also of keeping out. This operation, more than anything else, may possibly provide the basis for a kind of anal castration anxiety.

With regard to the child's incipient control of its excretion, we think it is most important to distinguish between two different types of control: between a mechanical, rigid control and a more functional, flexible control anchored in an inner autonomy. The latter form of control presupposes an unimpaired ability for solidarity with one's own excretory process, as well as a more active orientation towards this very process. We are here referring to impulse constellations which we think are anchored in what we will call the late anal phase.

The Late Anal Phase

We stated earlier that the one-year old already has a certain ability to hold on to and let go of various objects, but that the interplay between these modes is not nearly well enough developed for us to speak of real will-power or self-control on the part of the child. In the course of its second year of life, tremendous development takes place in precisely this area. Several features of the child's general behaviour indicate this development. The child shows increasing interest in playing with objects, in taking toys to pieces and putting them together again, in filling up and emptying,

in building up and pulling down.

A very characteristic feature is the child's rejection of help from others. Half way through its second year it begins to express negations. Its incipient ability to say no is increasingly typical of its behaviour. The negations seem to give the child pleasure and to imply its growing consciousness of itself as an independent entity, and its behaviour during this period seems to indicate the testing out of a new behavioural dimension in its life. In fact, some consider the child's no to represent its first really abstract conception (27). Parallel to its emerging will-power, its capacity for functional productivity develops. It no longer concentrates exclusively on picking things up or letting them go, but on how, where and when. It is no longer elimination which gives satisfaction so much as the pleasure of shaping "eliminations" to a product. Pride in its own accomplishment enters into the child's life.

The characteristic source of pleasure in the period we are now describing seems to be joy in shaping and forming. A precondition of this pleasure is the feeling of having something to make, of having something to let go, but which can also be formed and reformed before the letting go. We consider the crystallization of a productive self-deciding modality as the central feature of the late anal phase, granted sufficient emotional support is offered by the environment. In our opinion, this phase represents a direct continuation of the early

anal phase, in the same way as the late oral phase represents a continuation of the early oral.

We find the first impulse in the direction of forming and shaping in connection with the mass movements of the large intestine, and later too a link exists between excretion and forming. A child's excretory products are its first form of productivity. The excretory process itself provides a central testing ground for its self-control. The excretory product awakens its interest, first as something to let go, and later as something it can manipulate and about which it can make decisions. Its manipulations and decisions imply that an inner autonomy is beginning to take form. It is still highly dependent on its immediate environment, but its object relationships are more active. It is worth noting that children between the ages of 18 and 24 months often react the most severely to separation from their parents. It is as if the child's incipient independence and will-power make it particularly dependent on continuous support from its environment.

Conflicts often tend to arise between the child and its environment during this period. The child's spontaneous play and its desire for activity tend to clash with its parents' demands for duty, cleanliness and tidiness; its wish to decide for itself often meets with lack of understanding and the opinion that the child is obstinate and revengeful; and its pride in its own products often gives rise to laughter and indulgent

irony. The feeling of rejection gives rise, as it did earlier, to spontaneous reactions. Because of the child's increased maturity and muscular coordination its aggression and self-assertion will be more violent. Its anger will be expressed in screaming, banging, stamping, throwing things about and kicking them in open defiance. This may have such a challenging effect on the environment that the child's incipient will-power may be crushed by caning, or by threats to send it away.

If the child is rejected sufficiently severely it will as before start protecting itself against its own impulses. The conflict between the child and its environment will be internalized as an ambivalence within the child. Its former spontaneity will give way to reserve and feelings of shame. The ambivalence in question will be expressed as simultaneous impulses to defy and obey, to aggress and submit. Two forms of reaction patterns in particular seem to represent enduring solutions of an anxiety-charged conflict in the late anal phase. The one is a compensatory productivity, the other a reckless negativism.

By the latter concept we mean that the child develops a don't care attitude towards forming and shaping, that it refuses, so to speak, to make use of its inherent abilities. It is not hopeless and resigned, but has a kind of absorbing desire for opposition which expresses itself in a non-productive orientation. In less severe cases an obstinate willfulness may be predominant, while in other, more severe cases, an anti-perfectionistic,

careless attitude may become a most distinctive aspect of the child's mode of reacting.

By the term compensatory productivity we refer to the child's pleasure in the process of shaping being blocked in favor of an expedient and ambitious attitude towards achievement. A free functional relationship to its own productivity is here replaced by a premature achievement orientation. The child's self-esteem becomes linked to its productivity. Achievement narcissism seems to be an appropriate term for this condition. It represents an acceptance of the demands of the child's environment, but at the same time expression of active obstinate tendencies.

As a particular form of a compensated achievement orientation we may consider an exaggerated generosity. The child seems to say: You shall have all you ask for and more, you shall have so much that you won't be able to accept it all. The aggressive element is here conspicuous, and so is the letting go aspect which reminds us of the possibility of a kind of anal regression.

In some cases a compensatory productivity may lead to an overperfectionistic mode of reacting, a stubborn preoccupation with shaping at the expense of making and "letting go". In other cases, an ambitious over-achievement may become most predominant.

We stated above that in its second year of life the child's self-control and autonomy go through a period of fast development. We find many characteristic

features of this development in its third and fourth years as well. Language begins to play a greater part in the child's orientation towards itself and its environment. Its behaviour will gradually become more intentional. It begins to formulate in words and sentences what it wants and does not want, and to experiment in role-playing as to what it is and is not. This again is a kind of shaping, but considerably more differentiated than before. The late anal phase lasts for a comparatively long time and includes a large number of specific activities. A common feature of them all, in our opinion, is the child's testing of its powers of decision and its pleasure in the process of forming.

The Early Genital Phase.

The age of three is a violent period of expansion as regards a child's experience of its own will-power. The age of four is also a period of expansion, but in a slightly different area. Exploration of the external world takes place more intensely than before. The child's mobility increases considerably. It can walk and move without concentration. A child is normally able to walk when it is a little more than a year old, but not until now does walking become fully automatic. Further development on the purely mental plane takes place parallel to growing motoric mastery: the child acquires a capacity for symbolic activity and the use of speech. It begins to ask questions and to take an interest in cause and effect. By means of locomotion and speech it attempts to widen its horizon and increase its knowledge and

understanding. This period is in many ways a daring voyage of exploration. The child's desire for knowledge is nearly insatiable, and its inquisitiveness nearly boundless.

These tendencies towards expansion, exploration and mastery are also expressed in the child's imitation of other children and adults. Its incipient role discrimination is followed by interest in the difference between boys and girls. In this period the sexual organs attract attention as a source of pleasure. Masturbation may already have begun at the age of two or three. Now orientation towards other children gradually develops so that sexual play is a common form of expression at the age of five. The child's experimentation with itself and others gives it an increasing awareness of its place in a wider social context. Its self-awareness acquires a new quality and its initiative a new dimension.

The above remarks apply to both sexes. The tendency in the direction of making, of exploration and experimentation is the same, but the mode of behaviour gradually becomes somewhat different. A crystallization of sex-specific impulse patterns seems to take place at about the same time as initial perception of anatomical sex differences. In boys of this age a change will often occur in their attitude towards the opposite sex, and according to some observers, a more indulgent, protective, chivalrous type of behaviour often develops (11).

Sexual play is mainly concentrated on mutual feeling

and touch, and essentially takes the form of bodily play. Among children of five we may also frequently find copulation-like play patterns strongly reminiscent of adult sexuality. Since such play patterns occur in environments where the children have had no opportunity of acquiring experience of adult sexual life, it is probable that these are modes of behaviour which have unlearned, inborn, instinctual roots. Granted sufficient emotional support from the environment, in boys we may speak of an emerging introductive self-expanding modality, and in girls of an enclosive self-expanding modality. We will consider the crystallization of these modalities as characteristic of the early genital phase.

The sexual play of children at this stage represents a reaching out to the environment. It seems particularly important that the child should have opportunities for social interplay with children of the same age group. If such opportunities are limited, or if bodily play with itspeers is rejected and condemned, the child's sexual interests will easily become one-sidedly concentrated on its parents, and most often on the parent of the opposite sex.

When this occurs we are faced with an oedipal conflict situation. The ways in which an oedipal conflict is solved vary considerably. The child's early genital impulses can be accepted and their expression towards its peers encouraged, or they can be rejected, laughed at, or condemned. If the social pressure on the child is too great, or if it meets with traumatic

experiences, the early genital impulses will easily become charged with anxiety. This external pressure may take various forms: it may consist in threats of punishment, or in more indirect forms of rejection, for instance, "seductive" parental tenderness and bodily stimulation followed by abrupt rejection of the child's active responding impulses.

As a result of its increased maturity the child will show greater ability to overcome obstacles and also - given that it has a healthy relationship towards its own body - to achieve substitute gratification in conflict situations. The child's aggressiveness and self-assertiveness will acquire new qualities. In boys frustration in the early genital phase will lead to reinforced, intrusive activity. In girls similar frustration seems to bring about an alteration of the early genital enclosing mode in the direction of "closing-up-pushing forward", so that in girls too aggression very often will take the form of intruding behaviour.

The apprehension of their sexual organs is a considerably more complicated matter for girls than for boys. Perception of the vagina seems often to be preceded by sensations of pleasure in the clitoris, and such sensations are preceded by a more general pleasure in bodily touch. Perceiving a "lack of a penis" seems to be much easier than apprehending the vagina. This is expressed in question such as, "Why haven't I got a little pipe"? The reply, "Because you're a girl", puts an end to further questioning, but at the same time lays the basis

for penis envy.

In spite of its greater tolerance of frustrations the child is still greatly dependent on parents and superiors at this stage of development. A sufficiently severe conflict between the child and its environment will, as before, be internalized as an ambivalence within the child. The ambivalence will be expressed in the form of an admixture of aggressive and libidinal impulses, in the case of boys - simultaneous intrusive impulses and impulses in the direction of holding on and holding back, and in the case of girls - simultaneous impulses in the direction of pushing out and closing in. In both sexes an open ambivalence will represent an anxiety-charged psychic conflict which has to be solved in one way or another to ensure the child's continuing interaction with its environment.

A fairly common solution of early genital conflicts in both boys and girls seems to be repression, denial and innocence. Initiative and joy in exploration and making gives way to docility, idyllic delusions, a seeking for tenderness, and a predominant sexless orientation. We may designate this mode of reacting as infantile sexlessness. In girls the blocking of the genital impulses may lead to a feeling of injury, of having been deprived of an area of contact, and to secondary fantasies concerning the clitoris as a penis substitute. In boys there may be found corresponding anxieties about injury, about what may happen if the genital impulses break through, and secondary fantasies concerning self-castration or

castration by others.

Since this mode of reacting represents in many ways a blocking rather than a real impulse adaptation, it may often prove to be inadequate in puberty, and give way, first to open insecurity and anxiety, later to other more adaptive patterns of reaction. This may give the impression that children's initial genital interests have a temporary character; among other things it has given rise to the term latency period to describe the period from 5-6 years of age until puberty.

As hypothesised in relation to earlier phase conflicts, genital conflicts too may be solved by the development of various modes of reacting. In the case of boys we will differentiate between phallic intrusive and passive feminine reaction patterns, and in the case of girls, between vaginal inclusive and feminine hysterical reactions.

By phallic intrusive we mean that introductive impulses, i.e. impulses towards leading into, are modified and take the form of forcing into. Instead of what we may call an accommodated intrusiveness and a genuine masculinity, we find an over-masculine role identification, urges to push oneself in where not invited or desired. In some cases we may find a pronounced over-evaluation of the penis and its confusion with the whole body. In other cases pronounced tendencies towards exhibitionism. On the ideational level the underlying ambivalence may be revealed in fantasies concerning retaliation and revenge on women. and concerning bodily penetration and boring.

In individual cases these sadistic fantasies may break through into overt behaviour.

By passive feminine modes of reacting we mean the exact opposite of a phallic narcissistic orientation. Instead of a forced masculinity, we find a passive submissive attitude towards the environment. What we have described above as infantile sexlessness represents an example of such an attitude. In other instances, the passive feminine mode will not so much represent a complete denial of sex as a feminine sex-identification. In severe cases we may find open or averted masochistic fantasies about inclusive and seductive women (or men).

Parallel to phallic intrusiveness in boys we can speak of a vaginal inclusive mode of reacting in girls. Instead of what we may call a genuine femininity, we find a grasping inclusiveness. In the same way as phallic narcissism implies compensation by forcing into, the vaginal inclusive pattern implies compensation by closing in and by keeping in possession. In some cases penis envy and a masculine role-identification is pronounced. In other cases, the underlying ambivalence may give rise to sadistic fantasies concerning revenge on men, and concerning castration and cutting off.

Ambivalence in girls about opening and closing, about desires to enclose and to push out can be "solved" by a masculine identification, or - what seems to occur quite often - by sexlessness or an over-feminine role identification. We have designated this latter mode of

reacting feminine hysterical. Enclosing impulses here give way to a behaviour pattern which superficially has the character of enclosing, but if carefully observed, lacks initiative and positive reaching-out qualities (frigidity). The underlying ambivalence is expressed by the formula: Please do take initiative, but I won't give you anything. The dynamic behind this attitude seems to be an indirect satisfaction in inspiring expectations which are subsequently disappointed. In other words we do find tendencies towards feminine inception, towards the use of sexual means of expression (e.g. coquetry) as a defence against genital impulses. It is these very tendencies which justifies the designation hysterical. On the other hand, it has to be emphasized that this mode of reacting does not of necessity imply the existence of hysterical symptoms.

We stated above that the early genital phase in both boys and girls represents a violent period of expansion with regard to physical and symbolic activity. In this phase the basis of the child's later ability to manifest courage and initiative seems to be laid.

The child's imagination will often make it at cross purposes with reality. Its lack of ability to discriminate between fantasy and reality is manifest in its reactions to external obstacles. At the same time the imitation of adults occupies a central position in the child's imagination. Conflict with its environment induces defensive identification with the threatening objects. Defence patterns emerging in this period will be closely linked with identification processes. An outgoing, carefree

orientation will often give way to an attitude of guarded thoughtfulness, and earlier spontaneity to oppressive feelings of guilt.

An important feature of the early genital phase is the child's interest in and orientation towards organized play and the company of other children. Its incipient independence is expressed in an increasing preference for playmates of the same age rather than for the company of sibling and parents. This is particularly noticeable from the age of six. Some observations made in England during the last war illustrate this point most strikingly. During the evacuation from London it turned out that children of primary school age showed fewer adjustment problems and behavioural difficulties if they were evacuated with friends than if they were evacuated with their families. The case was the reverse with younger children. We can therefore say that the age of six is a milestone in a child's life. Its development seems to have reached a level where it can not only tolerate separation from its parents, but can also face loss of contact and rejection with considerably greater flexibility and without immediately being forced in conflict situations into a permanently defensive position. The child has not yet developed complete independence, responsibility and social identity. Final maturity in these areas does not occur, in our opinion, until puberty, during the so-called late genital phase.

Some Remarks in Summary

The above description of the child's various phases

of psychosexual development parallels Erikson's presentation on some points, while on others we have relied more on classical psychoanalytic conceptions. Our description differs from Erikson's on the following points:

In the first place, and this is mainly a terminological one, instead of talking about organ modes, we have chosen the term phase modalities, by which we mean a generalized mode of reacting, i.e. pattern of going at things, seeking relationships, stimulation and contact with the environment, stemming from innate properties of the child's organismic development.

We fully agree with Erikson in the necessity of taking cultural and social-environmental factors into account, but we nevertheless feel that Erikson in his deviation from the orthodox psychoanalytic model has moved a little too far into a non-instinctual position while at the same time basing his conception on primary drives. Basing our view on observations that babies usually show greatest attentiveness (susceptibility to external stimulation) when inactive and awake, and on Irwin's findings that babies are more frequently awake and inactive 15 minutes after being suckled than before; on Spitz studies on the smiling response; Ribble's observation of spontaneous weaning in children given opportunities of self-demanded feeding; observations from other cultures that toilet training does take place in spite of parlatal ignorance; Anna Freuds observation of spontaneous copulation-play among children in a

residential setting, we think it is reasonable to assume a somewhat stronger maturational foundation of "competence motivation" than Erikson suggests. In a way our thinking in this respect parallels White's conception of effectance as being a motivating factor in its own right (31).

In a certain sense we consider ourselves somewhat less orthodox psychoanalytic in orientation than Erikson: In contrast to both models, we think that the ego groundwork to get to be the giver in social interaction is to a certain extent present in the baby at birth, that a supporting environment can save the baby from a traumatic change in connection with the eruption of the teeth, and also from traumatic experiences in the anal and early genital phases of development. In our presentation we have emphasized consistently the reaching out, contact-seeking aspect of various primary impulses, granted sufficient emotional support is offered by the environment.

In accordance with the orthodox model we have distinguished between five pregenital phases, each characterized by pleasure in a certain mode of activity. The modes of activity we consider "normal" for the various phases differ to a certain extent from the orthodox model, however.

Figure III gives a schematic survey of our thinking in this respect.

In addition to pointing out the type of activity we assume to represent the focus of pleasure in the various

phases, granted a sufficiently supporting environment, the figure also indicates what we consider to be phase-typical modes of aggressive manifestation and the phase modality we believe, become crystallized in the various stages.

Figure III

Schematic Survey of Our Own Views Regarding Prenatal
Developmental Stages

<u>Modes of activity</u>			
<u>Stages</u>	<u>Focus of pleasure</u>	<u>Aggressive manifestation</u>	<u>Phase modality</u>
Early oral	sucking	rage (diffuse protesting)	receptive-approaching
Late oral	chewing	biting	receptive-self-providing
Early anal	evacuating	expelling	eliminative-self-discovering
Late anal	shaping (evacuation control)	defying	productive-self-deciding
Early genital (male)	making (copulation-like play)	intruding	introductive-self-expanding
Early genital (female)	making (copulation-like play)	intruding	enclosive-self-expanding

As previously stated, Erikson strongly emphasizes the many possibilities for conflicts emerging between the child and its environment, and the subsequent possibility

of an inappropriate mode growing into dominance and influencing the child's psychic functioning and its ego development as far as ego-capacities and ego-qualities are concerned. The growth into dominance of such an inappropriate mode parallels what we have designated a defence solution.

We do not want to discuss Erikson's suggestion, that in principle it is possible for each one of the five modes he describes to become dominant at each stage. From our point of view, we have found it legitimate to assume that the possibilities existing for the "solution" of a phase conflict are somewhat different from one phase to another, and that at each phase some solutions are more easily resorted to than others. In this respect we are in a way in agreement with the classical psychoanalytic approach, which maintains that the child has different defence mechanism at its disposal during different phases of psychosexual development.¹⁾

On the next page there is given a survey of the phase modalities we consider to be basic, together with the defence solutions we consider to be typical in the various phases.

1) Beres, for instance, writes: "The ego, in its different phases of development, approaches the conflicts related to reality and to the instinctual drives with different defenses and different solutions, according to the specific phase In the course of development certain defense patterns establish themselves as characteristic of the individual and are called forth in various situations, even where not appropriate, to form the permanent character traits of the person". (2, pp. 209-210).

Figure IV

Schematic Survey of Phase Modalities and Hypothetically
Related Defence Solutions

Phase designations	Phase modalities	Defence designations	Defence solutions
Early oral	receptive approaching	oral refusing	(from active expulsive to static closing)
		oral resigned	(from passive receptive to stuporous sleep)
Late oral	receptive self-provi- ding	oral glutton- ous	(from biting in- corporative to greedy devour- ing)
		oral adhesive	(from active clinging to despairing with- drawal)
Early anal	eliminative self-diseas- covering	anal retentive	(from fastidious parsimony to abstract self- absorption)
		anal expul- sive	(from expulsive revengefulness to flabby self- abandonment)
Late anal	productive self-deci- ding	compensatory productive	(from aggressive generosity to ambitious over- achievement)
		negativis- tic reckless	(from obstinate willfulness to don't-care anti- perfectionism)
Early genital (male)	introdu- cive self- expanding	phallic intrusive	(from masculine exhibitionism to phallic narcissism)
		passive feminine	(from infantile sexlessness to feminine identi- fication)
Early genital (girls)	enclosive self-expan- ding	vaginal in- closive	(from penis envy to masculine iden- tification)
		feminine hysterical	(from infantile sexlessness to over-feminine narcissism)

A defence solution may be regarded as a secondary modality, a generalized mode of reacting replacing or making up for a basic modality. For the sake of schematization we have limited ourselves to naming only two types of secondary modalities for each phase. We will emphasize most strongly that this is a schematization, which we have tried to indicate by pointing out the range of modes of reacting to which we refer by means of the different designations. The survey sums up our theoretical analysis of psychosexual development.

Our terms oral refusing and oral resigned refer very much to the same reaction patterns as those described by Ribble as negativism and regression. Our terms oral gluttonous and oral adhesive correspond to a certain extent to Abrahams term oral sadism, and our terms anal retentive and anal expulsive to the orthodox conceptions of anal sadistic reaction patterns. Furthermore, our terms compensatory productive and negativistic reckless refer to a certain extent to the orthodox conceptions of "urethral ambition" and a secondary elaboration of anal sadism, and our terms phallic intrusive, passive feminine, vaginal inclusive and feminine hysterical to the character traits described by Reich under very much the same heading.¹⁾

In a few words, to a large extent we are regarding impulse patterns considered normal and instinctual characteristics of various developmental stages by the orthodox psychoanalytic approach, as defence solutions or

1) Instead of phallic intrusive Reich uses the term phallic sadism and phallic narcissism, and instead of vaginal inclusive, he uses the term masculine-aggressive (17).

secondary modalities.

Some Remarks in Conclusion.

A central question is how the different primary and secondary modalities suggested above, become integrated in the child's ego formation. In this respect our own position is very much in agreement with Erikson's point of view. What we have called defense solutions represent enduring solutions, or more precisely, particular modes of reacting, which bring about a kind of balance and ensures an optimal form of satisfaction within the framework of the child's total life situation, but at the same time represent alterations and transformations of infantile impulses, energetic fixations, which prevents the child from making use of its inherent developmental resources. The primary reason for their maintenance is that they, nevertheless, represent solutions of overwhelming anxiety-charged conflicts.

In the case of early defence patterns, such as oral refusing, oral resigned and oral adhesive, we may in extreme instances find fixations, an arresting of development, which may threaten the child's whole existence. On the other hand, the more the child's ego has acquired inner resources to remould affects, the greater its possibility to avoid an overwhelming conflict situation, and if such a situation emerges, to resort to repression of anxiety-charged impulses and subsequently, psychoanalytically speaking, to absorb more or less completely the free-floating instructural energies being dammed-up by the repression, into a relatively stable reaction formation

which ensures an outer adjustment and at the same time gives opportunity for non-accepted impulses to obtain gratification by being expressed in a disguised way.

In congruence with Erikson we may state that the different phases of development and the modalities being established in these phases, will be decisive for the formation of certain ego qualities: the oral phase as to whether basic trust shall characterize the growing ego, the anal and the early genital phases, as to whether autonomy and initiative shall become intrinsic ego qualities. Enduing defence solutions will affect the development of these qualities. In fact, we may in such instances talk about a conflict-charged ego-trust, a conflict-charged ego-autonomy, and so on (Cf. 3, p.159f).

A person's character - the sum total of the modes of reacting which are specific for a given personality - we may assume, will be affected by his hereditary constitution and by the modalities developed at the various psychosexual stages. Normally a person's character will represent a broader adaptation and organization of early phase modalities, an organized whole developed on the basis of his total inner resources. In the case of early defence modalities, these will always exert a specific influence on a person's character formation, making it less plastic, and to a certain extent, determine the person's later interaction with his environment, and thus, both directly and indirectly, contribute to the distinctiveness of the adult personality. Certain defence modalities, may in fact, work very much as catalyzing nucleus of the total structuring of the personality. The designations oral

characters, anal characters, phallic narcissitic characters, and so on, imply in our opinion, just such a dominant organizing effect of a particular type of phase modality.

According to psychoanalytic conceptions pregenital characters are not to be considered psychopathological, but represent a neurotic reaction basis which may or may not develop into a neurosis. ¹⁾ Most persons characters are looked upon as stemming from pregenital psychosexual fixations, as well as from sublimation of pregenital urges. By sublimation is meant the withdrawal of energy from a pregenital impulse-pattern in favour of its cathexis on other impulses which make possible an adequate discharge of instinctual energy. While some psychoanalysts, e.g. Reich, seem to consider "genital primacy" a prerequisite for sublimations, others, e.g. Kris, referring to observations on children's play, maintains that sublimations do take place in pregenital phases too.

When stating that character traits may stem from pregenital fixations it is meant that the character trait in question is a continuance of infantile libidinal urges (Abraham), or is a reaction formation against still operative pregenital urges (Fenichel).

Our own point of view is closer to Fenichel's than

1) Many psychopathological conditions, such as hysteria, paranoia, and anorexia, do not seem to stem from one phase conflict, but from a particular pattern of conflicts. In discussing defence patterns in relation to various phase conflicts we have by and large neglected the complicating effects being produced by the existance of preceding defence solutions, and by inconsistant parental attitudes and behaviour.

to Abraham's on this latter point, while on the former we feel closer to Kris than to Reich. As stated previously in this monograph, our view is that a child in the course of its psychosexual development will go through various phases characterized by the emergence of specific modalities. Given sufficiently emotional support the various modalities will be "grown out of" and "grown away from"; the emerging modalities will be assimilated in the ego - giving rise to the emerging of new modalities and to the ego's progressively more complex level of psychic functioning. Given an overwhelming conflict, a defence pattern will come into play and function as a reaction formation against those impulses which the child has come to consider dangerous. In this way a developmental fixation will be created, which may become permanent, or temporal, depending upon the subsequent interaction pattern between the child and its surroundings, and not in the least - upon the strength of the child's own repercussive capacities. Sublimation, i.e. the dissolution of fixations, we do think may take place in childhood as well as in adults, "spontaneously" as well as in psychotherapeutic sessions.

Looking upon defence patterns as reaction formations it has to be emphasized that such formations will not necessarily work in the opposite direction of the suppressed impulse pattern. Following Fenichel, we may in fact subdivide defence patterns into those working in the opposite and those working in the same or slightly modified direction of the original impulses (9). In both cases we are faced with "phobic avoidance", in the first case with a "phobic reaction", in the latter with a "counter-

phobic reaction".

Since - in dealing with psychosexual impulses - the original urges may be considered active strivings, active in the sense that aggressive energy was usually initially mobilized against the frustrating circumstances and become dammed-up by the subsequent suppression, the subdivision above parallels to a certain extent a differentiation between passive and active defence strategems. From this point of view, e.g. oral gluttonous, anal expulsive and phallic intrusive, have to be considered active defence patterns, while, e.g. oral resigned, oral adhesive, and anal retentive, represent more passive solutions, i.e. defences giving less opportunity for the discharge of dammed-up aggressive tensions (Cf. 3, p. 158ff).

The fact that character traits serving as defences against pregenital urges do at the same time immobilize aggressive energies, has been emphasized by several psychoanalytic scholars. Thus Hartmann maintains that counter cathexis of pregenital drives are mostly fed by partly neutralized aggressive energies, while e.g. Reich states that the armoring of the ego, which he considers to be the main function of pregenital character traits, partly takes place by aggression initially mobilized against the frustrating environment being turned against the self. (13, 17)

Reich's concept the armoring of the ego has some resemblance to Erikson's concept the solution of nuclear conflicts. In both cases it is referred to ego solutions of infantile sexual conflicts, solutions which bring about

enduring alterations of the ego. But while Erikson seems to be mainly concerned with solutions implying different ego qualities, e.g. trust vs. mistrust, initiative vs. guilt, etc., Reich's frame of reference is a more general one, namely the ego's capacity for mobility, its ability to change, reinforce and relax its protection mechanisms. Regression in the service of the ego, a concept introduced by Kris, thus in a sense requires a not too rigid armoring of the ego. What we have designated as defence patterns will to a greater or lesser degree, we assume, block an individual's ability for ego-accommodated regressions, and smooth and differentiated adjustment in general (14).

We stated above that a person's character will represent a broader organization of early phase modalities. This we assume, will usually be the case whether the modalities in question are primary or secondary. It is true, that a secondary or defensive modality may exert a great influence on the total structuring of the personality, but in most cases, defensive modalities too, due to external influences and to inborn synthesizing capacities of the ego, will become modified and unified into an organized whole, the person's life style or manifest character. This modification of early defence patterns may take the form of sublimations, or, the defence patterns, themselves functioning as reaction formations, may give rise to secondary reaction formations,

Under certain circumstances, e.g. severe stress situations, a defence solution may break down giving rise to intense anxiety, or the reaction formations developed,

may become unable to absorb the unlying tensions (or instinctual energies, psychoanalytically speaking) which may break through as ego threatening impulses or immediately be warded off by ego-alien symptom formations. As stated previously, defence patterns may to a greater or lesser degree succeed in alleviating the pressure of anxiety-charged conflicts.

According to observations the degree of symptom formations present will be relatively unrelated to the degree of neurotic reaction basis characterizing a given personality (21). To repeat, pregenital fixations do not discriminate between open neurotic conflicts and stabilized and well-compensated neurotic character organizations.

REFERENCES

1. ABRAHAM, K. Selected Papers on Psychoanalysis.
New York: Basic Books, 1953.
2. BERES, D. Ego deviation and the concept of
schizophrenia.
The Psychoanalytic Study of the Child.
Vol. XI. New York: International
Universities Press, 1956.
3. CHRISTIANSEN, B. Attitudes towards Foreign Affairs
as a Function of Personality. Oslo:
University Press, 1959.
4. CHRISTIANSEN, B. Some Comments Concerning the Causes
and Effects of Parental Attitudes towards
Child-Rearing. (Mimeo.) Oslo: Institute
for Social Research, 1960.
5. CHRISTIANSEN, B., KILLINGMO, B. & WAAL, N.
Personlighets-diagnostikk med henblikk
på strukturbeskrivelse. (Personality
Diagnostics with Reference to Structural
Descriptions). Oslo: Dr. Nic Waals
Institutt, 1956.
6. DESPERT, J.L. Some considerations relating to the
genesis of autistic behaviour in
children.
Am. J. Orthopsychiatry, 1951, 21,
335-347.
7. EISENBERG, L. & KANNER, E. Early infantile autism
1943 - 55. Am. J. Orthopsychiatry,
1956, 26, 556-566.
8. ERIKSON, E.H. Childhood and Society. New York:
Norton, 1950.
9. FENICHEL, O. The Psychoanalytic Theory of Neuroses.
New York: Norton, 1945.
10. FISCHER, L.K. The significance of atypical postural
and grasping behaviour during the first
year of life.
Am. J. Orthopsychiatry, 1958, 28,
368-375.
11. FREUD, A. Observations in child development.
In The Psychoanalytic Study of the
Child. Vol. VI. New York:
International Universities Press, 1951.
12. FREUD, S. Three contributions to the theory of
sex. In The Basic Writings of Sigmund
Freud. New York: Random House, 1938.

13. HARTMAN, H. Notes on the theory of sublimation. In The Psychoanalytic Study of the Child. Vol. X. London: Imago, 1955.
14. JAHODA, M. Current Concepts of Positive Mental Health. New York: Basic Books, 1958.
15. KRIS, E. Psychoanalytic Explorations in Art. New York: International Universities Press, 1952.
16. RANK, B. & MacNAUGHTON, D. A clinical contribution to early ego development. In The Psychoanalytic Study of the Child. Vol. V. London: Imago, 1950.
17. REICH, W. Character Analysis. London: Vision Press, 1950.
18. RIBBLE, M.A. The Rights of Infants. New York: Columbia University Press, 1943.
19. RIBBLE, M.A. Infantile experience in relation to personality development. In Personality and the Behaviour Disorders. Vol. II. (ed. J. McV. Hunt). New York: Ronald Press, 1944.
20. RIBBLE, M.A. Anxiety in infants and its disorganizing effects. In Modern Trends in Child Psychiatry (eds. N.D.C. Lewis and B.L. Pacelli). New York: International Universities Press, 1945.
21. SCHJELDERUP, H. Nevrosene og den nevrotiske karakter (The neuroses and the Neurotic Character). Oslo: Cappelen, 1940.
22. SPITZ, R.A. Hospitalism. In The Psychoanalytic Study of the Child. Vol. I. New York: International Universities Press, 1945.
23. SPITZ, R.A. Hospitalism: a follow-up report. In The Psychoanalytic Study of the Child. Vol. II, New York: International Universities Press, 1946.
24. SPITZ, R.A. The smiling response: a contribution to the ontogenesis of social relations. Genet. Psychol. Monogr. 1946, 14, 57-125.
25. SPITZ, R.A. Anaclitic depression. In The Psychoanalytic Study of the Child. Vol. II, London: Imago, 1947.

26. SPITZ, R.A. The psychogenic diseases in infancy: an attempt at their etiological classification. In The Psychoanalytic Study of the Child. Vol. VI. New York: International Universities Press, 1951.
27. SPITZ, R.A. No and Yes. On the Genesis of Human Communication. New York: International Universities Press, 1957.
28. SPITZ, R.A. & Wolf, K.M. Autoerotism. Some empirical findings and hypotheses on three of its manifestations in the first year of life. In The Psychoanalytic Study of the Child. Vol. III-IV. New York: International Universities Press, 1949.
29. WAAL, N. A special technique of psychotherapy with an autistic child. In The Emotional Problems of Early Childhood. (Ed. G. Caplan). New York: Basic Books, 1958.
30. WAAL, N. Personal communication.
31. WHITE, R.H. Motivation reconsidered: The concept of competence. Psychol. Rev., 1959, 66, 297-333.