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Original article

Anti-Oedipus from philosophy of science and Foucauldian knowledge-power perspectives

L'anti-Œdipe dans la perspective de la philosophie des sciences et du savoir-pouvoir foucauldien

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ABSTRACT

Background. – Freud identified his theory of the Oedipus complex as his greatest scientific contribution, made it the centerpiece of his clinical theory of the etiology and cure of the psychoneuroses, and adamantly defended it throughout his life. The theory dominated psychoanalysis for almost a century and determined how the problems of countless patients were interpreted. However, recent scholarship suggests that the arguments Freud used to support the theory are unsound and that, far from being harmless pseudoscience, the Oedipal theory constitutes an oppressive form of Foucauldian “knowledge-power” that rearranges family relationships in sociosyntonic but emotionally harmful ways. Continued identification of psychoanalysis with Oedipal theory poses an obstacle to fresh psychoanalytic thinking and psychoanalytic credibility. To liberate psychoanalysis from its Oedipal shackles, a clear understanding of the theory’s faulty origins and deleterious effects is essential.

Objectives and methods. – This paper distills the conclusions of two recent books that consider how and why Freud staunchly defended the Oedipal theory and the deleterious effects on the modern family that resulted. After the failure of his seduction theory, Freud developed the Oedipal theory to defend his central theoretical claim, the sexual theory of the neuroses. However, the Oedipal theory remained an entirely ad hoc, scientifically unpersuasive defense without novel evidential support less dependent on psychoanalytic method, which had also been cast into doubt by the seduction theory’s failure. Freud attempted to provide such “more direct” evidence in the case of Little Hans, on which my analysis focuses. Regarding the evaluation of Freud’s evidence, the method is philosophy-of-science logical reconstruction, analysis, and evaluation of the arguments Freud offered. Regarding the theory’s effects, the method is neo-Foucauldian analysis of how acceptance of the theory changed family power relations – that is, the theory’s knowledge-power.

Results. – I identify four pivotal arguments Freud presents in the Hans case to support Oedipal theory. Each argument is brilliant as a logical construction but unsound when compared to the evidence of the Hans case history. I then analyze the knowledge-power of the Oedipal theory as it appears in the Hans case as well as in modern family life. Acceptance or awareness of the theory serves to create a sense of danger in mother-son physical affection, leading to separation of children from parents – especially at bedtime – and thus protection of the marital bed in the new era of egalitarian sexual and emotional marriage that started at about the time that the Oedipal theory was proposed.

Conclusions. – Freud’s arguments defending Oedipal theory are brilliantly conceived, but Freud misreads the facts of the Hans case so that his arguments are unsound. In failing to confirm novel predictions, Freud’s Oedipal theory remains ad hoc and scientifically unacceptable. It was nonetheless widely accepted because of its distinctive knowledge-power, which supported the evolving nature of marriage in a way that limited parent-child interaction, cosleeping, and affection. The theory of the Oedipus complex is both false and harmful, and in clinical intervention it is a form of theoretical countertransference.

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Introduction

Sigmund Freud identified his theory of the Oedipus complex as his greatest scientific contribution, made it the centerpiece of his clinical theory of the etiology and cure of the psychoneuroses, and adamantly defended it throughout his life. Placing his compelling stamp on the field of psychoanalysis that he founded, the Oedipal theory dominated psychoanalysis for almost a century and determined how the problems of countless patients were interpreted.

Unfortunately, as I shall argue, the Oedipal theory was in fact without evidential support. It was precisely constructed to serve Freud's essential goal of securing his scientific immortality by defending his sexual theory of the neuroses (STN) after the falsification of his earlier seduction theory. Despite Freud's brilliance, his persistent defense of the Oedipus complex must be considered an exercise in theoretical narcissism — but one that gained for the theory a uniquely influential and remarkably enduring cultural status that requires explanation in terms of its appeal in relation to changing social and marital power structures.

There are two basic reasons for rejecting Freud's Oedipal theory. First, Freud's own arguments fail to support the theory, and there is no independent scientific evidence that it is true or even an approximation to the truth (e.g., [Eagle, 2018](#)). Second — and this has been less understood — it is a harmful exercise of Foucauldian knowledge-power the appeal of which is that it supports the alienating realignment of the nuclear family into separated parental and child domains, including separate sleeping arrangements with even young children. It does this by creating a sense of neurogenic danger in the natural physical affection that is an integral part of the attachment relationship between mother and son. (Note that I limit myself here to discussing the original prototypical instance of the positive Oedipus complex experienced by a son for his mother as portrayed in the Little Hans case [[Freud, 1909](#)]).

Rejection of Freud bashing

However, before explaining further why one should fully and unreservedly be “anti” Freud's Oedipal theory, it is important to reject mindless “Freud bashing” and acknowledge that, whatever his flaws, Freud was a brilliant psychologist and philosopher who must be credited with at least half a dozen remarkable achievements that created a framework for thinking about the mind that moved psychology forward, even aside from his early neurological and cocaine researches:

- Freud was a central figure in facilitating the radical change in psychology from a science of consciousness to a science that acknowledges the existence of unconscious mental representations. He thus was a forerunner of today's cognitive science ([Wakefield, 1992](#)). Even Foucault seems to accept this part of Freud's contribution, writing of discourse rules that determine acceptable truth and falsity in a discipline as being unconscious.
- To undergird his psychology of the unconscious, Freud developed a nuanced and relatively novel philosophy of mind that made mental content or intentionality a property of brain states independent of consciousness and left consciousness a mere contingent property of mental states. This position challenged philosophers with the problem of identifying what property of nonconscious brain states could justify the attribution to them of mental content without any reference to consciousness, a problem with which philosophers grappled for the last half of the twentieth century to no avail ([Wakefield, 2018](#)).
- Freud explicitly, systematically, and courageously challenged the dominant “constitutional degeneracy” approach to mental disorder of his time that emphasized what the individual

inherited from earlier generations and replaced it with “infantilism” that attributed etiology to occurrences in the early childhood years of an individual's psychological development. Having reoriented psychology to the study of childhood, Freud nevertheless retained a sensible measure of respect for individual constitutional variation as a template that interacted powerfully with early environment in determining personality and risk of mental disorder.

- Freud developed an illuminating theory of psychological conflict and defense and more generally of purposeful internal self-manipulation of one's mental states, including most saliently the mechanism of repression, fruitfully elaborated by Anna Freud to include a variety of defensive tactics people use to maintain the mind's equilibrium and self-image and to manipulate the impressions of others. Relatedly, [Westen \(1998\)](#) observed that Freud contributed a theory of the existence of unconscious affective and motivational processes that work in parallel and thus yield ambivalence and conflict as well as compromise, sometimes involving symptoms, as a solution. Moreover, Freud's theory of the determination of behavior by possibly distorted mental representations of the self and others has become the basis for the field of cognitive social psychology.
- Freud established the field of psychotherapy or “talk therapy,” an approach to treatment that to this day can match psychiatric medication for effectiveness for many mental disorders and beyond medical use offers an unrivaled avenue to personal growth. He also created a web of concepts for expectable intrusions into therapeutic process, including most famously “transference” and “resistance.” Once created by Freud, psychotherapy expanded in many directions using techniques well beyond the boundaries of psychoanalysis, but all within the same “talking therapy” framework. However, the dispersion of these therapies to become their own schools was to some extent arbitrary. Virtually all of the thinkers who created the classic psychotherapies that diverged from psychoanalysis were themselves trained as analysts (e.g., Albert Ellis, Aaron Beck, Fritz Perls, Carl Rogers) but were forced to leave the fold when their novel ideas violated psychoanalysis's Freud-inspired intellectual rigidity. One might speculate that if it was not for Freud's obstinate insistence on the Oedipal theory and libido theory, cognitive behavioral therapy, the currently dominant form of psychotherapy in the United States and many other countries, which also explores meanings including unconscious “cognitive schemas,” would be part of ego psychology and within the broader psychoanalytic tent today.
- Whereas other leading thinkers in the fecund period of nineteenth and early twentieth century psychiatry, such as Emil Kraepelin and Eugen Bleuler, were focused primarily on the psychoses, Freud was the leading turn-of-the-century thinker when it came to exploring the psychoneuroses. He created new nosological categorizations, for example isolating the category of anxiety neurosis as a subset of conditions that had fallen under the larger category of neurasthenia, and he elevated obsessional neuroses into its own category rather than a form of hysteria. In emphasizing the suffering and treatment of the neuroses, Freud paved the way for the ultimate movement of psychiatric practice into the community instead of being mostly confined to the asylum's treatment of psychoses.

Oedipus Complex as narcissistic wish fulfillment fantasy

With some of Freud's major achievements acknowledged, I turn to my critical analysis of Freud's arguments for the Oedipal theory. But first, we might ask: if, as I shall argue, the Oedipus

complex is not a cogent scientific theory, what is it? One answer, famously offered by Lacan, is that it is a wish fulfillment fantasy. Lacan imagines that Freud's Oedipal theory, according to which the child is terrified of the castrating father who will punish the child for his incestuous sexual desires for his mother, is in fact capturing elements of a wish fulfillment fantasy experienced by the child for a strong, aggressive father who will protect the child from being incorporated by the mother as a substitute for her missing penis.

Freud's theory of the Oedipus complex is indeed a wish-fulfillment fantasy, but in a much more straightforward sense than Lacan suggested. It is a wish-fulfillment fantasy on Freud's part that the truth would be precisely what he needed to save him from scientific humiliation and achieve his cherished goal of scientific immortality despite the failure of his seduction theory. The Oedipus complex is a precisely tailored solution to this problem of threatened narcissistic injury – but, as a scientific theory, one that is pure fantasy and not reality.

Freud's dilemma after the falsification of the Seduction Theory

To briefly retell a much-retold tale, Freud thought that his major claim on scientific eminence lay in his sexual theory of the neuroses (STN). The STN unified the sexual etiological theories of the actual neuroses (e.g., neurasthenia, anxiety neurosis) that were attributed to excessive or insufficient sexual discharge and the psychoneuroses (e.g., hysteria, obsessional neurosis) that were, initially, attributed in the "seduction theory" to postulated unconscious memories of childhood sexual abuse.

The STN, Freud thought, was his claim to scientific immortality. It constituted Freud's core clinical doctrine: "But the most important finding that is arrived at if an analysis is thus consistently pursued is this. Whatever case and whatever symptom we take as our point of departure, in the end we infallibly come to the field of sexual experience" (1896, p. 199); "I have come to regard the participation of sexual motive forces as an indispensable premiss" (1896, p. 200); "Exhaustive researches during the last few years have led me to recognize that the most immediate and, for practical purposes, the most significant causes of every case of neurotic illness are to be found in factors arising from sexual life. . . [I]n every case of neurosis there is a sexual aetiology" (1898, pp. 263, 268); "[T]he aetiology of the neuroses comprises everything which can act in a detrimental manner upon the processes serving the sexual function" (1906, p. 279).

Using his novel method of psychoanalysis, Freud produced and published evidence that such childhood seductions had indeed occurred in all cases of hysteria. However, he eventually discovered that this was not in fact the case in some of his patients, and he was forced to abandon the seduction theory. However, he did not abandon the broader STN program. Instead, he cast about for a way to explain the findings that disconfirmed the seduction theory that would preserve his more basic and personally important STN.

Freud's exploration of his patients' unconscious memories depended entirely on his use of his psychoanalytic method to get the patient to recall formerly unconscious memories. The reliability and validity of this method was open to doubt from the beginning, due to the obvious possibility that the resulting insights by the patient might reflect suggestion by the analyst rather than veridical memories. However, the psychoanalytic method was the only technique Freud had for supporting his claims about unconscious mental states and their role in the etiology of the psychoneuroses: "What is even more important to me than the value you put on my results is the attention you give to the procedure I have employed. This procedure is new and difficult

to handle, but it is nevertheless irreplaceable for scientific and therapeutic purposes" (1896, p. 220). For Freud, the psychoanalytic method was indeed "irreplaceable" once Freud gave up the use of hypnosis for clinical purposes, for there existed no technology other than psychoanalysis for revealing a patient's unconscious mental states. Without such a method, Freud's project would collapse.

Yet, when Freud later grapples with the implications of the seduction theory's falsification, he recognizes that a correct use of his method and the application of his signature suitability-as-a-determinant methodology for establishing causal relevance (i.e., establishing distinctive explanatory relationships between the hypothesized unconscious memories and otherwise inexplicable and puzzling features of the neurotic symptoms) have apparently failed him: "it could not be disputed that I had arrived at these scenes by a technical method which I considered correct, and their subject-matter was unquestionably related to the symptoms from which my investigation had started" (1925, p. 34).

Freud was well aware of the inevitable doubts about his method that arose from the failure of the seduction theory. The psychoanalytic method had led to insights that he publicly touted as important and validated discoveries revealed specifically by his method. Thus, when those insights turned out to be spurious it was reasonable to conclude that the method could not be trusted. For example, if Freud had simply announced that further psychoanalytic exploration had revealed that it was not childhood seductions after all but childhood Oedipal masturbatory fantasies that were the origin of hysterical neuroses, who other than his acolytes would have taken him seriously and believed that this was anything other than the workings of suggestion based on Freud's new beliefs imposed on his patients? Although usually glossing over the problem, Freud occasionally acknowledged the serious doubts that had arisen about the psychoanalytic method. In 1908, Freud published a paper on the sexual theories of children based largely on Little Hans's parents' diary of Little Hans's sexual development prior to his phobia. Freud noted three possible sources of information about childhood sexuality – direct observation of children, adults' conscious memories of their childhoods, and information gained from psychoanalysis where the information comes "from the inferences and constructions, and from the unconscious memories translated into conscious material, which result from the psycho-analysis of neurotics" (1908, p. 209) – and he put aside the latter, psychoanalytic source as too controversial: "The material that comes from the third source is open to all the criticisms which it is the custom to marshal against the trustworthiness of psycho-analysis and the reliability of the conclusions that are drawn from it. Thus I cannot attempt to justify it here" (1908, p. 209).

Clearly, the proposal of the Oedipal theory in itself did not resolve this problem of validation, and the evidence from adult psychoanalyses was insufficient to persuasively justify a new theory. Some new form of evidence was needed to support the validity of the psychoanalytic method. In the following year, using the Hans case's "more direct" child evidence to verify the results of his adult psychoanalyses, Freud attempted once and for all to answer the criticisms of his method that resulted from the falsification of the seduction theory.

Necessity of the Oedipal Theory as a solution to Freud's dilemma

After the failure of the seduction theory, Freud's seemingly impossible challenge in attempting to defend the STN was to develop a new theory of the psychoneuroses that accomplishes all of the following goals: (1) it preserves his core STN hypothesis that

was in danger of falsification due to the failure of the seduction theory of hysterical symptoms, by again postulating a specifically sexual etiology of hysterical symptoms; (2) it explains all the data that Freud had reported in support of his seduction theory and that his earlier seduction theory had seemed to explain, *including the false reports of seductions*; (3) it must explain the false reports of seductions that resulted from psychoanalyses in a way that does not fatally undermine the validity of his psychoanalytic method and preserves its scientific validity in some substantial form; (4) and the new theory itself must not be falsified and must pass scientific muster.

In the same letter of September 21, 1897 (Freud, 1897/1985), in which Freud famously explained to his friend Wilhelm Fliess the reasons why he had come to doubt his seduction theory (he had expressed doubts previously, but only vaguely and without any explanation), he showed that he was already on the path that would lead to a solution to this challenging puzzle in the form of the Oedipal theory. He admitted to Fliess that there was a problem with his psychoanalytic method when exploring early unconscious mental contents, namely, “there are no indications of reality in the unconscious, so that one cannot distinguish between truth and fiction that has been cathected with affect. (Accordingly, there would remain the solution that the sexual fantasy invariably seizes upon the theme of the parents.)” (1985, pp. 264–265). That is, patients might shift the object of their emerging unconscious memory from a variety of other people to seduction by the father, yielding a spurious result of frequent fantasies of seduction by the father, without Freud being able to tell whether the resulting fantasy was a memory or a shift of object and in effect a partial fantasy.

It would not escape Freud that if the fantasy representing an emerging unconscious memory could retain its depicted experience but shift the object of the experience (as, Freud would later observe, often happens in dreams), then the experience when coming into consciousness could also shift in other ways as well. Given this interpretive ambiguity, it is possible for the same evidence to mean quite different things and thus to falsify or support various rival theories. This analysis points to the radical possibility that the memory’s object – the parent – could be the real object after all, but that it was the depicted event that was not real but a fantasy. But then where did the content come from? This suggested the possibility that the patient was remembering not an actual incident but the content of a sexual fantasy from childhood, perhaps a masturbatory fantasy. This is undoubtedly a leap, but a leap that satisfies all four of the necessary explanatory requirements for saving the STN and validating the psychoanalytic method which according to this understanding did accurately uncover an unconscious memory, but in a distorted form that Freud was not yet in a position to decipher.

Freud’s theoretical shift from seduction theory to Oedipal theory required altering some of the original theory’s auxiliary hypotheses, especially the Victorian notion that children are not normally sexual and that it must be seduction of the child that either prematurely awoke sexuality or else laid down memories that became actively pathogenic only later in adolescence as the meaning of sexuality became clear. Instead, in order to account for the spontaneous generation of sexual fantasy in the child when no seduction had occurred, Freud was forced to take the radical step of understanding the young child as innately sexual, thus abandoning well-entrenched Victorian doctrine. Whatever their intrinsic merits, such auxiliary changes were necessitated by the larger goal of preserving the STN given falsification of the seduction theory. Other important aspects of Freud’s theory, particularly his momentous defense of etiological infantilism over hereditary degeneracy theory, could remain the same from one version of the STN to the other.

Freud’s self-analysis as a red herring

The objection may be raised that the above analysis portrays the shift to the Oedipal theory as too calculated. After all, didn’t Freud independently and surprisingly *discover* the Oedipal theory via his self-analysis?

Freud’s letters to Fliess contain the primary record of his supposed self-analysis, and a careful examination of Freud’s reports offers no plausible grounds for holding that the supposed self-analysis had any scientific or, for that matter, psychoanalytic interpretive validity. Pursuing this topic would take me too far afield and I refer the interested reader to an analysis offered elsewhere (Wakefield, 2023a). However, whatever one thinks of the associative conjuring on the basis of the slimmest of evidence that constitutes Freud’s self-analysis, one thing is clear. Even if one believes that it presented Freud with some reason to believe that he had experienced something like an Oedipus complex toward his own parents, it offers no evidence whatever for the Oedipal theory that such a complex is a universal psychosexual developmental stage that, when insufficiently resolved, is also the etiological source of all of the psychoneuroses.

Little Hans and the quest for confirmation of a novel prediction

At the point at which Freud proposed the Oedipal theory, it was thus strictly an ad hoc hypothesis that, if evidentially supported, would save his STN. But, to evidentially support it, Freud needed to show that it could be confirmed by a novel predictive test that did not depend on his (questionable at that point) usual psychoanalytic method. This test was the Little Hans case history in which the observations of a child could offer “more direct” evidence of the universality of the Oedipus complex than that which occurs in the convoluted interpretative process of an adult analysis:

“But the peculiar value of this observation [i.e., of Little Hans] lies in the considerations which follow. When a physician treats an adult neurotic by psycho-analysis, the process he goes through of uncovering the psychical formations, layer by layer, eventually enables him to frame certain hypotheses as to the patient’s infantile sexuality. . . . But even a psycho-analyst may confess to the wish for a more direct and less roundabout proof of these fundamental theorems. Surely there must be a possibility of observing in children at first hand and in all the freshness of life the sexual impulses and wishes which we dig out so laboriously in adults from among their own débris – especially as it is also our belief that they are the common property of all men, a part of the human constitution, and merely exaggerated or distorted in the case of neurotics.” (1909, pp. 5–6).

Freud understood that to move forward with the Oedipal theory in a way that would have some epistemological credibility, he must anchor his new Oedipal interpretations in some additional confirming evidence that does not rely on the same kind of psychoanalytic evidence he used in proposing the seduction theory. The novel evidence that evaded the many layers of meaning and interpretive complexity of adults consisted of Freud’s analysis of Little Hans, using the relatively more direct evidence available in observing a child at the very time of pathogenesis. Because he came to the same Oedipal conclusion regarding the etiology of neurosis in the Hans case as he did in his adult cases, Freud considered the Hans case to provide the epistemological warrant for trusting his method with adults. The Hans case was thus implicitly an epistemological foundation for Freud’s entire psychoanalytic enterprise.

This is why, throughout his life, whenever Freud reported the interpretive evidence he had gathered in support of his Oedipal theory from his adult psychoanalytic practice, he added that these Oedipal hypotheses also had been confirmed by the analysis of a child, namely, Little Hans (e.g., Freud, 1908, p. 214; 1905, p. 193, n. 2 [added in 1910]; 1910, p. 142; 1914, p. 18; 1917, p. 310; 1918, pp. 8–9; 1923, pp. 243–244; 1925, p. 39; 1926b, pp. 214–216). These repeated references are an implicit acknowledgment that Freud perfectly well understood his precarious scientific predicament after the seduction theory episode and that the Hans case was his way of resolving the issue of why one should trust a method that had yielded incorrect results. This is why, from an epistemological perspective and the perspective of reconstructing Freud's argument for this clinical theory, the Hans case is Freud's pivotal publication — in fact, from a logical perspective, the most important clinical theory paper Freud ever published.

Failure of the Hans Case to confirm the Oedipal Theory

A crucial question is whether Freud in fact succeeded in the Hans case in providing the “more direct” evidence he needed for the Oedipus complex and the Oedipal theory of the etiology of the psychoneuroses. A full analysis and evaluation of Freud's arguments in the Hans case is beyond the scope of this paper (see Wakefield, 2023a). However, careful philosophy-of-science analysis yields four central arguments explicitly or implicitly provided by Freud in the Hans case history to defend his Oedipal thesis.

Two of the arguments are designed to preemptively disconfirm the most plausible alternative theory, namely, that Hans's horse phobia was caused by the trauma and fright of his witnessing a horse accident just prior to the onset of the phobia — which is close to the theory advanced fifty years later in a famous critique of the Hans case history by the behaviorists Wolpe and Rachman (1960). Freud argues, first, that Hans's anxiety disorder started prior to his witnessing the horse accident so that the timing disproves the “fright” theory, and second, that Hans's phobia was preceded by neurotic undirected anxiety which his Oedipal theory predicts as a stage before the anxiety fixes on an object but which makes no sense on the horse-accident theory. A close examination of the case history reveals that both of these claims are incorrect, or at least that the evidence of the case record offers no evidential support for them (Wakefield, 2023a).

The other two of Freud's central arguments in the Hans case are attempts to directly support the Oedipal theory. Freud's main argument utilizes his standard “suitability as a determinant” strategy going back to the seduction theory days, in which he argues that his Oedipal interpretations of Hans's horse phobia are verified by puzzling details of the patient's symptoms, which otherwise make no sense but can uniquely be explained by the Oedipal hypothesis. Once again, careful evaluation that cannot be repeated here leads one to conclude that the supposedly anomalous details of Hans's phobia to which Freud refers in fact have commonsense explanations in terms of other features of Hans's experiences and are not at all uniquely explained by the Oedipal hypothesis, undermining the force of Freud's explanatory claims (Wakefield, 2023a).

The other positive argument for the Oedipal interpretation of Hans's phobia is implicit in Freud's commentary on the case and is the closest he comes to an $N = 1$ case-study type testable empirical prediction. If his theory that symptoms are a substitute for repressed sexual desire is correct, then we should see the following pattern in Hans. First, there should be a noticeable and problematic heightening of his sexual desire for his mother. Second, there should come a moment when circumstances compel Hans to

repress his sexual desire, and this should also be the time when his symptoms appear. Finally, and most crucially, following the act of repression, there should be a decrease in Hans's sexual desire for his mother accompanied by a simultaneous and reciprocal increase in Hans's symptoms. Freud claims that all these predictions are confirmed by the case data. However, careful examination demonstrates that no such pattern actually emerges in a way that could be considered supportive of Freud's hypotheses.

To illustrate how Freud's argument goes awry, consider the most crucial of his “repression” predictions. Freud claims that, as a result of the postulated sexual repression that caused the phobia, Hans's manifestations of sexual desire and attempts at sexual gratification dramatically decreased or ceased after the onset of the phobic symptoms, because the symptoms are after all a substitute for such desires. Thus, according to Freud, Hans suffered a “general reversal of pleasure into unpleasure which had come over the whole of his sexual researches” (p. 34). For Freud, the two most explicit indicators of Hans's sexuality are Hans's verbal and behavioral expressions of wanting to be with and to cuddle with his mother and Hans's self-touching of his penis, or “masturbation,” and I focus on these two indicators.

For both the primary sexual indicators of masturbation and attempts at physical intimacy with his mother, the case evidence contradicts Freud's crucial claim that Hans's sexual desire or behavior diminished after symptom onset. First, regarding the claim of cessation of Hans's desire for physical intimacy with his mother, note that Freud continued firmly to maintain this claim as a crucial piece of evidence in his later writing: “In point of fact we know that after ‘Hans's’ phobia had been formed, his tender attachment to his mother seemed to disappear, having been completely disposed of by repression, while the formation of the symptom (the substitutive formation) took place in relation to his aggressive impulses” (Freud, 1926a, p. 124). Yet, there is no evidence in the case report of any diminution of Hans's strivings to be cuddled by his mother, and overwhelming evidence of his continued uninhibited pursuit of such physical intimacy. For example, two-and-a-half months after the phobia began, Hans's father reports Hans's giraffe fantasy, and interprets it as a reproduction of a struggle that has been occurring with regularity every morning in which Hans attempts to get into bed with his mother while the father tries to stop Hans: “The whole thing is a reproduction of a scene which has been gone through almost every morning for the last few days. Hans always comes in to us in the early morning, and my wife cannot resist taking him into bed with her for a few minutes” (1909, p. 39). Again, three months after the phobia began, the father notes that Hans insists that he will continue to seek out his mother's cuddling despite his father's interpretations aimed at dissuading him: “On April 5th Hans came in to our bedroom again, and was sent back to his own bed. I said to him: ‘As long as you come into our room in the mornings, your fear of horses won't get better.’ He was defiant, however, and replied: ‘I shall come in all the same, even if I am afraid.’ So he will not let himself be forbidden to visit his mother” (p. 47). As late as April 11th, just a few weeks before the end of treatment, the father reports that Hans still seeks out his mother in bed daily, just as he always did: “April 11th. This morning Hans came into our room again and was sent away, as he always has been for the last few days” (p. 65). Even the philosopher Jerome Neu, a staunch defender of Freud's account of the Hans case, observes of Hans that, contrary to Freud's claim, “The evidence for his attachment to his mother seems clear and overwhelming, but the evidence for the ‘repression’ of those feelings is not. . . Hans' desire for his mother is, after all, open and remains open throughout the period under consideration” (1995, p. 139).

Second, Freud thinks that masturbation accompanied by fantasy is Hans's main outlet for his Oedipal sexual desires. Freud

maintains that Hans's parents' fresh prohibitions and threats about masturbation was the immediate event that triggered Hans's repression of his sexual desires, which in turn caused the phobia. Freud is quite explicit in claiming that the case data reveals a cessation of masturbatory activity due to repression at the time of phobia onset: "We have seen how our little patient was overtaken by a great wave of repression and that it caught precisely those of his sexual components that were dominant. He gave up masturbation" (p. 138).

However, Hans's continued masturbation immediately subsequent to the outbreak of his phobic symptoms is documented in the case report. For example, on January 8th, after Hans reports that he has been having phobic symptoms, "[H]is mother asked: 'Do you put your hand to your widdler?' and he answered: 'Yes. Every evening, when I'm in bed'" Then, despite his parents' fresh warning not to touch his widdler, Hans not only continues to touch himself but manifests a defiant disregard of his parents' warnings: "The next day, January 9th, he was warned, before his afternoon sleep, not to put his hand to his widdler. When he woke up he was asked about it, and said he had put it there for a short while all the same" (1909, pp. 23–24). However, this activity is within days of the first reported symptoms. The more persuasive disconfirmation of Freud's claim is that Hans's masturbatory activity persisted deep into the case report, which is revealed in an exchange between Hans and his father about *two months* after the start of the phobia in which Hans admits, "I still put my hand to my widdler every night" (p. 30).

In sum, to a degree that is frankly puzzling, it turns out that however brilliant Freud was as a theoretician and methodologist in formulating his arguments, he is radically deficient as an observer and evaluator of the facts against which his arguments must be tested. He simply gets the facts of the case wrong a surprising amount of the time. His one attempt at a novel prediction — that Hans's phobia could be persuasively demonstrated to be Oedipally derived — having failed, the Oedipal theory becomes simply an arbitrary ad hoc attempt to save the STN with no evidential basis for considering the theory true. To continue to embrace the Oedipal theory in clinical work is to succumb to a theoretical form of countertransference resulting from an epistemological folie à deux with Freud reaching across a century of time. Oedipus is indeed myth.

The Knowledge-Power of Freud's theoretical sexualization of attachment

Beyond its falsity, there is the question of what the Oedipal theory did to Hans's family and what it has done to us. That is, how does having the Oedipal theory in the background of our culture change family life in ways that fit changes in social values and roles that thus appear to justify its acceptance. This is the question of Oedipal theory's knowledge-power in the Foucauldian sense.

In searching for a hint as to the Oedipal theory's distinctive knowledge-power, there is one exercise of power that rests on the acceptance of Oedipal theory that is salient in the Little Hans case. Hans's father, Max, consistently prevents or disrupts affectionate cuddling between Hans and his mother. The theoretical rationale for this harmful disruption of normal attachment behavior is what I (Wakefield, 2023b) call Freud's *theoretical sexualization of attachment* in his Oedipal theory. By this I mean Freud's well-known libidinal theoretical construal of the child's instinct for seeking mother-child proximity, for maintaining access to the mother, for engaging in physical affection with the mother, and for the mother's soothing of the child when he is anxious. I refer here strictly to the *mistaken imposition of a sexualized theoretical interpretation* on primarily non-sexual attachment-related behavior such as Hans's seeking to cuddle with his mother when he was

anxious; I do *not* refer to any actual clinical intrusion of sexual desire or arousal into attachment behaviors, although that sometimes occurs.

The same set of behaviors that Freud sexualizes are argued by Bowlby to be nonsexual behaviors linked to the "attachment" instinctual system. According to Bowlby's account, cuddling in bed is a natural part of Hans's relationship to his mother, especially considering that during the time of the case Hans had recently been moved into his own bedroom and thus was likely anxious at night even before his horse phobia occurred. In wanting to allow Hans into her bed to be cuddled when he was anxious, Hans's mother was responding not seductively but with normal caring and appropriate attachment soothing in her maternal role as Hans's "safe haven" and "secure base," according to Bowlby's account.

The initial persuasiveness of Freud's sexual interpretation of attachment behavior is facilitated by the marked similarity of sexual and attachment strivings, a point Freud frequently exploited in arguing for a sexual interpretation. Many features of son-mother attachment relationships are also characteristic of sexual bonding, such as longing for the object, seeking proximity to the object, fear of losing access to the object, pleasure in skin contact and in cuddling with the object, and generally touching, seeing, and holding the object. These are all goals common to both instinctual systems. This is why Bowlby can contrast his theory with Freud's by listing attachment-related behaviors and Freud's sexual interpretations of the very same behavior side by side:

"Hans's insistent desire to remain with his mother is seen, not in terms of anxious attachment, but as the expression of his love for his mother, held to have been genitally sexual in character, having reached an extreme 'pitch of intensity'. The dream that his mother had gone away and left him is held to have been, not an expression of Hans's fear that his mother would carry out a threat to desert the family, but an expression of his fear of the punishment due to him for his incestuous wishes. . . . Mother's displays of affection to Hans and her allowing him to come into bed with her are seen, not simply as a natural and comforting expression of motherly feeling, but as actions that might have encouraged, in a rather unfortunate way, Hans's oedipal wishes." (1973, p. 287).

Oedipal knowledge-power: from the suspect child's bed to the protected parental bed

Freud's development of the Oedipal theory takes place against the backdrop of historic changes in the nature of the marital bond and perceptions of what makes a good marriage. Traditionally, as Foucault (2003) has noted, marriage had many functions: uniting family lines, reproduction, economic advancement, acquisition of property, formation of political or other alliances, and establishing lines of inheritance, for example. Romantic and sexual fulfillment were of course considered desirable, and to some degree served the purpose of procreation, but were not generally considered inherent to or preeminent among the essential goals of marriage. However, by the early years of the twentieth century, these secondary themes were being elevated into the essential meaning of a good marriage, transforming marriage from primarily an economic and power-oriented family-alliance institution into a love-and-sex-based institution. These structural changes in parental relationships were taking place especially in middle-class urban "bourgeois" families.

Foucault argues that the medical profession's crusade against masturbation during the seventeenth to nineteenth centuries

served as the glue to intimately and intensely entangle concerned parents and their children so as to solidify the newly emerging nuclear family that replaced the extended family: “the body of the child, under surveillance, surrounded in his cradle, his bed, or his room by an entire watch-crew of parents, nurses, servants, educators, and doctors, all attentive to the least manifestations of his sex, has constituted, particularly since the eighteenth century, another ‘local center’ of power-knowledge” (1978, p. 98). This classical masturbation-crusade configuration centered on the child’s bed where it was feared that masturbation might occur, which Foucault terms “the suspect bed.”

Once he has put forward his account of the masturbation crusade, Foucault’s (2003) account of the Oedipal theory (which he labels the “incest theory”) becomes quite straightforward, treated as a mere corollary. Foucault claims that in terms of knowledge-power, the incest theory is a direct extension — functionally, a continuing part or episode — of the earlier and somewhat overlapping masturbation crusade (Wakefield, *in press*). In essence, he argues that the Oedipal theory is just the masturbation crusade in a new guise, with the primary function of the incest theory being the same as the primary function of the masturbation crusade, namely, the function of constituting the nuclear family by encouraging the isolation, emotional intensification, and medicalization of the family through medically influenced intensive parental and medical surveillance of the child’s sexuality and consequent greater intimate entanglement of parent and child, opening the family to medical normalization and greater State influence in areas other than sexuality that were not the family’s focus. Foucault argues that the Oedipal theory represents nothing fundamentally new in the “deployment of sexuality” as a knowledge-power tactic aimed at solidifying the transition from the extended family to the nuclear family: “I think, then, that the functioning of the theme of incest should be situated in the century-old practice of the crusade against masturbation. In the end, it is an episode, or in any case a turning point, in this crusade” (2003, p. 268).

However, the demise of the suspect bed as a center of family cohesion was occurring at about the time that Freud was formulating his Oedipal theory. Indeed, Freud’s theory has long been considered revolutionary for helping to challenge and put an end to the child’s suspect bed by normalizing child sexuality. In fact, however, the relationship is the reverse. Rather than the success of the theory causing the liberation of the child from excessive parental scrutiny, it was the social necessity of separating the child from the marital pair to allow their mutual intimacy and work that favored the theory’s acceptance despite its limitations. As the Hans case, with Hans’s father Max persistently trying to keep Hans from cuddling with his mother in the parental bed, well illustrates, the Oedipal theory implies the pathogenic danger of mother-son intimacy due to its arousing impact on the child and thus dictates separate sleeping arrangements and constrained physical affection from the child’s earliest years. These practices are virtually unknown anywhere else in the world (Wakefield, 2023b).

Given this impact of the Oedipal theory, one level of Foucault’s analysis of the theory’s knowledge-power must be rejected. Foucault is certainly correct that the Oedipal theory is a further episode in the deployment of sexuality as an overall phenomenon, of which the masturbation crusade was its primary constituent, in which sexual theorizing is used for purposes of social power. However, Foucault’s further claim that the knowledge-power implications that made the Oedipal theory appealing and acceptable were also simply an extension of the knowledge-power of the masturbation crusade must be rejected. In fact, the masturbation crusade’s centripetal force solidifying the nuclear family was subject to a major correction by the centrifugal force of the Oedipal theory with its emphasis on the dangers of physical affection. Consistent with of new social values and familial

demands, intense parent-child sexual involvement was transformed from a medical necessity to a medical danger. It rejects Foucault’s nuclear family to create today’s molecular family in which the parental domain and the child domain are united via certain linkages but also systematically kept quite separate, even when it comes to the most intimate of family functions such as sleeping together while the child is young (Wakefield, 2023b).

Changes in the parent-parent family axis, although not a target of the masturbation crusade, are critical to understanding the power implications of the Oedipal theory. The care of children and the intrusion of children into the functioning of the marital dyad was a challenge to the new marital ideal. The Oedipus complex exerted forms of knowledge-power that helped to resolve this tension by separating the child from the parental dyad in ways that allowed the parents to better pursue the new ideal of a good marriage.

As the center of the family knowledge-power configuration, the child’s “suspect bed” that entangles the family in order to solidify the nuclear family is exchanged for an early separation of children from their parents, who are now mutually more deeply entangled. This allows for the parents’ intense emotional and sexual entanglement and the State’s educational near-monopoly on the children. What results seems not so much a nuclear family as a “molecular family” with linked but separable generational centers, with the child domain in orbit around but distanced from the parental nucleus. In this new family, the child’s “suspect bed” has been replaced by the parents’ “protected bed” that disentangles the parents from the children to allow the parents to pursue the new marital ideals of sexual and emotional intimacy, which becomes the criterion for a good marriage.

Conclusion

From an ethical perspective, it is well past time not only to abandon and repudiate Freud’s misbegotten theory of the Oedipus complex, but to make reparations or at least offer apologies to the generations of psychoanalytic patients on whom this pseudoscientific interpretation was inflicted. Without adequate evidential grounds, such interpretations altered patients’ views of their family relationships and provided spurious etiological understandings of their suffering.

It is also time to try to understand how psychoanalytic power went so wrong, not only in order to lower the probability that this sort of abuse occurs again but also more positively to purge ourselves of obstacles and open the path to a more securely anchored and valid psychoanalytic enterprise of self-understanding in pursuit of fulfilling love and work. The appeal of nomothetic pronouncements by psychoanalytic gurus of what afflicts everybody must be received with skepticism, with the default position until proven otherwise that the truth of each individual’s unconscious and conscious meaning system is a unique construction that must be understood and appreciated with full idiographic freedom from the imposition of unproven doctrine.

Disclosure of interest

The author declares that he has no competing interest.

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