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The place of sexuality in psychoanalytic treatment and training today: Can we observe a disappearance of sexuality in case reports and supervisions?

Abstract:

The starting point of my work is Sigmund Freud's view that sexuality lies at the roots of the neuroses - and thus at the origin of psychoanalysis. The successive elucidation of unconscious or repressed sexual material was the movens of progress in the treatment of his patients. In recent years reports have appeared periodically in the media about an increase in sexual dysphoria amongst the people from the younger generation. This raises questions: Is such a development also reflected in psychoanalytic case reports and could it mean that the sexual problems are pushed to the margins in psychoanalytic training? Furthermore: Is sexuality even losing its central position within psychoanalysis? Could Freud's theory of drives still be considered our relevant reference point when thinking about sexuality? Against the backdrop of our clinical experience we can start to discuss whether such a diagnosis of the times is true from our perspective, and to what extent it is reflected in supervisions and treatment reports of candidates across our psychoanalytic institutions.



Lucian Freud Hotel Room (Paris 1954)

Introduction:

I. My thinking on the subject came about against the backdrop of the supervisors' and training analysts' conference in Cologne, Germany. The participants shared a concern that work on sexuality was very little referred to in the case reports that the candidates need to write for qualification to becoming a full analyst and member in the DPV. It started me to ask around in other societies if they observed the same trend. With this podcast we have the opportunity to get a more overall picture from the situation in the European societies as well as for the other regions of the IPA.

When the director of training asked me if I could think of giving a paper on "the disappearance of sexuality in the case reports and the supervisions of the candidates" - and further, in contemporary psychoanalysis as a whole, with my thinking on "sexual fantasies, sexual identity, sexual relationships and sexualisation in trauma, in the mirror of the supervisions" - I first recoiled. The field seemed too broad, too complex, too controversial - and too "topical".

Why too topical? Because sexuality nowadays is so charged with speculation about the "zeitgeist" that objective assessment is difficult to obtain. We ourselves as psychoanalysts are affected by today's landslide in the area of sexuality in a same way as our students and our patients are, crushing our so far familiar concepts and approaches.

Surprising phenomena arise: According to an ONLINE sex podcast by "Die Zeit", a German periodical (Sex in the Media, Die Zeit, 25.Sept 2017) and other reports, the sexual activity of young people today is **decreasing instead of increasing** despite the omnipresence of sexual content in the media. One of the articles was "captioned" with a picture that made me the most impression: a neatly dressed Asian couple lay motionless on top of each other, seemingly not knowing what to do with each other in this position. If there should be a "volatilisation of the sexual" (after a word by the Swiss anthropologist and psychoanalyst Paul Parin 1986), how then do the two sides of the coin - a noisy, large-scale media dissemination of sex on the one hand - and a de facto decline in the sexual activity of individuals on the other - fit together? Is it even so, and if, how does this apparent contradiction show up in the material of patients in the case reports and in the mirror of the supervisions? Could it maybe precisely be this seeming contradiction, which makes it difficult to put the matter of the sexual into words?

In fact, the idea of the listlessness of the sexes on one another has been circulating since the 1960s, the times of the Student Revolt. Sexuality was primarily attributed to narcissistic motives, promoted as a merchandise in a capitalist consumer society, being more easily to satisfy and less "dangerous" i.e. involving less anxiety, guilt and shame than libidinally driven sexuality (Reiche 2004/Sigusch 2005).

I have myself found it necessary to make a conceptual distinction between "sex" and "sexuality" when turning to Lucian Freud's paintings to find a criterion for differentiating between pornography and art.¹ I was pressed by such parts of the public who despised the display of his

¹ De Clerck, R. (2007) The Penetrative Gaze: Sigmund Freud - Lucian Freud"; De Clerck, R.(2019) and "How Deep is the Skin: Surface and Depth in Lucian Freud's Women Portraits".

paintings of naked women and men without understanding the meaning: Sex is a rather harm – less, because superficial momentary process, whereas sexuality is an involvement that encompasses the person as a whole.² Sexuality is a life long project, spanning from infancy to old age, a task, a challenge with the possibility to fail. That, is the truly shocking. Lucian Freud put into painting what his grandfather Sigmund Freud found words for in the narratives of his case studies as we know them, Anna O., Dora, the Rat man, the Woolf man and adorable Little Hans. *



Lucian Freud Esther and Albie (1995)



Lucian Freud Boy Head 1952



Freud in his atelier 2005



The Artist at work 1993

** Illustrations: Lucian Freud on sexuality throughout the life cycle, (compiled by RDC)*

II. Changes in society:

Under the keyword: "Oversexed and underfucked: On the Social Construction of Lust", the sociologist Iris Osswald –Rinner (2011) explains the paradox: the more society as a whole looses its cultural bond with the sexual drive, the more flashy are the images that appear on the scene. In consequence, the expectations "to perform" are too high and desire vanishes. In other words, living in an oversexed world makes us numb from the bombardment by the media with sex and nudity.

We may ask: Is it indeed the case that lust is disappearing? Would then the disappearance of sexuality from the candidates' case histories not only be a consequence, a reflection of a more general societal trend?

The answer seems more complex: It starts out by raising the fundamental question: What actually do we as psychoanalysts consider as "sexual"? What is "sexuality" and what are the sexual contents? What role do we attribute to phantasies, what to the body? What are the issues in the treatment and how can we as analysts **talk** about sex and sexuality? How is sexuality

shaped, more than 100 years after Freud, in the intimate exchange between patients and analysts and a changed technique under the prevalent influence of transference-countertransference – analysis?

Dealing with sexuality amongst colleagues involves sharing concepts. In the previous years it was most obvious to attach sexual identity to the binary difference of the primary genitals: male – female. This conceptualization today is in the process of being dissolved. It began already in the sixties. When a feminist supervisor of a very difficult case asked me if I believed that the “body was destiny”, I mumbled a muffled “of course not”, but I felt left alone with the case. At the same time, another supervisor, a man, asked me if I could not in the cavities on my patients neck (“salt cellars”) detect a rejection of the female role. I also felt left alone.

The times of the sixties in Germany marked the beginning of this landslide. We have moved from a fixed concept of sexual identity to a fluid one. However, it may well be that we rather moved from a certain interpretation of Freud’s texts with a focus on hierarchy and authority - expressed in idea of the “primacy of genitality” which bundles the partial drives – to a new more flexible perspective. We could have taken already from Freud’s *Studies on Hysteria* that sexuality is a fluid concept, vexing. It often enough comes in new forms and in disguises. Such disguises are the work of the unconscious, defenses against guilt and shame. They need to be understood in their particularity, of **this** costume for **this** individual. To this aim, Freud used the technique of interrogation as an “unsparing elucidation” of the symptom. His attitude was analogous to that of a doctor who is used to looking for a causal relationship of the illness. Freud’s professional self - image was that of medical doctor, then as an archeologist, but also a novelist.

In the Dora case, Freud takes up one of her symptoms after another to explain its content as auto – erotic sexual activity. He constructs a line from Dora’s investment of her “sensitive lip zone” - Freud reports that Dora was a thumb sucker, making reference to earliest erotic pleasures of “nipple in mouth” - moving on to the adolescent phantasy about the intercourse of her father with Frau K. as a “fellatio ad os”, only to come back in retrospect to the recognition that Dora was in homosexual love with Frau K. Hence - we can assume - returning to her earliest forms of erotic satisfaction with a breast –nipple, a very vivid example of *après – coup*.³

Freud describes a chain of inter weavings of bodily and psychic functioning mediated by (unconscious) fantasy. He deduced the link between a former – and a later phenomenon from psycho – logic, arriving at the end by the technique of interrogation on the part of the analyst and insight on the part of the patient.

III: Changes in technique:

Today, we understand that the sexual investment of a body part, a symptom, a fantasy or dream needs not to be “unearthed” - Freud used the word “entreißen”- “tear the secretes from her” - in the Dora case. It rather needs to be rediscovered, again and again by a more flexible method. We all know that it was his rigid technique to make Dora flee from the treatment with Freud. She

³ Chervet, Bernard (2022) *Après Coup in Psychoanalysis. The Fulfillment of Desire and Thought*. Routledge, London.

could not trust a father figure. And she wanted to keep her secrets to herself - her longings for a breast, not a penis.

So, how do we psychoanalytically deal today with a sexual problem, a sexual symptom in recognition of the impact of phantasies? Should one "undress" the fantasies, as Freud thought, "completely", trace them back to naked, to their origins and verbally communicate to the patient what one has found? Does it lead anywhere? Doesn't it not just increase resistance? Aren't the pitfalls not too big and too numerous, as Freud experienced himself with Dora? To my mind, Freud entangled himself here on one hand by proclaiming the unconsciousness of the material and on the other by trying to get at it by a technique close to conscious insight. Freud had to experience in the case of Dora, how one meaning conceals another, and behind it yet another - or its opposite. And that the meanings he found were possibly not what he "thought" was meant, but a reflection of his own projections.

Today, with the method of "understanding the scene"⁴ and transference-countertransference analysis, we have more subtle tools for understanding the meaning of a disorder. However, we have to admit that our foundations for understanding the role of fantasies in our "Sexualleben" were laid by Freud, with the help of his scientifically oriented method.

Sexuality today, I maintain, is still at the origins, at the roots of psychoanalysis and hence of neurosis. Time has not changed this. The Oedipus complex has not dissolved. For Freud, however, two important premises applied that are no longer self-evident today and not shared by everyone: One is the **libidinal drive nature of sexuality with the Oedipus complex**, and, related to this, the **central importance of repression**.

With his writings, Freud did not only provide enlightenment in the field of clinical psychoanalysis; to him, the scientific and social benefit of his work was often enough his primary concern. For Freud, the task of naming repression and sexual conflict as the causes behind pathological symptoms, was even more urgent because he was interested in showing not only the individual but also the collective denial in society, including the denial of the consequences of repression for our civilization – the upsurge and dominance of aggression, leading to war and destruction. In addition to his individual case histories, as with Dora, little Hans and the others, he also contributed to a more profound understanding of society with his cultural works.⁵

III. What language?

How to talk then? How do we write about sexuality, the most complex subject there is, involving at the same time the body and the psyche in their interrelatedness, inner and outer reality and the role of phantasy? Not everybody is a master of language as Freud was, and we have lost a

⁴ A term derived from the theatre, simultaneously developed in Frankfurt Germany by Argelander, Klüwer and Lorenzer in the 1970. It describes what happens in the first encounter with a patient on the conscious and unconscious level in **both** participants. I also apply this method as approach to art. It is close to transference – countertransference analysis but differs in the emphasis given to outer reality.

⁵ With his writings, Freud did not only provide enlightenment in the field of clinical psychoanalysis; for him, the scientific and social benefit of his work was often enough his primary concern: "Beyond the Pleasure Principle" (Freud 1920), Civilization and its Discontent (Freud 1930).

common language as psychoanalysts. Could this also influence the conceptualization of the patient's illness - and possibly have an effect on the central place of Freud's theory in the psychoanalytic landscape on the whole? These are our questions when we look at the place of sexuality in psychoanalysis today.

With the disappearance of the diagnosis of hysteria being largely replaced by "traumatic reaction" and other diagnostics, we might not classify Dora as a hysteric. We may see her traumatization in the foreground, the deception by her father who used her by driving her into the arms of Herr K. in order to justify his own erotic involvement with Frau K. Also, in psychoanalytic therapeutic work today, the focus would no longer be on making repressed sexual content conscious. It is more on such processes that lead to a change in the person as a whole, a process of growth, which is based in the development of the therapeutic relationship between two people, patient and analyst. What we can see as the effects of such changes is that the lack of direct sexual reference in the material is related to a shift of attention in moving sexuality to the margins. This is the trend in psychoanalytic training today and could account for the disappearance of sexuality in the mirror of supervisions and the case reports of the candidates.

IV. The universality of the Oedipus complex and inherent conflict

When I continued to deal with the questions about sexuality today, I successively remembered three classic papers that have accompanied me up to now from my own training: Firstly, Freud's already mentioned work from 1905 "Fragments of a case of Hysteria, the Dora case, furthermore his work "A child is beaten. Contribution to the knowledge of the origins of sexual perversions" from 1919 and thirdly the work by Moses Laufer on the central masturbation fantasy, "The Central Masturbation Phantasy, the final Sexual Organization, and Adolescence", from 1976.

These works all reflect the emergence and development of sexual fantasies out of the Oedipal situation, beginning in early childhood and continuing into adolescence, and they contribute to an understanding of adult sexuality, which now includes the operation of the mature genitals. Added to this was my own experience in high-frequency analysis with a young man addicted to Internet pornography, a work, which I have discussed with colleagues in various contexts and published under different headings.⁶ It raises in particular the question whether media images have replaced, displaced or at any rate changed the form and content of sexual fantasies. It is questionable whether sexuality actually "disappears" from the candidates' representations of their cases, or whether there are new forms with which sexuality disguises itself. I am thinking of the increase in bulimia, anorexia, cutting, self - mutilation and affectations of the skin in young girls and adolescence. We may add the wave of sex changing operations, which may be seen as the expression of a hysterical conflict, where the fantasies behind remain unearthed due to the un - availability of suitable psychoanalytic concepts or their blunt rejection.

⁶ The power of images" under the aspect of the medium internet (Yearbook of Psychoanalysis 1965) under the aspect of diagnosis and psychic genesis of the disorder addiction, perversion or (male) hysteria (Reader: "Cybersex" edited by Agatha Merck (2014) and under the aspect of treatment technique: "Retreat into virtual worlds" Yearbook of Child Analysis (2019). The use of Internet - pornography plays an overwhelming role nowadays. It has become an integral common cultural factor.

There are influences that reduce the desire for genital sexual activity, be it the flooding with images of sexual content, be it physical exhaustion, be it other causes such as physical intrusion (the kiss from Herrn K. in the case of Dora), humiliation or manifest attacks. However, it is the merit of psychoanalysis - and thus of Freud - to have emphasized the significance of fantasies for sexuality - the sensation of pleasure and its inhibition - at the very center of its theory. It is above all due to the conflictual nature of the Oedipus situation, inducing fears, feelings of guilt and shame and the defenses against them, that the symptoms arise.

According to Freud, then " these feelings of anxiety, guilt and shame **result from the drive-bound nature of the inherently conflictual Oedipal situation**, and they are therefore, as Freud says, **only conditionally dependent on the surrounding social conditions**".

This statement opens the door to an understanding of the origins of the above symptoms cited symptoms as hysteric, even today, although as said this diagnoses seems almost completely to have vanished in favor of the diagnosis of a traumatic development and other forms put into the ICD – 10. If taken up by today's responsible medical bodies it could have far reaching consequences for treatment. We can detect and understand from the content of young girls fantasies the self - protective measures they seek to defend against sexual intrusion – be it in reality or phantasy – in the wish to become a boy. This, Freud makes very clear in his paper on Masochism: "Ein Kind wird geschlagen". It is a complex process, difficult to resist simplification and reductionism.

V. Conclusions: Taking up the threads

What then, of the complexity of sexual matters, in the cases of the candidates, gets taken up, articulated (put into words and written about) in their reports for supervisions? Is the universality of the Oedipus situation - according to Freud - "**only conditionally dependent on the surrounding social conditions**" - still an issue? Is the centrality of sexuality in its relatedness to the sexual drive still recognized, and in this context the importance of masturbation with the specific content of the masturbatory fantasy, as we have seen in Dora, a point that Lauffer strengthens with his concept of the central masturbation phantasy? Do we recognize its meaning for sexual maturation in adolescence, and does it get worked through in the analysis?

Sexuality, human sexuality, I maintain, needs "longitudinal studies". In a recent conference on neuroscience someone made the remark that psychoanalysts understood little about sex. That may be so, and I strongly recommend the introduction of a course on sexology in our psychoanalytic training programs. But what psychoanalysts **do** know about is phantasies, and they should make use of this knowledge in their consulting rooms to the benefits of their patients cure.

The technique of free association on the part of the patient and the use of evenly suspended attention on the analyst's side relies on language alone. No pills, no hormone manipulation, no changing sex operations on the body. We possess what it takes to treat the above symptoms, if paid attention to the phantasies – and those behind - and behind - and behind. The first place to investigate the sexual phantasies is of course one's own analysis in the presence of an analyst who is prepared to go along in knowing the limitations and secure them.

Possibly - it is a thesis - today, under the influence of the object relations theories and Melanie Klein, it is less dangerous to talk and write about aggression than about love, desire, auto – erotic love and masturbation. The level of intensity and sophistication that our technique has reached today including picking up preverbal body communications in the transference-countertransference analysis, may have as a downside a decline in speaking explicitly about sexual content. There is the fear of accusation, transgression and “me too”.

Freud's 'j' appelle un chat un chat" - is it still happening? The spark.

Whether the disappearance of sexuality from the case reports of the candidates is related to such processes or similar experiences, i.e. whether there is a "price" that has to be paid when working in dense transference-countertransference relationships, is a matter of further discussion. As training analysts, we have to think about how to listen and speak with the candidates on their **own** sexuality. They must be given the room to investigate freely. Otherwise the tendency for avoidance of the sexual material is reinforced. Their desire vis à vis their training cases needs to be brought in and understood profoundly, unless there is a risk for transgressions. This point has been raised in relation to border violations with patients, but I think it has a more general meaning: How do we find ways not to evade the subject of sexuality between patient and analyst when it is considered too dangerous? How to keep “the spark” (of Eros) alive? This is what the patients come to us for, with their depressions, their anxieties and the compulsions. They have a right that we turn to them with the spark - to only then help them further on doing the painful work of renunciation: that their own wishes will **not** be fulfilled with **this** object of desire – the analyst - just as it had not been possible to be fulfilled with their primary objects: father, mother, siblings, grandfather, grandmother, uncles and aunts, the objects of early infantile sexual desires – the family – the oedipal constellation. It is still today the most frequent place where transgressions take place.

This does NOT mean that desire is bad. To the contrary - it is the spark of life, a derivative of the life drive that we are not allowed to deny to our patients - out of fears from our own unresolved neurotic Oedipal conflicts. To that - we need to pay attention.

End

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