of elimination becomes physically possible and is inculcated through toilet training. This is a child’s first major experience with discipline and outside authority and requires the subordination of natural instincts to social demands. Experiences at this stage play a role in determining a person’s degree of initiative and attitude toward authority. A child who is harshly disciplined in the course of toilet training may later rebel against authority or become overly fastidious, controlled, or stingy. Conversely, a child who is rewarded and praised for attempts to control elimination is more likely to develop a willingness to “let go” that is associated with generosity and creativity.

Between the ages of two and three years, the focus of a child’s attention and pleasure shifts from the anal to the genital area, initiating what Freud termed the phallic stage. During this period, important changes take place in the child’s attitude toward his or her parents. Sexual longings are experienced toward the parent of the opposite sex, accompanied by feelings of rivalry and hostility for the same-sex parent. Freud called this situation the Oedipus complex for its similarity to the plot of the Greek tragedy Oedipus Rex, in which the central character unknowingly kills his father and marries his mother. While the broad outlines of the Oedipal stage are similar for both sexes, it takes a somewhat different course in male and female children. A boy fears that his father will punish him for his feelings toward his mother by removing the locus of these feelings, the penis. This fear, which Freud called castration anxiety, causes the boy to abandon his incestuous attachment to his mother and begin to identify with his father, imitating him and adopting his values, a process that results in the formation of the boy’s superego. To describe the experience undergone by girls in the Oedipal stage, Freud used the term “Electra complex,” which was derived from the name of a figure in Greek mythology who was strongly attached to her father, Agamemnon, and participated in avenging his death at the hands of her mother, Clytemnestra. Paralleling the castration anxiety felt by boys, girls, according to Freud, experience penis envy. The girl blames her mother for depriving her of a penis and desires her father because he possesses one. Ultimately, the girl, like the boy, represses her incestuous desires and comes to identify with the same-sex parent, the mother, through the development of a superego.

As the phallic stage ends, its conflicts are resolved or repressed, and it is followed by the latency period, during which sexual impulses are dormant. The latency period separates pregenital sexuality from the genital stage, which begins with adolescence and lasts through adulthood. In the genital stage, narcissism is replaced by...
focusing sexual energy on a partner of the opposite sex, ultimately resulting in sexual union and extending to feelings such as friendship, altruism, and love.

Further Reading

Psychosis
A symptom of mental illness characterized by a radical change in personality and a distorted or diminished sense of objective reality.

Characteristics
Psychosis may appear as a symptom of a number of mental disorders, including mood and personality disorders, schizophrenia, delusional disorder, and substance abuse. It is also the defining feature of the psychotic disorders (i.e., brief psychotic disorder, shared psychotic disorder, psychotic disorder due to a general medical condition, and substance-induced psychotic disorder).

Patients suffering from psychosis are unable to distinguish the real from the unreal. They experience hallucinations and/or delusions that they believe are real, and they typically behave in an inappropriate and confused manner.

Causes and symptoms
Psychosis may be caused by a number of biological and social factors, depending on the disorder underlying the symptom. Trauma and stress can induce a short-term psychosis known as brief psychotic disorder. This psychotic episode, which lasts a month or less, can be brought on by the stress of major life-changing events (e.g., death of a close friend or family member, natural disaster, traumatic event), and can occur in patients with no prior history of mental illness.

Psychosis can also occur as a result of an organic medical condition (known as psychotic disorder due to a general medical condition). Neurological conditions (e.g., epilepsy, migraines, Parkinson’s disease, cerebrovascular disease, dementia), metabolic imbalances (hypoglycemia), endocrine disorders (hyper- and hypothyroidism), renal disease, electrolyte imbalance, and autoimmune disorders may all trigger psychotic episodes.

Hallucinogens, PCP, amphetamines, cocaine, marijuana, and alcohol may cause a psychotic reaction during use, abuse, or withdrawal. Certain prescription medications such as anesthetics, anticonvulsants, chemotherapeutic agents, and antiparkinsonian medications may also induce psychotic symptoms as a side-effect. In addition, toxic substances like carbon dioxide and carbon monoxide, which may be deliberately or accidentally ingested, have been reported to cause substance-induced psychotic disorder.

Schizophrenia and its related disorders (schizophreniform disorder and schizoaffective disorder), mental illnesses with strong psychotic features, are thought to be caused by abnormalities in the structure and chemistry of the brain and influenced by both social and genetic factors. Delusional disorder, another mental illness defined by psychotic episodes, is also thought to have a possible hereditary and neurological base. Abnormalities in the limbic system, the portion of the brain on the inner edge of the cerebral cortex that is believed to regulate emotions, are suspected to cause the delusions that are a feature of psychosis.

Psychosis is characterized by the following symptoms:
• Delusions. An unshakable and irrational belief in something untrue. Delusions defy normal reasoning, and remain firm even when overwhelming proof is presented to disprove them.
• Hallucinations. Psychosis causes false or distorted sensory experience that appear to be real. Psychotic patients often see, hear, smell, taste, or feel things that aren’t there.
• Disorganized speech. Psychotic patients often speak incoherently, using noises instead of words and “talking” in unintelligible speech patterns.
• Disorganized or catatonic behavior. Behavior that is completely inappropriate to the situation or environment. Catatonic patients have either a complete lack of or inappropriate excess of motor activity. They can be completely rigid and unable to move (vegetative), or in constant motion. Disorganized behavior is unpredictable and inappropriate for a situation (e.g., screaming obscenities in the middle of class).

Diagnosis
Patients with psychotic symptoms should undergo a thorough physical examination and detailed patient history to rule out organic causes of the psychosis (such as brain tumor). If a psychiatric cause is suspected, a psychologist or psychiatrist will usually conduct an interview with the patient and administer clinical assessments. These assessments may include the Adolescent Behavior Checklist (ABC), Anxiety Disorders Interview Schedule for DSM-IV (ADIS-IV), Psychotic Behavior...