

## SUMMARY PRESENTATION ON SEXUALITY, IPC AUGUST 2011

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Because sexuality is a fundamental arena of human experience, I have come to expect that it will become part of each psychoanalysis at some point. There are several compelling reasons sexuality becomes problematic for many: First, the existence of infantile sexuality is unsettling to us and arouses strong affects and defenses. Laplanche argues that sexuality and attendant fears take shape in the mind through the traces of the child's encounters and identifications with adult sexuality. These inevitable encounters of the child with adult sexuality are confusing and traumatic. But the child is not a blank, asexual being; its inborn sensuality and sexual readiness develop in conjunction with cognitive and other functions; and in such interactions with the outside world. Second, the triangular oedipal period leaves an enduring legacy of sexual fantasies and forbidden desires. Third, the experience of sexuality itself is troubling and mysterious, entwined with an intimate interaction with an *other*, the object of desire. I do not use the term "desire" as equivalent to sexuality, but to refer to one aspect of sexuality, the inner experience of longing for an elusive something.

While sexuality is central, it does not necessarily appear prominently in all a patients' transferences or is the core of all their problems. In addition to aggression, of course, the following can be separated *conceptually* from sexuality: narcissistic issues, issues of separation; love, attachment, and structural aspects of the personality. These factors stem from different frames of reference, different models of the mind or derive from different mental systems that overlap and become entwined with sexuality in complex ways.

Basic narcissistic issues may characterize the clinical picture, although sexuality may be recruited to stabilize shaky self-structures or to maintain desperately needed attachment. Contemporary research has increasingly described sexuality and attachment in terms of a bi-directional matrix, one system influencing the others. In my clinical experience, sexuality becomes inexorably intertwined with developing object relationships from birth. The body and sensuality mediate and shape the earliest interactions between mother and child. As Freud stated, the first ego is a boy ego. Sexuality may consolidate, converge, or conflict with attachment or dependency relationships and foster or curtail interpersonal security and intimacy.

Sexuality is ever-ready to be recruited to such multiple uses because it is so much a part of us, from early childhood on, taking on different shapes, functions and meanings. And whether or not sexuality constitutes the ultimate core of our patients' disorders or conflicts, it is often at play in their minds, because of its psychic plasticity and the plasticity of the human imagination. It can be called upon to express or disguise many affective states or needs. I would argue that the sexuality in such instances is no less important than if it were more "basic".

While the exact nature of these interactions between mental systems are important questions yet to be sorted out and elaborated theoretically and in further research, the more pressing questions are clinical ones. At any given moment and with any given individual patient, what does a particular behavior, utterance or fantasy mean? How, when and where does the analyst intervene? What do we use as our data? How do we bridge the mind/body relationship with words, especially when we have our own minds and bodies to contend with? Can we rely on our counter-transferences to sort out the meanings of our patient's transferences?

Transference can be conceptualized in terms of relatively enduring patterns of object-relatedness, carried over from the past, but that change or shift in the present. At some level the object relationship with the analyst contains sexual elements, even if intertwined with other non-sexual lines that are more accessible, dominant, or pressing. In the clinical dyad one participant may manifest erotic feelings which are not matched in intensity or kind in the other. The differing perspectives, goals, roles and personalities of analyst and analysand mean that their inner feelings and states of mind can be, and often are, very different. Projective identifications or displacements do not inevitably reproduce themselves unchanged in the other, nor do transferences line up exactly with concordant or corresponding counter-transference in perfectly matched or balanced pairs. At the same time, erotic impulses in one of the pair probably stir up at least some minimal recognition and response in the other, at some level. This is so in the analyst due to his or her paradoxical role of an observer who at the same time purposely and actively tries to be empathic with the patient.

An interesting phenomenon that occurred as I was thinking and preparing for the congress illustrates this last point. Quite suddenly many of my analytic patients began producing openly sexual material that had not previously appeared, as if the lot of them were sensing that I was especially interested and willing to hear these particular thoughts. For example, a woman who has been in analysis for many years reports her masturbation fantasy of adolescence that she had never revealed previously. While this communication reflects the current transference situation and flows from the ongoing analytic process, it seems, nevertheless, to be stimulated by the analyst's current preoccupations.

While sexual states of mind in one participant in the dyad influence the other, it is possible for humans to come together, put aside or channel their individual passions, or sublimate their sexual impulses to work together in an analysis. The analyst can find a way to enlist his or her sexuality in muted or creative ways to serve analytic goals. Sensing and resonating with the patient's non-verbalized or un-metabolized sexual mental elements, the analyst can find words to contain and verbalize them. Efforts at containment and expression can come from different levels of symbolization or "neutralization than are available to the analysand at that moment. Thus while sexuality is present in a sense in all mental interactions, it may lie still, or not be activated at any given moment.