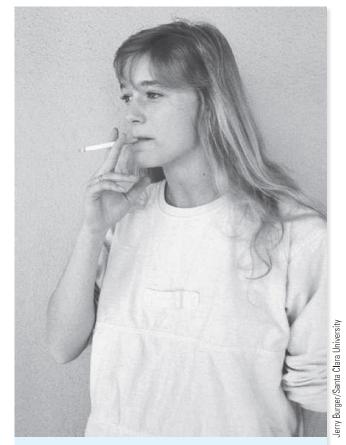
actually holds this thought. The woman who thinks everyone in her neighborhood is committing adultery may be harboring sexual desires for the married man living next door. The man who declares that the world is full of distrustful and cheating people may unconsciously recognize that he is distrustful and a cheater.

Psychosexual Stages of Development

Among the most controversial aspects of Freud's theory is his description of personality development. Freud argued that our adult personalities are heavily influenced by what happens to us during the first 5 or 6 years of life. Each child is said to progress through a series of developmental stages during these years. Because the chief characteristic of each stage is the primary erogenous zone, and because each stage has a specific influence on the adult personality, they are referred to as the psychosexual stages of development.

Freud maintained that children face specific challenges as they pass through each of the psychosexual stages and that small amounts of psychic energy are used up resolving these challenges. If all goes as it should, most of us still have an adequate amount of psychic energy left to operate a healthy personality by the time we become adults. But sometimes things go awry. Some children have a difficult time moving through a particular stage (or, for a few, find the stage excessively satisfying and wish to stay there). The result is fixation, the tying up of psychic energy. Not only does this leave less energy available for normal adult functioning, but also the adult is said to express behaviors characteristic of the stage at which the energy is fixated.

The first stage in Freud's model is the oral stage. During this period, which spans approximately the first 18 months of life, the mouth, lips, and tongue are the primary erogenous zones, that is, the source of



According to Freud, adult oral personalities develop when traumatic childhood experiences cause the fixation of an excessive amount of psychic energy at the oral stage of development. Smoking, drinking, and excessive eating are characteristic of an oral personality.

IN THE NEWS

The Repressed Memories Epidemic

ne afternoon in 1969, 8-year-old Susan Nason disappeared on her way to visit a neighbor in Foster City, California. Two months later, her body was found in a nearby reservoir. The coroner concluded that Susan had died from a fractured skull. An investigation followed, but with little evidence to go on, police never found the killer. Twenty years later, Eileen Franklin-Lipsker, a childhood friend of the victim's, sat with her daughter in her Los Angeles home. Suddenly Franklin-Lipsker recalled images of Susan's death. She could see a man sexually assaulting the girl and then smashing her head with a rock. Franklin-Lipsker also knew the identity of the man in her memories—it was her own father, George Franklin.

Based on little more than his daughter's testimony, in 1990, George Franklin was tried and convicted for Susan Nason's murder. Jurors who listened to Franklin-Lipsker's testimony were convinced she could not have known the details she provided unless she had been at the scene of the crime. But why had the memories taken 20 years to surface? The prosecution argued that the nature of the memories was so traumatic Franklin-Lipsker had repressed them into an unconscious part of her mind. It was noticing the physical similarity between her daughter and Susan that triggered the long-repressed

images and allowed them to enter consciousness. Superior Court Judge Thomas Smith called George Franklin "wicked and depraved" and sentenced him to life in prison. Franklin thus became the first person to be convicted on the basis of "repressed" memories.

The Franklin verdict provides an egregious example of how psychological principles can be misused. In this case, a handful of psychotherapists tore apart thousands of families by misapplying the psychoanalytic notion of repression (Brody, 2000). Over a period of several years in the 1990s, a huge number of adults going through psychotherapy suddenly "recalled" childhood memories of being victimized by parents, often sexually. In virtually every case, the client had not been aware of any such experience until the therapist suggested the event.

Personality psychologists and memory researchers soon responded. They questioned the way a few practitioners interpreted psychoanalytic theory and pointed to research on how memory works to challenge the accuracy of accusers' claims. Researchers demonstrated that people often have great confidence in the accuracy of "repressed" memories that could not possibly have been true.

The fall of the epidemic came quickly. Parents and family members falsely accused of

abuse formed the False Memory Syndrome Foundation, Within the first year, the organization grew to include more than 3,000 families. Hundreds of clients came to see that their memories of abuse were in fact fictional creations and retracted their stories (de Rivera, 1997). Prosecutors revisited old cases based on now-questionable evidence. A man in Kentucky had his conviction thrown out after he had already served 5 years in prison (Dunbar, 2006). Another man in Pennsylvania was granted a new trial after 12 years in prison (Conti, 2005). A federal judge in Nebraska voided a \$1,75 million judgment against a clergyman accused of sexual abuse (Zezima & Carey, 2009). And after serving several years, George Franklin, the first man convicted in the epidemic, was released from prison.

Although the repressed memories epidemic may be over, the debate among psychologists has not gone away. Research demonstrates that people often believe memories that are false, but psychologists cannot rule out the possibility that some cases of repressed memories might be based on fact. Moreover, although the vast majority of psychological researchers reject the notion of repressed memories, a large number of practicing psychotherapists do not (Patihis, Ho, Tingen, Lilienfeld, & Loftus, 2014). Thus, the potential for future misuse remains.

pleasure. You need only watch a 6-month-old for a few minutes to realize that everything must go into the mouth. Traumatic weaning or feeding problems during this stage can result in fixation and the development of an oral personality. Like a child, adults with an oral personality tend to be dependent on others, although fixation that occurs after the teething may instead result in excessive levels of aggression. People with an oral personality often express an infantile need for oral satisfaction. They may smoke or drink excessively and are constantly putting their hands to their mouth.

When children reach the age of about 18 months, they enter the anal stage of development. According to Freud, the anal region becomes the most important erogenous zone during this period. Not coincidentally, this is the time most children are toilet trained. Traumatic toilet training can result in fixation and an anal personality. An adult with an anal personality can be orderly and rigid. But someone with an anal personality can also be stubborn or even generous, depending on how the toilet training progressed.

Next comes the *phallic stage*, approximately ages 3 to 6, when the penis or clitoris becomes the most important erogenous zone. The key development during the phallic stage comes toward the end of this period when children experience the Oedipus complex, named for the Greek mythological character who unknowingly marries his mother. Freud argued that children at this age develop a sexual attraction for their opposite-sex parent. Young boys have strong incestuous desires toward their mothers, whereas young girls have these feelings toward their fathers.

Needless to say, the children are not without their share of fear about this development. Boys develop castration anxiety, a fear that their father will discover their

thoughts and cut off their penis. If the boy has seen his sister's genitals, he is said to conclude that this fate has already befallen her. Girls, upon seeing male genitals, are said to develop *penis* envy. This is a desire to have a penis, coupled with feelings of inferiority and jealousy because of its absence.

How do boys and girls resolve this conflict? Eventually, the children repress their desire for their opposite-sex parent, whom they realize they can never have as long as the other parent is around. Then, as a type of reaction formation, children identify with the same-sex parent. Resolving the Oedipus complex serves several important functions. By identifying with the same-sex parent, boys begin



After resolution of the Oedipus complex, children pass into the latency stage. For several years, boys will prefer to play with other boys, and girls with other girls. All of this ends with puberty.

to take on masculine characteristics and girls acquire feminine characteristics. Moreover, adopting the parents' values and standards paves the way for the emergence of the superego. However, Freud warned that Oedipal desires are never fully eliminated. Rather, they are merely repressed and have the potential to influence our behavior later in life. Businessmen who aggressively go after rivals are said to be expressing Oedipal urges left over from their earlier competition with their father.

After resolving the Oedipus complex, the child passes into the *latency stage*. Sexual desires abate during these years, and boys and girls are largely uninterested in each other. A look at any playground will verify that boys play with other boys and girls play with other girls. But all that changes with puberty. Erogenous urges return and are focused in the adult genital regions. If a child has progressed to this *genital stage* without leaving large amounts of libido fixated at earlier stages, normal sexual functioning is possible.

Getting at Unconscious Material

If Freud is correct about the nature of the unconscious, it would appear that he has created a problem for himself. If the most important psychological material is buried in a place outside of awareness, how can we study it? Moreover, how can psychotherapists help their clients when the keys to understanding the clients' problems are unavailable for inspection? Not surprisingly, Freud had an answer to this dilemma. He maintained that strong id impulses do not simply disappear when they are pushed out of consciousness. Although the true nature of these impulses is repressed by a strong ego, the impulses are often expressed in a disguised or altered form. If psychologists know what to look for, they can catch a glimpse of unconscious thoughts by observing seemingly innocent behaviors. The following are seven techniques a Freudian psychologist might use to get at unconscious material.

Dreams

"Innocent dreams ... are wolves in sheep's clothing. They turn out to be quite the reverse when we take the trouble to analyze them."

Freud called dreams the "royal road to the unconscious." In 1900, he published *The Interpretation of Dreams*, presenting for the first time a psychological theory to explain the meaning of these nighttime dramas. According to Freud, dreams provide id impulses with a stage for expression. They are, in fact, a type of wish fulfillment; our dreams represent the things we desire. This is not to say that we want the unpleasant and frightening things we sometimes dream about to literally come true. Freud drew a distinction between the *manifest content* of a dream (what the dreamer sees and remembers) and the *latent content* (what is really being expressed). Overt expression of many unconscious desires would be difficult to face upon waking. That's why they were repressed in the first place. However, these unacceptable images can safely surface in our dreams in symbolic forms. Dreams involving penises, sexual intercourse, and vaginas might be threatening to the dreamer. But we would have no problem with a dream about fountains, airplane rides, or caves. "The dreamer does know what his dream means," Freud wrote. "Only he does not know that he knows it, and for that reason thinks he does not know it" (1916/1961, p. 101).

Freud identified many examples of what he called *common dream symbols*. A house represents the human body, one's parents are disguised as king and queen, children