



Exploring Core Concepts: Sexuality, Dreams and the Unconscious¹

Sexuality

1 What are your implicit or explicit thoughts about sexuality and how do these thoughts enter the psychoanalytic situation? In other terms how primary is sexuality in your thoughts about the clinical situation?

Response by **Björn Salomonsson**

To answer the question we must separate two sexualities; the adult and the infantile. This division was mandatory to Freud's theorizing. As for adult sexuality, I do not think it is primary or omnipresent in the psychoanalytic situation. Simply put, I do not think my patients are constantly fantasizing about having sexual intercourse with me. Such misconceptions belong to the world of cartoons, not to daily psychoanalytic practice.

On the other hand, I regard infantile sexuality as an undercurrent in every analytic situation. It constantly fuels the analytic process – and it may obstruct it as well. Helping the patient to find ways of negotiating her infantile sexuality within the constraints of reality is one essential goal of psychoanalysis. Three major experiences have led me to increasingly recognize the impact of infantile sexuality in analysands of whatever age: re-readings of Freud's *Three Essays of Sexuality*, working with mothers and babies in psychoanalytic treatments, and studying Jean Laplanche's theories.

I used to feel bewildered by the cumbersome language of the *Three Essays* and Freud's efforts at anchoring drive theory within a pseudo-medical theory. Today, I manage to see through these obstacles to discern the book's main message. Already the thumb-sucking infant is in conflict. The child's survival is inextricably linked with becoming a sexual being. This would be no problem were it not for the fact that the nursing mother cannot but partly satisfy her child's sexual drives. Thus, sexuality throws the baby into conflicts with himself and with the mother. Freud depicts survival, pleasure and conflict as the three corners of the triangle of human life. This triangle becomes personified by the protagonists of the Oedipus complex.

Freud supported his conception of infantile sexuality by the trivial phenomenon of thumb-sucking. His logic was simple: every child sucks his thumb or a surrogate, yet it cannot be in order to get food. Then why does she do it? Freud's reply was: because of her infantile sexuality. He went on to list developmental trajectory and links to subsequent psychopathology. In the meantime, he eagerly awaited confirmations from child analysts. These he got indeed, from the Little Hans case and onwards. By extension, today it seems logical to look into the lives of infants to learn more about infantile sexuality. I am working, alongside my psychoanalytic practice, with mothers and babies

¹The following are republished questions and responses from the Major Panellists for the 47th Congress of the International Psychoanalytical Association, Mexico City, 36 August 2011. Registration is available at the IPA's website at: <http://www.ipa.org.uk/>

in psychoanalytic treatments. These experiences constitute my second reason for increasingly emphasizing infantile sexuality in my clinical thinking.

Mother–infant psychotherapy was initiated several decades ago. However, such clinical experiences have not been integrated deeply enough within classical psychoanalytic theory. One reason is that attachment theory has ousted psychoanalytic theory as an explanatory model in these treatments. A second reason is our awe and fear of the infantile world. This countertransference difficulty makes us observe the mother more thoroughly than her baby. Thence, we tend to regard infantile sexuality only as something we can conceptualize in retrospect from older patients. We miss an opportunity to observe it in every mother–infant interaction, be it normal or pathological. To give an example:

Kevin, 4 months old, is a serious boy who but occasionally looks into his mother Tracy's eyes. When he looks briefly at her, Tracy does not pick up on this but continues talking about her hypochondriac anxieties. She thinks I am exaggerating when I point out that he in fact is searching her eyes. In contrast, he looks attentively into my eyes and even smiles occasionally. The contrast is painful for me to see, and certainly to the mother, as well.

Now to an example from adult analytic work: Laura, a 40 year-old woman in analysis, usually feels miserable at her Monday sessions. She detests when I interpret this as a reaction to my abandoning her during the weekend. I link my interpretations to her dreams about a wonderful moon (Monday is 'Moon-day' in our language), about a fireman promising her to extinguish a threatening fire, etc. These interpretations also aim to tell her that I am present and aware of her desire. Figuratively speaking, I look into her eyes. As yet however, she finds it too insulting to look back into my eyes and accept that she needs me.

In my view, Kevin and Laura struggle with similar issues; how to acknowledge that they want to be confirmed, looked at, held, caressed, loved. These wishes are conflictual. Laura struggles against the narcissistic insult of recognizing her dependence on me. Little Kevin tends to look away when his mother Tracy occasionally looks at him. It is too early to tell if he avoids her because he feels ashamed of his longing for her, if he is angry with her, or if she has turned into a frightening bad object. Whatever the case, his gaze pattern and low-keyed mood indicate that infantile sexuality has become drawn into conflict. In his experience, he desires what he cannot get, and he gets what he does not desire.

However, claiming that infantile sexuality is clinically observable forces us to ask how it is engendered at the dawn of life. Freud's reply was 'Anlehnung'. By this concept, he explained how the sexual drive becomes welded with the instinct for survival. However, what does it mean that one drive leans onto an instinct? Here, I have found Jean Laplanche's vision of the 'fundamental anthropological situation' indispensable. He denies that infantile sexuality is innate. Rather, it is transferred to the infant by the mother via her 'enigmatic messages'. This communication floods the baby with impacts he cannot grasp, precisely because of his sexual immaturity. Laplanche thus solders Freud's drive theory with an interaction theory that makes room for unconscious as well as observable wavelengths. The resulting alloy constitutes infantile sexuality as I conceptualize it and observe it clinically. I think it is equally active in

psychoanalytic work with infants, children and adults. In all cases, it fuels the transference: in the baby, his/her transference-like reactions to the mother – in children and adults, their transference onto the analyst.

References

- Freud S (1905) Three essays on sexuality. SE 7
 Freud S (1909) Analysis of a phobia in a five-year-old boy. SE 10.
 Laplanche J (1989) *New foundations for psychoanalysis [Nouveaux fondements pour la psychanalyse, 1987]*. Oxford: Basil Blackwell.
 Laplanche J (2007) *Sexual. La sexualité élargie au sens Freudien ["Sexual". Sexuality enlarged in the Freudian sense]*. Paris: PUF.

2 Are there elements (excluding aggression or destructiveness) that are exclusively non-sexual or is sexuality the unifying idea in your concept of transference? To what extent do you consider transference as sexual or to what extent are there non-sexual factors (excluding aggression)? Is desire an equivalent of sexuality in your clinical conceptualizations?

Response by **Luis Kancyper (A.P.A.)**

The concept of sexuality constitutes a pillar of psychoanalytic theory and practice. It is a shibboleth, a fundamental and founding notion that distinguishes psychoanalysis from other disciplines. In the early 20th century, Freud's conceptions and his revolutionary view of sexuality as irreducible to a biological purpose or to predetermined behavioral patterns and dependent, instead, on symbolic power – on the relationship with another speaking, desiring human – opened up a still lively debate. Indeed, by situating sexuality in places unthinkable heretofore – in childhood and the unconscious – Freud asserted the determining effect on human beings of an unconscious libidinal order. Such influence reached not only the establishment and exercise of sexuality in the common sense of the term, but also the various aspects of what he defined as sexual – a set of activities, representations, and symptoms with no relation to sexuality.

Narcissism, the Oedipus complex, and the fraternal complex

Human sexuality develops within imaginary and symbolic intersubjective structures that precede its emergence in the individual. It is regulated by the pleasure/unpleasure pair of opposites, and is manifested through varied modes of desire. Desire differs from need and demand in that it renders satisfaction dependent on fantasized conditions that strictly determine object choice and the organization of activity. According to Freud, the organization and the insistence of unconscious desire are closely tied to the 'voice of the parents,' the 'demands of civilization,' and symbolic laws (incest and parricide prohibition) that narrow the specific field of humanness. Both the awakening of the sexual and the modes of organization of libidinal life and its movement are guided and structured by this symbolic device, which Freud discerns by problematizing the experience of the Oedipus complex and of castration.

Even though this complex is at the root of psychoanalytic theory and practice, I believe that it must be decompressed from narcissistic and