A GENUINELY DEVELOPMENTAL THEORY OF SEXUAL ENJOYMENT AND ITS IMPLICATIONS FOR PSYCHOANALYTIC TECHNIQUE

A small computer-assisted word frequency analysis, indicating the extent of explicit concern with sexuality in the psychoanalytic literature, has revealed an apparent decline of psychoanalytic interest in psychosexuality. The apparent decline may be related to the limitations of drive theory and object relations approaches in offering persuasive and comprehensive accounts of the psychosexual. A new model of human sexual experience is proposed, rooted in an integration of French psychoanalytic ideas with recent developmental observational research, that once again places sexuality at the center of psychoanalytic clinical inquiry. Because emotion regulation arises out of the mirroring of affect by a primary caregiver and sexual feelings are unique in that they are systematically ignored and left unmirrored by caregivers, sexual feelings remain fundamentally dysregulated in all of us. Adult sexual experience serves as a way of coming to organize the psychosexual. The model accounts for some aspects of the phenomenology of sexual arousal and suggests ways of understanding pathological distortions of sexual behavior. The nature of the psychosexual is explored in the analytic treatment of an adolescent boy.

It is a great honor to be asked to give a plenary for the American Psychoanalytic Association. I thought I would do it on something

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This article is based on a more extensive study written with Mary Target and inspired by the work of Ruth Stein and Jean Laplanche on this topic. As always, we also gratefully acknowledge the intellectual stimulation and guidance of Efrain Bleiberg, George Gergely, and Elizabeth Allison. A slightly abbreviated version of this paper was presented at the plenary session of the Winter Meeting of the American Psychoanalytic Association, January 2006. Glen Gabbard gave wise and invaluable advice and emotional support in the preparation for this challenging event. Submitted for publication June 29, 2006.

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other than attachment and mentalization, just to try to make a pretense of having more than one string to my guitar and force myself to write a new paper. So, after some serious agonizing, I thought I would do it on a sublimation of my interest in mentalization: psychosexuality.

**DAN IN THE DOLDRUMS**

It was a dreary wet morning in Hampstead, the kind that London is capable of producing regardless of the season. By sharp contrast, the consulting room was on fire. Dan and I were discussing sex. Or, to be perfectly accurate, the lack of it. He claimed that his schoolmates, the other seventeen-year-olds, were all sexually active—what was the matter with him? Why was he the only one still having sex on his own? Masturbating was no fun. It was not even a relief; it left him feeling full of stuff that he wanted to get rid of. He was suffocating with it. Why could he not do the same with a girl?

As I listened I thought back to my own early sexual experiences. I remembered my intense longing to be part of a couple, hopes of being transported to a higher spiritual plane by my first sexual experience cruelly dashed by the reality of a clumsy fiasco accelerated by fear and overwhelming excitement. Yet I also recalled, resonating with Dan’s wish, the massive triumphant relief that I had “done it!!” Enough of that, I thought, and heard myself saying rather lamely: “It sounds like you feel something in you stops you from finding a girl to have sex with and you hope I will find the solution to the problem.” “You are damned right I do!!” came the definitive reply. His tone jolted me and enabled me to abandon my otherwise fascinating scrutiny of my own sexual past and begin focusing on Dan’s dilemma.

He was an attractive boy, intelligent, witty, and sensitive to others. His parents had sent him to the Anna Freud Centre originally because of obsessional problems that had dominated his life, but his rituals were now part of an almost forgotten analytic past. So what were his current sexual problems? His sense of needing to clear an internal congestion reminded me of an incident he had recently recounted when he reported that the oppressive feeling had momentarily lifted.

He was at a party and was determined to kiss one of the girls. He had not “French kissed” a girl before. He planned his moves meticulously. His “target,” a female friend who had the reputation of being a “goer”
among the boys, was on her own. He maneuvered himself close to her, all the time feigning disinterest. Several times he tried but failed to casually meet her eyes. Ultimately their eyes met and he moved over and kissed her there and then. She, not surprisingly, pushed him away and told him in no uncertain terms where he could take his burgeoning sexual interests. But he felt tremendous excitement after this first kiss. He had felt troubled before but once he kissed her all his worries disappeared. He recalled the joy of sticking his tongue in the girl’s mouth and his tongue struggling with hers because she would not let him and also his surprise at the hollowness that his tongue found inside her, he could get lost there. Not withstanding the “après coup” of embarrassment, he still recalled the excitement that he had found someone “he could feel himself to be inside.” When I first heard the story, I treated it as a simple allusion to genital penetration, but sitting there with Dan I found myself vividly recalling the incident.

What had been the source of Dan’s excitement? It was something to do with being physically allowed inside someone else’s body. It was as if in his sexual explorations he was desperately seeking to externalize a part of himself. The more or less innocent sexual interaction allowed him for the first time to transcend his bodily boundaries and feel “inside” someone. But there was more than that. What brought the incident to life was the clarity with which he presented the girl’s experience of what had happened. He rejoiced at feeling her sense of being invaded, because it, he, his burdens were now in her—critically not simply in her body but also in her mind, and were no longer disrupting his sense of self. This generated immense relief bordering on manic excitement but also a deep fear of losing the physical boundaries of his mind.

I woke from my musings, and said to Dan: “I think we are all frightened to find someone whom we are so close to that we think we might disappear within them.” He then mentioned a vaguely remembered dream about a crack in the wall. He was looking at it and the crack was getting wider and wider and he knew that if he did not stop staring at it, it would swallow him up. It did not frighten him as he would have expected. It was more a good sort of feeling. The crack reminded him of his mother being silly complaining about cracks appearing in her room and the possibility that their house was settling. I said, “I wonder if the thoughts about the crack in a girl’s body opening up and swallowing you is a sinking feeling as well as a good sort of feeling.” He responded that he wished he knew
what kind of feeling it was. I said: "What stops you finding out is this idea that you might disappear, if you can see it as just a silly idea, perhaps there is no obstacle left?" The next session he told me he had found a girlfriend and, adolescent nature taking its hurried course, it was not long before Dan allowed himself to be swallowed up in many senses of that term.

So why am I telling you a perfectly ordinary analytic story other than wanting to boast about a relatively happy ending? It is because it was on that miserable Thursday morning that Dan asked me an obvious question to which I had no compelling answer: "Why is sex so little fun on your own?" Thinking about Dan's experience prompted me to take a look at where we were with regard to sex in our profession (I mean theoretically, not the practical side, which given our rapidly aging profession is probably unlikely to be a cause for celebration).

**HISTORICAL TRENDS IN WORD USE**

Some still consider the hallmark of psychoanalysis to be its concern with sexuality (Green 1995, 1997; Spruiell 1997). Yet it is an open secret that this cannot be the case. The major theories of psychoanalysis today place the crux of their clinical accounts elsewhere—principally in the domain of emotional relationships. A frightening survey of the use of sexual and relational language in the electronically searchable journals of psychoanalysis showed a dramatic decline in words in psychoanalytic articles directly concerning sexuality. Contrasting this decline with relational theoretical words indicates that the decline is not in jargon words per se but in concepts specific to sexual theoretical language (see Figure 1). Even contrasting general relational words (such as love, affection, intimacy) with general sexual words (referring to body parts, sexual orientation, and sexual acts) shows the divergence of slope between the two domains (see Figure 2).

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1This survey was undertaken using the Psychoanalytic Electronic Publishing database, the PEP Archive 1 version 5 (1920–2002) which is the fourth update of the PEP Archive 1 first published in 1996. PEP Archive 1 version 5 (1920–2002) spans a period of eighty-five years, containing the full text of eighteen premier journals in psychoanalysis including over 40,000 articles. We would like to acknowledge the assistance of Kristina Jalas, whose expertise with the PEP CD-ROM made the project possible and Elizabeth Allison, who collaborated with Jalas in creating the dictionary of search terms. A complete list of words used in the survey may be obtained from the author.
Figure 1. Results of an Electronic Survey of Historical Changes in Theoretical Word Usage in English Language Journals of Psychoanalysis

![Graphs showing changes in theoretical word usage over time.](image)

Note: Panel A displays the frequency per 100,000 characters of words for sexual body parts, sexual orientation, and normative and nonnormative sexual behaviors, as well as theoretical language concerning the sexual, including metapsychology (e.g., libido) or oral, anal, or genital sexuality. Panel B displays the frequency of use of relational theoretical words such as attachment, attachment object seeking, object relations, etc. The equation for the best-fitting linear regression line is displayed with the percentage of variance in observations accounted for by the slope ($R$-squared) and the significance of the slope ($\beta$).

**DRIVE AND OBJECT RELATIONS THEORIES OF PSYCHOSEXUALITY**

It is easy to imagine why this might have occurred. For Freud (1924), anatomy was destiny and the "pleasure principle" ensured that drive tension would seek relief through discharge in the presence of the object. The stages of libidinal development mapped out the ultimate layering of adult sexuality in a way that might now seem audaciously reductionistic. Yet in adult sexuality we see the geological strata of a developmental progression from zero to four years of age, where the pinnacle of infantile sexual development, the mastery of the oedipus complex, is also seen as the template of adult genital sexuality. Blocking or conversion of this developmental path can be seen as directly generating sexual dysfunction and deviation, as well as a variety of psychological problems, through the conversion or displacement of libidinal energy away from genital cathexis. Drive theory offers a compelling and rich account of variations in sexual
behavior and impulses (e.g., of patterns of perversion), but not of sexual desire itself, which is seen simply as a biological given. As an explanation of desire, it is tautological: it is an empty statement that we feel desire because we have a sexual drive. Treating the whole of psychosexuality as a disguised manifestation of an impersonal sexual drive skirts circularity and is intellectually unsatisfactory.

The alternative formulation is seen in the evocative writings of object-relations and relational theorists. Steven Mitchell (2002), for example, sees biology and interpersonal processes as constantly and bidirectionally interacting, with neither having primacy over the other. However, at the extreme, sex can come to seem to fulfill merely a social function of intimacy or even sociability. Instincts become a vehicle for a higher-order process driven by both infantile and current interpersonal experience. The oedipus complex comes to be seen as no longer a defining moment of sexuality but rather as just one of a range of metaphors and constellations of meaning that may be brought to bear on adult sexuality. Fundamentally, in
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the relational perspective, sexuality has been replaced in psychoanalysis by explanations that focus on the long-term consequences of the vulnerability and dependence of the infant. Within an object-relations framework, sexual material is often interpreted as defensive against a presumed underlying relationship-based pathology (e.g., excitation created to ward off annihilation anxiety, or sex to perform manic reparation and deny guilt over destructiveness). Sexual material often remains unexplored, in much the same way as the manifest content of a dream is discarded in favor of latent dream thoughts.

Reducing psychosexuality to an expression of early object relationships desexualizes it altogether. A fundamental tenet of classical Freudian theory, implicitly rejected by object-relations and modern relational approaches, is the embodiedness of mental life, the idea that the mind is rooted in physical experience. This has been made popular again by second-generation cognitive scientists such as Lakoff and Johnson (1999), who show that psychic life is built up out of representations of the physical experiences of the child, whose sensorimotor experiences constitute the basis for conceptualizing. Psychosexuality too must be rooted in sensorimotor embodied experience. An explanation that fundamentally sees the psychosexual as a symptom of object relations misses an essential aspect. Erotic experience is unarguably intensely physical, and the failure to incorporate this aspect, or the reduction of physical arousal to a social construction, appears to us to create a distorted and shadowy representation of human sexuality that cuts it off from its roots in bodily experience (Budd 2001).

Neither drive theory nor object relations theory, in their pure form offers a satisfactory formulation of psychosexuality. Many of the more appealing formulations, such as Kernberg’s conception of sexual excitement as aggression in the service of love (1991) or Stoller’s, which involves hostility and the partial dehumanization of the object (1985), combine the relational and structural theory approaches to arrive at a satisfactory formulation. But in this context drive and relational theories in

2The metaphor, at the fulcrum of language, is based on perceptions of physical realities like gravitation, sounds, vision, tactility, etc. For example, the depressed person who “feels down” and “burdened by heavy thoughts” illustrates how experiences of gravitation organize our conceptual system in terms of up-down and light-heavy. Mary Target and I have explored the implication of this new perspective on cognitive science for the relationship of attachment theory and psychoanalysis in another paper (Fonagy and Target 2007).
essence present mirror images at the level of causation. The limitations of both types of account reduce the meaningfulness of the debate: one recalls Henry Kissinger's quip about academic disputes being so bitter because the stakes are so low. As Freudian analysts we may all agree that the gratification of the human sexual drive requires intimacy with another person. What seems to be still missing from our accounts is an answer to the question of why sexuality (not only when mixed with aggression) remains important in its own right in our understanding of our patients and their lives. We need a truly developmental model of the evolution of personality and interpersonal relationships that retains a substantive place for sexual feelings and behavior within the emotional context of unfolding object relationships.

Perhaps it should not surprise us that some of the most inspired psychoanalytic ideas concerning psychosexuality come from our French colleagues. In particular, Jean Laplanche offered a vital psychoanalytic conceptual pathway to explain how psychosexuality might evolve in infancy out of nonsexual instinctual activity (Fletcher 1992; Laplanche 1995; Laplanche and Pontalis 1968). In essence, Laplanche suggests that the driven quality of human psychosexuality, its nonfunctional character and the sense of mystery that tends to surround it, comes from the sexualization of the frustrated excitement felt by the infant at moments of object loss. The object of excitement becomes the desire for the idea of the lost object. It can never be found, but the search for it permeates human sexuality. The mother sexualizes the infant's arousal, unconsciously seducing him, leaving the infant with a sense of inaccessible meaning (what Laplanche calls "enigma") that will imbue all subsequent erotic experience with mystery. Laplanche boldly asserts that the mother's unconscious seduction of the infant converts nonspecific instinctual excitement to an autoerotic moment.

**BACK TO THE CASE: DAN IN LOVE**

In his sessions Dan told me a great deal about his sexual adventures. Over several months he said many times that he experienced his sexuality as a burden; masturbating was getting rid of "a load." But a couple of days after that dark Thursday he told me about Laura, his new girlfriend, and suddenly sunshine wiped away months of sexual misery. She was "not much to look at." But while filled with suspicion about almost everyone else, Dan now felt: "I would trust her with my life." His emotional life
became a rollercoaster. They regularly met up at her place and engaged in heavy petting. "When I am with her, it is as if I get grabbed by a feeling and get thrown around. When we are in her room nothing else matters. I forget about everything. Sometimes hours afterwards I notice that I was lying uncomfortably, like the edge of the bed has cut into my arm, but I don’t even notice that. It’s like magic. Is that normal?" A fantasy that he controlled her was part of his unfathomably deep excitement. She was perfect, perfect for him. Whatever attribute people praised, Laura too possessed that attribute. He felt incredible longing, total fascination with her every aspect, particularly the mysteries of her body. Time with her would seem to fly by, he would lose track of himself. One of his repeated "is this normal" questions concerned how, when excited, he could not tell if he was Laura or himself. He described what felt to him like a strange feeling of no longer knowing where his body started and hers ended. In the end he was satisfied with his conclusion: "We are the same person."

**TAKING A DEVELOPMENTAL APPROACH TO PSYCHOSEXUALITY**

**Borderline Phenomena**

Psychoanalytic theories tend to "normalize" sexuality—drive theory by pointing to a linear progression from pregenital to genital concerns paralleling an increasing involvement of the sexual partner, and relational (and to a lesser extent object relations) theories by suggesting that satisfactory early relationships guarantee sexual openness and freedom. To be sure, there is a powerful psychoanalytic tradition of exploring the pathologies of sexuality, but this shifts the focus from normal sexual experience to a discussion of clinical phenomena.

In clinical discussion of apparently normal sexuality there is often a tendency to look for and see pathology, so that normal psychosexuality is made to seem almost an oxymoron. I wish to avoid this error, yet I would like to draw attention to a sense in which normal sexuality, while not pathological, mimics a form of pathology. I would like to suggest that psychosexuality (that is, your and my experience of sex) is actually madness, or is at least in the borderline spectrum. Subliminal awareness of this parallel may underlie the tendency of analysts to describe patients’ sexual feelings and behaviors in terms of primitive disturbances.

For good developmental reasons, borderline personality organization and psychosexual experience may have psychological functions in
common. To establish a prima facie case for this claim, consider Dan’s experience of sexual exploration. Dan’s description of his relationship with Laura was permeated with struggles over impulse control and affect regulation. Superficially at least, the emotional rollercoaster rides that sexuality and borderline patients create have a similar feel about them. Dan experienced his feelings as spinning out of control, just as individuals with BPD cannot regulate emotion or behavior, a lack often thought to underlie many of their other experiential problems. Dan’s idiosyncratic object preference, his idealization of Laura, the speed with which he reached the closest levels of intimacy with her, the lack of a sense of boundariedness, his explicit wish to control and manipulate her, even his ego-syntonic acceptance of pain seemed to his analyst to be normal if intense expressions of sexual excitement. But the same manipulativeness of interpersonal interactions is a defining feature of BPD, as is deliberate, ego-syntonic self-harming and the rapid tempo of attaining social intimacy. The identity diffusion is evidently more distressing in BPD than it was for Dan, but the mechanism might be the same. Finally, Dan’s intense sexual excitement seemed to preclude genuine concern for Laura in much the same way that true concern for the other might signal cure in borderlines. In good sex, then, we may all be somewhat borderline.

*The Nature of Mirroring*

If borderline phenomena and sexuality can both be thought of in terms of impaired affect regulation, it may be helpful to consider how this capacity normally develops. The model of the emergence of affect regulation from the parent-infant relationship that Mary Target and I have advanced in collaboration with colleagues (Fonagy et al. 2002) is based on attachment theory and research (Gergely and Watson 1996, 1999; Sroufe 1988) but is also informed by the work of Wilfred Bion and Donald Winnicott (Bion 1962a,b; Winnicott 1956, 1971).

Along with others, we have suggested that the primary role of parental mirroring is to bind unintegrated aspects of a constitutional self-state into coherent second-order representations of specific affect states. The infant internalizes the reflection of metabolized affects on the face of the caregiver as the core of a symbolic representation. The caregiver’s expression is based on resonance and an expression that combines a high level of attunement to the infant’s expression with specific distortions (high contingency). The distortion (whether exaggeration, use of motherese, or combining—e.g., an expression of sadness with irony) indicates or “marks”
to the infant that the maternal expression pertains to the infant's state rather than the mother's and also marks the caregiver's capacity to cope with his overwhelming emotional experiences by retaining both contact and distance. Our laboratory studies show that high-quality caregiver mirroring in infancy (accurate and marked display by the attachment figure) is associated with superior symbolic functioning in middle childhood.3

What happens to feelings that are not contained in this way? If unreflected, the constitutional self-state remains potentially overwhelming. When mirroring fails because the caregiver's expression is inaccurate or unmarked or both, the infant internalizes a mismatched or amplified mental state as part of the self. These uncontained self-states create disorganization within the self and have to be projected out to be regulated. Hence the frequent recourse to projective identification in severe personality disorder with a history of disorganized attachment. In our discussion of borderine phenomena we have referred to these split-off parts of the self as the "alien self."

**Mirroring and Infant Sexuality**

Sexual arousal is present from infancy. This is more evident in boys, but there is ample indication of masturbatory behavior in infant girls. Not just infants but even fetuses experience genital excitement (see, e.g., Pedreira, Yamasaki, and Czernia 2001). However, mothers find it particularly difficult accurately to mirror such sexual excitement. We have two types of evidence for this.

First, we have carried out a survey study asking mothers how they responded to their infant's emotional expressions, including sexual arousal.4 The responses to the part of this survey concerning reactions to sexual excitement in girls and boys three to six months old are shown in Figure 3. The most common response to indications of sexual arousal was to ignore or look away. This is dramatic, because no mother reports

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3 For a review of recent studies and theoretical developments consult Gergely (2007) or Fonagy (2006).

4 We asked mothers to indicate how often they were aware of their three-to-six-month-old infant feeling a range of emotions, including sadness, anger, happiness, and sexual excitement. This preliminary confirmed that all mothers were aware of sexual excitement in boys, and about 80 percent indicated awareness of sexual excitement in infant girls. We then asked them to indicate how likely they were to respond to their infant smiling, crying, whimpering, or being sad, disappointed, angry, or sexually excited by smiling, stroking, ignoring, soothing, laughing, looking away, or cuddling.
Figure 3. Responses to Survey Concerning Maternal Reaction to Infant Sexual Excitement in Infants Three to Six Months Old—Erection in Boys and Genital Play in Girls

Note: The graph displays mean responses and error bars indicate two standard errors around these means.

ignoring an infant smiling and over 90 percent report always responding by smiling or laughing. Three-quarters of mothers respond by always soothing or cuddling infants who are distressed and crying; a minority do report sometimes ignoring negative affect, but nothing like the proportion who claim to ignore sexual excitement. By contrast, the vast majority of mothers claim to often or mostly look away in response to the sexual excitement of their infants, whether girls or boys.

This pattern of responses is confirmed by psychoanalytic infant observation studies. We looked at these hoping to find psychoanalytic descriptions of maternal responses to sexual excitement observed by psychoanalytic, child therapy, or master’s degree candidates as part of their weekly reports of mother-infant interactions in the first year of life. These observations form a compulsory part of almost all British psychotherapy and psychoanalysis training programs. To our surprise, not only did we find no references to the mirroring of infant sexual arousal; in fact, there were precious few references to sexual arousal at all.

Brief self-reflection may reveal that while we can fairly confidently say how we might mirror sadness, or even respond to anger, we have no conscious strategies available for mirroring sexual excitement. We assume...
that, probably by evolutionary design, sexual excitement is unmirrored, and never achieves second-order representation. The infant in a state of sexual tension is not met by a congruent metabolized representation of his or her emotional experience. Without mirroring there can be no full experience of containment or indeed even a sense of ownership of these feelings. In fact, the caregiver’s response of ignoring may generate an initial intensification of arousal (up-regulation rather than containment). If a constitutional state of sexual excitement is reflected to infants at all, it is sometimes done obscurely in a way that Laplanche understandably labeled enigmatic. At other times the mother’s response is likely to lack the “markedness” (she would seem excited herself, not just to be acknowledging the baby’s excitement). This may explain what Laplanche described as the seductive character of the maternal response to the infant. Both these experiences point to the eventual “excessive,” urgent character of psychosexuality.

Incongruent mirroring disrupts self-coherence, generating a sense of incongruence in relation to the psychosexual. The aroused infant takes the mother’s responses as though they mirror his own experience and identifies them as his own, yet since they are not mirrored “contingently” (that is, in a manner faithful to his own affects and experiences) they are simultaneously also experienced as not his own, as alien. The mother’s mirroring response is incongruent with the infant’s actual experience, whether constitutional sexual arousal is met with vacuousness or whether generic drive tension is met with excitement. Incongruent mirroring disrupts the self’s coherence. A consequence, then, is a sense of incongruence in relation to the experience of the self associated with the psychosexual. Sexual arousal can never truly be experienced as owned. It will always be an imposed burden, as Dan described, unless we find someone to share it with. What Freud (1905) talked about as an objectless state, and Laplanche (1995) and Ruth Stein (1998a) as the “enigmatic other,” we describe in terms of an “alien part to the self” internalized by the alienating parts of the mirroring object-mother. The internalization of a distracting or seductive response to frustration gives the psychosexual core its unique combination of urgency and playfulness. The enigmatic dimension of sexuality creates an invitation that calls out to be elaborated, normally by an other.

THE NATURE OF “MATURE” SEXUAL EXCITEMENT

As suddenly as she had appeared, Laura vanished. Dan was unwilling to discuss it. Not that there was less to talk about. Beverly appeared dressed
as Princess Leia from Star Wars. Dan met her at a fancy dress party that he attended dressed as a Roman Senator in a sheet and a heavy and uncomfortable oak-leaf crown.

Beverly was older than Dan by at least a year. From Dan's account my guess is that she liked the idea of helping Dan lose his virginity. The event occurred in the bedroom of the host's parents, who perhaps unwisely had excused themselves for the evening. Princess Leia got the Roman Senator to lie on top of her. The Senator felt dissociated from the experience. In fancy dress it was easy for him to feel that he was not really involved. He described the moment of penetration as a ridiculous and strange event. His crown fell off. He was anticipating something far more dramatic. But one aspect of the experience had felt quite shocking to him. He found that as he had penetrated Beverly he was not thinking of himself but of her having him inside her. He said it was weird. As he found himself focusing on Beverly's excitement, he lost control over his own. He put it ironically: "The whole thing passed as quickly as the Federation Fighter ships in Star Wars. I felt I had been shot down before I could enter the battle." I commented that he sounded disappointed, but that perhaps suddenly feeling himself inside both Beverly's body and her mind may have been frightening because of the intensity of the excitement it brought. He said: "Well, I think it was a lot more gripping than the last Star Wars movie."

Adult sexual excitement because of its developmental roots is by its nature incongruent with the self. It therefore has to be experienced in the other and, only as a consequence of that constraint, with the other. Dan's burden was lifted (his crown fell); while it was experienced as fantasies of sexual triumph and domination within his head, it felt uncomfortable because it disrupted the coherence of the self. Pleasure is created in the other to free the self of this incongruity. What Dan found overwhelmingly enjoyable was his fantasy of Beverly's experience of him rather than his own physical pleasure. And to answer Dan's this time unasked question: I consider it normal that what will be most enjoyed in sexual excitement will always be felt to belong to someone else.

Of course, this is evolutionarily a highly desirable state of affairs. It will ensure that for full psychosexual enjoyment a partner must be found. What might be felt to be surprising about this proposition is that we...

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2The mind, complex and endlessly mysterious, came to be such as an adaptation to preserve our bodies, or more accurately our genes. This simple fact alone places the mental aspect of reproduction, psychosexuality, at the very center of what it means to
consider the most prototypical of all bodily pleasures—the sexual—to have at its core the pleasure of another person’s body and mind. Thus, psychosexuality always transcends individual sexuality. The pleasure of eroticism, as Ruth Stein has evocatively described in a series of landmark papers (1998a,b), comes from transposing oneself into a state of mind that is felt to be the other’s. The pleasure of eroticism derives from the opportunity to transpose oneself into a state of mind that is felt to be the other’s and abolishing the limitations of one’s separate existence (Georges Bataille, cited by Stein 1998b). It is not that experiencing oneself as the other is inherently pleasurable, but that one’s own pleasure can be experienced only when it has been placed into the other, in fantasy. Sexual pleasure is perhaps experienced at finding and possessing the pleasure of the other through taking momentary control of the other’s thoughts and feelings, as in all projective identification. The mental state that was originally one’s own is now represented in the other, and its experience as therein triggers the intense pleasure of orgasm.

But it ends here only temporarily. The experience of the partner is then partially reinternalized through a preconscious identification that gradually (over years) replaces enigma with familiarity. We could think of this as a continuation of the processes of infantile affect mirroring. Underlying the gradual diminution of excitement with sexual familiarity is a process of integration. What consciously feels like getting to know one’s partner is actually arriving at a more integrated sense of oneself. This depletes the urgency of the need for externalization. The upside of this is a better integrated, less troubled sense of self and the emergence of a powerful attachment relationship rooted in the experience of having been accurately reflected by one’s partner. The downside... well the downside is obvious. Over the normal course of an adult psychosexual life, as integration increases and the driven need for intense experience with a partner is reduced, libido is apparently reduced. Or at least reduced for that partner—there may be aspects of the alien self that are not as easy
to externalize or to have accepted, and these may leave a continuing need for a different partner. (There is also the nostalgia for the initial relief and intensity of early sexual experience, which may create a longing to re-create it.) We recognize that this undermines the romantic image of everlasting sexual excitement in the perfectly balanced couple, but epidemiological studies have usually struggled to track down these cases. In surveys there seems little positive correlation between the lifetime stability of a relationship and the continuation of sexual interest, although the shifting of sexual interest is a common precipitant of marital breakdown.

NORMAL AND INADEQUATE PSYCHOSEXUALITY

Given this developmental approach, what are the psychological requirements for an enjoyable sexual experience? First, the relationship must permit opening one's mind to an other's projection, and here attachment history has a role through the experience of safety with the other. Each partner is, momentarily, both alone and fused with the other. Secure, playful, mutually mentalizing interaction with the caregiver, nurturing the imagination, is a key precondition of the kind of intersubjectivity that psychosexuality entails. Attuned secure parenting generates the interpersonal context for an erotically imaginative intercourse, while its absence arises out of the adaptive mother-infant misattribution. Second, normal psychosexuality also requires a solid sense of the boundary around the physical self. This is temporarily suspended, and there must be confidence that what is in momentary abeyance can be restored. Perhaps this is why there is clear benefit from nonanalytic physical therapies for sexual dysfunction that have their impact through a focus on strengthening the physical self (e.g., Masters and Johnson 1970).

Third, it follows from our hypotheses that reciprocity is key. If sexual excitement is generated through increasing awareness of the excitement of the other, genuine desire on both sides is essential. Of course, this is not always the case. However, clinical experience confirms that without at least the appearance of mutuality in the physical act (which may often not entail mutuality at the level of underlying mental states), psychosexuality yields little enjoyment in individuals with normal sexuality. The pleasure is through the possession of the feelings and ideas that have originated in the self but consciously are recognized only as of the other. However, as I have said, the other's actual feelings and ideas (the ones that we did not put there) can interfere with this illusion. Closing one's eyes in sexual pleasure
is perhaps partly done to preserve the fantasy merger with the other mind so the physical (facial) expression of the other cannot give clues contradictory to the fantasy. Interestingly, detached, unpleasurable sexuality tends to be depicted as sexuality with eyes wide open.

Fourth, Dan was disturbed by the powerful image that he was experiencing Beverly’s experience of him. Underpinning this must be an unconscious fantasy of also possessing the gender of the other. Full heterosexuality must incorporate bisexuality, without which sexual fulfillment will be limited.

The arc of psychosexual tension is resolved by reinternalization of the projected part of the self. In our view it is this reinternalization that promotes the development of strong attachment as the sequel of psychosexual experience. The experience of alien, split-off aspects of the self having been experienced and accepted by another mind generates intense feelings of bonding, belonging, understanding, and gratitude. (This may be responsible for the evident gender differences in attachment as the sequelae of sexual satisfaction. Women may find reinternalization of the male excitement more natural and acceptable than men find identification with and reinternalization of a feminized experience, which is always partly repudiated, leading to the well-known gender asymmetry whereby sex triggers stronger attachment bonds in women.)

For some couples, of course, the externalization is not followed by reinternalization, and there is no resolution of the psychosexual tension. In such couples the partner is kept physically available and controlled to ensure that the externalization can be maintained. Physical separation can then create catastrophic reactions and the relationship is based on crude physical or emotional dominance, as is often the case for male perpetrators of domestic violence (Fonagy 1999).

The question arises why reinternalization of the projected parts of the self should not be possible in these cases. The cause lies either in the content of what is externalized or the capacity of the recipient of these projections to metabolize the experience sufficiently to permit reinternalization. For example, when the sexualized alien part of the self was used defensively in childhood to identify with and gain fantasied control over the perpetrator of maltreatment, the externalization may change the image of the other too fundamentally or frighteningly to be even partially reinternalized. In sadomasochistic relationships, reinternalization is hard because it implies allowing the other to become a tormentor who has to be fought or escaped or a victim who is terrified and helpless. In either case, the
more the experience of projection feels life-saving and gratifying, the
more reinternalization is resisted. As there is no reintegration of the psy-
chosexual core (the alien part of the self) into the self, sexual tension
tends to be maintained.

Reflecting this mechanism are three clinical features that sexual per-
versions tend to share: (1) the unusually high pressure for gratification
and the greater than normal experience of satisfaction reflecting the
extreme character of what is experienced within the self and needs to be
externalized into another mind; (2) the long-term maintenance of high
levels of sexual excitement apparently without habituation to the excite-
ment; (3) the absence of genuine attachment between the person who
projects and the person who serves as the vehicle of projection, the sequel
of normal sexual experience. To be truly persuasive, these points clearly
require fuller elaboration, including the reasons why such a constellation
might emerge, but that will have to be the topic of another paper.

WHY IS PSYCHOSEXUALITY VITAL TO
UNDERSTANDING MENTAL LIFE?

If psychosexuality resides within the alien part of the self, we might antic-
pate that this inherently split aspect of the self makes psychosexuality
useful in protecting ourselves from the experience of conflict. The sexual
is a part of our mind that is felt to be simultaneously owned and not
owned. This offers a unique strategy for the defensive sexualization of
conflict. Thus, problems of many kinds involving disavowal may come to
be experienced as sexual. Of course, this might lead us to conclude mis-
takenly that psychosexuality itself generates problems. Splitting is inher-
ent to the psychosexual. Yet sexuality is not at root conflictual; rather,
conflicts come to be expressed via the sexual metaphor. It is this psychic
flypaper quality that makes psychosexuality such a key part of under-
standing our patients. Many truly painful conflicts are sexual, not because
they are rooted there but because the otherness quality of sexuality
frames the conflict as being external. As the psychosexual expresses, and
does not disguise, the relational, frequently the only genuine route to
understanding relational issues is through psychosexual experience.

Dan had powerful conflicts about separation-individuation. His feel-
ings about his constantly ill and helpless mother and his remote and out-of-
touch father soon infused his sexual experience. He became frightened of
damaging Beverly when they had sex. Meanwhile, his mother had taken to
her bed, adopting the role of a semipermanent invalid. Dan's controlling, sadistically tainted hostile sexual fantasies intensified. He had explicit fantasies of Beverly becoming his conquest and property. The fantasies started interfering with his enjoyment of the relationship. He became a premature ejaculator, and this deeply bothered him. The temporal sequence made the link between his ambivalence about his mother and his sexual problems all too clear. Initially I deliberately ignored his sexual difficulties and encouraged him to talk a little about his mother, in part via his experience in the transference that I was letting him down about his premature ejaculation. Eventually he brought a dream that showed the link between his concern for his mother and his sexual difficulties. Dan dreamt that Beverly was in his house, in his parents' bedroom. She was wearing a nightie and was being incredibly cruel to him. He had to rush out to get milk.

In telling me the dream he pointed out that Beverly could not be in his parents' room because his mother was in permanent residence there. He also said that he was getting anxious about his sexual interest and potency. Dan and Beverly had sex, but it wasn't connecting and felt quite wrong. Afterward he tried to find a restaurant to go to with Beverly, but they walked around for hours and the ones they liked were all full. In the end they went home. I said I thought that Dan was telling me about an awful long-term hopelessness and despair, with no hope for the future. He replied uncertainly that he was feeling incredibly left out. I said: "I think you are feeling quite hopeless about rushing sex with Beverly, but perhaps it is inevitable if you feel her to be the cruel person that she appears in the dream." He responded that he was embarrassed to mention it to me because I would make a whole big deal of it, but in the dream Beverly was wearing his Mum's nightie. I said that I thought perhaps the dream and his thoughts about it might help us understand his sexual problems with Beverly a little better. I said: "When you feel there is no room for you in here, or in your mother's thoughts, when you feel so left out, your body responds by letting everything go and rushing all the feelings out. Then sex with Beverly feels all wrong because the connection to her is lost and confused with all your sad and angry feelings about your mother." He responded rather sadly that he felt that Beverly was trying to "keep him out" and that feeling sexually rejected hurt him more than he could say, but perhaps it was partly his doing. After this conversation, his premature ejaculation stopped being a major problem.

I hope this tiny, again very ordinary vignette illustrates the way psychosexuality enabled Dan to partly split off and disown the profound
resentment and yet deep dependence he felt toward his mother. From a technical standpoint, I believe it is important not to sidestep the psychosexual mediation and just focus on the more comfortable relational interpretation. I suggest that this intervention may have been successful in part by focusing on the psychosexual because it aimed to capture the embodied emotional experience of abandoned control and integrate it with Dan’s fear of his hostility to the object.

**PSYCHOSEXUALITY AND THE ANALYTIC RELATIONSHIP**

Then one day Dan stopped talking to me about his sexual experiences. At first I did not notice the change, as we were engaged in complex discussions concerning his relationship with his father, who in the meantime had left the family home. The analysis had actually achieved many of its objectives, and I too was perhaps ready to move out. It was Dan who drew my attention to it when one day he referred back to a session some weeks earlier when he asked me about a fantasy he had had during intercourse of being a medieval knight in a complete suit of armor. He said, “You did not really know what I was talking about then, did you? You were talking about me wanting to protect myself from women who I feel might attack me. It is nothing to do with that. It is to do with being hard and rigid” (and he held up his right arm clenching his fist).

Going back to my notes, I found that I had not recorded the fantasy; the session (as I saw it) had been about his unconscious wish to be able to retain his father’s interest in him outside and my interest in him in the transference. I did not know if I had got it wrong, but obviously from Dan’s point of view I had been way off beam. But as I tried to get into the image he was now suggesting, I sensed myself running into a countertransference block. I did not really want to put my mind into the gear where Dan’s wish to have a sense of steely stiffness in his penis made emotional sense. It made me feel quite uncomfortable; obviously it touched on sexual anxieties never properly dealt with in my own analysis. The image I was aware of was being a woman whose body is asked to contain Dan’s metallic, cutting, painful excitement. The sadism was clear; I could have said something about it, but this felt intellectual and mechanistic. In retrospect I can see that while in the past I had found it easy to identify with Dan’s anxieties, his current triumphant feelings of sexual conquest led me to identify instead with the subjugated woman.
I could not make room in my mind for his excitement. At the time, I felt myself drifting back into the realm of defense. I heard myself say: "I think it is difficult at the moment because you feel quite disappointed with me as I don’t seem to be able to understand what excites you very well." I heard him say: "No, it’s not that! I don’t think you want to talk about it. I don’t think you feel it is the right place for me to talk about these feelings. So I am disappointed, I just don’t feel I can discuss these feelings with you anymore." I managed to squeeze out: "I think it is difficult for me to comment on some of your sexual thoughts sometimes because I get confused by how they relate to me and by the intensity with which you feel them." He replied, with sadness: "Well, at least that is closer to what’s going on."

Transference was of course where the psychoanalytic view of sexuality started. Confronted with the puzzle of how an attractive young woman (Anna O) could fall in love with a less attractive, middle-aged man (Dr. Breuer), Freud’s genius hit upon the concept of transference and, within that category of experience, erotic transferences that could be traced back to childhood sexuality in general and oedipal experiences in particular. Freud thought that repressed erotic feelings toward the parent of the opposite gender were reactivated by the therapeutic relationship. He did not realize until much later that intense sexual experiences within an analysis indicate an incapacity to think about the nature of these experiences and are mostly used in preference to analytic reflection to reexperience and enact.

Psychosexuality retreated from analytic focus at about the same time and same rate that transference issues came to occupy the center ground (see Figure 4). Why should concern with the transference be associated with a reduction of concern with psychosexuality in psychoanalysis? It seems to us that psychosexuality could be more readily discussed in analyses when the relationship to the analyst was not also the focus of analytic work, when analysand and analyst were patient and physician; then attachment to the analyst was mostly the patient’s problem and the analyst behind the couch simply did not reciprocate. But with the focus on the transference, relational issues came to the fore, and the analyst became a “real” person whose personal involvement could no longer be kept apart from the clinical situation. Intensification of the attachment relationship opens intersubjective channels previously closed.

If affection between patient and analyst and the transference relationship are part of the reality of the treatment situation, a mode of intersubjective interpersonal understanding is established in which the experience
of emotion rarely occurs just intrasubjectively. Neuroimaging studies have demonstrated that the activation of the attachment system (whether stimulated by maternal feelings or by romantic love) inhibits the capacity to think dispassionately about mental states (Bartels and Zeki 2000, 2004) and pushes the individual toward a mode of subjectivity that is pre-mentalistic, concrete, teleological, or somewhat dissociated (pretend). Perhaps even more relevant is the incompatibility of intense emotional arousal and mentalizing. Emotional involvement reduces our capacity for abstract thought, as well as for self-regulation (Arnsten 1998). When we are in love we are poor at making judgments of social trustworthiness; when we are angry we are in no state to figure out what our object might be thinking or feeling. But working with—or, better, in—the transference inevitably activates attachment feelings and greater spontaneity, and this personal involvement cannot but increase countertransferential reaction. Thus, the intersubjective experience of analysts who are focused on the relationship with the patient feels more concrete in relation to sexual
experience and is perhaps avoided for that reason. We would perhaps all agree that it is desirable for this mode of emotional communication (often regarded as more primitive) to be established between patient and analyst; it is probably essential if genuine psychic change is to be achieved. However, activating the emotional armamentarium of attachment (at times when a particular unconscious fit is present) also brings to the fore the very mirroring mechanism we described in which resonating and reflecting sexual arousal is felt to be impossible without engaging the other in a reciprocal process of excitement. This is what I believe happened to me in Dan’s presence in relation to his image of a steely penis. Perhaps because of the simultaneous activation of relational and attachment issues, my capacity for rising above a psychic-equivalent mode of functioning was limited. I could not help experiencing Dan’s sexual fantasy to some degree as if it were happening “in real life.” Just as the mother unconsciously inhibits reflection of sexual excitement for fear of exaggerating the baby’s arousal, so will the analyst be rightly hesitant in attempting to resonate with the patient’s emotions where these involve the psychosexual. But this strategy may preclude consideration of psychosexual issues of crucial relevance to our patients. Whoever said that analytic life was simple?

A DISCLAIMER

This paper has been guided by the development of male sexuality, as much because of the gender of the author as of the patient who provided the clinical material. I do not wish to claim that everything that has been said is pertinent to female sexuality, or that male and female sexuality are not profoundly different. However, I do not believe it would be appropriate to evolve a completely different theory in relation to female sexuality. The failure of mirroring sexual experience, the alien quality of sexuality, and the intersubjectivity of mature sexual excitement apply as much to female as to male sexual enjoyment. However, the patterns and constellations may differ or be complementary in the two genders. For example, I believe that while male sexual enjoyment culminates in the full externalization of the self into the object and its unconsciously fantasied control therein, female sexual arousal begins with an intersubjective identification with the partner and becomes increasingly “private” and inwardly turning as excitement mounts. In both cases, intersubjectivity is critical to fulfillment, but while male excitement moves toward seeing the split-off self as
the other, the vector or focus of female excitement is an increasingly direct experience of a self uncontaminated by incongruity, assuming that a previous successful projection has taken place. Similarly, homosexual sexual excitement must have its own patterns, achieving similar ends but probably via other constellations. To further complicate matters, the reality is that any one individual probably makes use of a combination of several constellations and that these combinations change dramatically as we mature.

CONCLUSION

At root, psychosexuality is, as Freud (1905, 1915) recognized, principally biological. It is the sole mechanism whereby our genes can reproduce themselves. It has to be a part of subjectivity, where selection pressures can make themselves felt in choosing a partner. The psychological mechanism to mediate the conflicting requirements of engaging in reproduction and caring for progeny has created the strange psychological experience of sexuality we all share. It should not surprise us that it turns out to be psychologically slightly more complex than in Freud’s original, audaciously reductionistic model.

As Freud anticipated, psychosexuality is a system that cannot be reduced to the relational processes that create the interpersonal context for its expression. A century and more after *Three Essays on the Theory of Sexuality*, I believe we are closer to understanding why our sexuality is the way it is. However, our resistance to psychosexuality is undiminished, unsurprising given the sexualization of our conflicts and the concreteness of our experience of sexuality in an attachment-saturated transference. None of this excuses a collusive negation of its significance. If I am right about the centrality of psychosexuality to the understanding of conflict, its continued study will pay dividends and renewed clinical interest might reveal new psychological mysteries. To access the full emotional implications of psychic conflict, we must be able to access the psychosexual while mindful of the countertransference minefield such scrutiny creates. My plea here is for the sensitive clinical and theoretical examination of subjective experiences surrounding the sexual to become once again a key concern of psychoanalysis. As the profession that prides itself on studying what we least wish to—what generates the most powerful resistances in all of us—it behooves us to pursue energetically the intellectual revolution that Freud’s discoveries initiated a century ago.
REFERENCES


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