SEXUALITY ITS ROLE IN PSYCHOPATHOLOGY

ACCORDING TO FREUD AND LACAN:

THE RELATIONSHIP BETWEEN NORMAL AND
PERVERSE SEXUALITY ACCORDING TO FREUD

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INDEX

SEXUALITY ITS ROLE IN PSYCHOPATHOLOGY
ACCORDING TO FREUD AND LACAN P. 4

THE RELATIONSHIP BETWEEN NORMAL AND PERVERSE SEXUALITY ACCORDING TO FREUD P.17
EXPLAIN THE ROLE OF SEXUALITY IN PSYCHOPATHOLOGY

This essay will explain the role of sexuality in psychopathology. I will focus on neurosis in general and hysteria in particular, as conceived by Freud and Lacan. It will be shown that both psychoanalysts view the role of sexuality differently. Now even though Lacan returned to Freud his account of the role of sexuality in psychopathology is markedly different from Freud’s. It will be shown that Freud’s account of pathology is based upon symptoms where as Lacan’s is based upon structure. Lacan and Freud both agree that sexuality is a major determinate in psychopathology but both differ over role of sexuality in psychopathology. It will be shown that there are two levels to Freud’s symptomology of psychopathology. The first level is at the physical aspect of the symptom. The second deals with the meaning of the symptom. At both levels the symptom is related to sexuality. For Lacan on the other had what matters in psychopathology is the structural role sexuality plays. For Lacan psychopathology, in the form of hysteria, is generated by the question “what is to be a women?” The structural answer it will be shown is to do with the phallus. For Lacan the symptoms of psychopathology are distinguished from the structure of the patients psychopathology ; the sexual question “what is it to be a woman?”. It will be shown that role sexuality plays in Lacan’s structural model is manifested in hysterical identification; where by the patient takes over another’s desire by identifying with the other on condition that the patient is not the object of that desire. More specific the
patents desire is to be that lack in the other that generates the other desire. This lack is centered around the phallus.

Freud believed there were two main psychoneuroses: hysteria and obsessional. In regard to hysteria it should be pointed out as Rycroft notes that:

“Freud never wrote a definitive formulation of his views on hysteria and it is extremely difficult to discover what the classical theory of hysteria is. There is, however, a tendency to assume that it asserts that the hysterical fixation point is during the oedipal phase and that its characteristic defense mechanisms are repression and dissociation.”

Nevertheless when it comes to psychoneuroses Freud believed that sexuality played a determinate role, if not was the sole cause, of psychoneuroses. According to Freud for psychoanalysis “...the path led from the symptoms to the unconscious, to the life of the instincts to sexuality.” Freud argued that a patient’s psychosexual life are the cause of his/her symptoms. As Freud states: “...the causes of hysterical disorder are to be found in the intimacies of the patients psychosexual life, and that hysterical symptoms are the expression of their most secret repressed wishes ...” Now on the surface this seems straight forward but it hides a subtle distinction. A distinction that differentiates between the manifestations of the symptoms and their cause or meaning.

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When it comes to the manifestations of the symptoms Freud argues that neurotic symptoms are substitutes for sexual satisfaction. In this regard an hysterics physical symptoms are in some way a form of sexual satisfaction, or pleasure to the patient. The symptoms of a patent are in effect a form of sexual activity based upon the instinctual forces. As Freud states “… all my experience shows that these psychoneurotics are based on sexual instinctual forces … the symptoms constitute the sexual activity of the patient.” And again “… symptoms represent a substitute for the source of whose strength is derived from the sexual instinct. …”

Now when it comes to the cause or meaning of the symptoms Freud argued that adult symptoms are regressions back to childhood experiences. As Freud states “… memories and associations arising during analysis of symptoms [in adults] regularly led back to the early years of childhood.” According to Freud symptoms come about by sexual repression. The patients repressed their sexual urges in excess of the normal where this repression was a resistance against the sexual instinct. According to Freud most psychoneurotics become it at puberty due to excess demands placed upon their normal sexual life.

Thus we see that the symptom is both a source of sexual satisfaction as well as being the result of sexual repression. In other words the patients symptoms are due to the damming up of their normal sexual life due to repression and resistance to the sexual

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6 ibid., p.78.
9 ibid., p.85.
instinct. Now when it comes to the manifestations of the symptoms these can be in effect far removed from normal sexual manifestations.

Freud argued that psychoneurotic symptoms are in fact manifestations of perverse sexuality. In perverse sexual activity the patient is fixated on exclusive erogenous zones at the expense of normal sexual activity.\textsuperscript{10} Here sexuality means in fact organ pleasure.\textsuperscript{11} Freud argued that all psychoneurotics have strong perverse tendencies and which manifest also in their phantasies. As Freud states:

“All psychoneurotics are persons with strongly marked perverse tendencies, which have been repressed in the course of their development, and to have become unconscious. Consequently their unconscious phantasies show precisely the same content as the documentarily recorded actions of perverts,”\textsuperscript{12}

For Freud these perversion existed in latent form in the psychoneurotic and manifested themselves as symptoms.\textsuperscript{13} When we move onto the meaning or cause of symptoms we see that sexual phantasies and the fear of castration play a role in psychopathology. Freud argued that hysterical symptoms are derived not from real occurrences but from phantasies. In the case of seduction by her father this was a

\textsuperscript{11}Ibid., p.367.
\textsuperscript{12} S. Freud, ‘Fragment of an Analysis of a Case of Hysteria (Dora)’, in \textit{Case Histories 1}, Penguin, 1990, p.84.
\textsuperscript{13} S. Freud, op.cit, p.352.
girls phantasy stemming from her Oedipus stage. As Freud states: “… hysterical symptoms are derived from [sexual] phantasies and not real occurrences. .. this phantasy of being seduced by the father [is] the expression of the typical Oedipus complex in women.”  

Freud argued that “… castration is one of the commonest and strongest motives for repression and thus the formation of neuroses.” Freud claimed that when a girl discovers that she has been castrated this becomes a turning point in her pre-Oedipus development. If she does not resolve this discovery she may end up by repressing her sexuality and thus generate neurosis. The crux of her problem is penis envy with the result that she can give up masturbation and other parts of her sexuality This pre-Oedipus stage is outlined by Freud when he states:

“the discovery that she is castrated is a turning point in a girls growth. Three [possible lines of development start from it “: one leads to sexual inhibition or to neurosis … owing to the influence of her penis envy, she loses her enjoyment in her phallic sexuality [clitoral masturbation]. Her self–love is mortified by the comparison with the boys’ far superior equipment and in consequence she renounces her masturbatory satisfaction from her clitoris, repudiates her love for her mother and at the same time not infrequently represses a good part of her sexual trends in general.”

16 S. Freud, op.cit., p.160.
Thus we see that with regard to psychoneuroses its characteristics include such things as sexual phantasies, phantasies of seduction, repression of sexuality, perversions fears of castration and hindered Oedipus development. All in all we see that sexuality according to Freud plays a major determinate role in the generation of psychopathology.

Now where Freud focuses upon the symptoms of psychopathology Lacan focuses upon the structure. Both see sexuality as playing a determinate role in generating psychopathology. For Lacan the symptom is less important. What is crucial for the generation of psychopathology for Lacan is the structure.

It is important to realize with Lacan’s views on sexuality that “… Lacan is much less concerned than Freud had been to explain and classify sexual inclinations. Rather than furnish a detailed account of what sexual beings do, he propounds an eroticized science of meaning …” 17 Lacan, like Freud, saw two types of neurosis: hysterical and obsessional. 18 Lacan distinguished neurosis from psychosis and perversion. 19 Now where Freud based his account of neurosis on symptoms or quantitative factors Lacan bases his on a structural difference. 20 For Lacan neurosis is a question that is posed to the patient. For the obsessional the question is “to be or not to be.” 21 For the hysterical the questions is “who am I a man or women?” 22 Thus we see that the neurotic’s question is a question around sexuality. As with the women the man

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19 ibid., pp.122-123.
20 Ibid., p.123.
21 Ibid., p.123.
wonders about what it is to be a woman.\textsuperscript{23} With this structural account of psychopathology the symptoms becomes a products of the patients individual and particular history.\textsuperscript{24} In other words symptoms may have different meaning for different people. In contradiction to Freud’s universal meaning in regard to symptoms. Now as Evans points out a patient may be a hysterical without manifesting any symptoms.\textsuperscript{25}

The role sexuality plays in psychopathology is centered around sexual identity. The patients have a problems with their sexual identity. The central question of “am I a man or women?” reverberates throughout the patients life. As Lacan states “the problematical nature of this symbolic identification underlines any possible understanding of the observation. Everything that’s said, expressed, manifested, assumes its sense only as a function of a response that has been formulated concerning this fundamentally symbolic relation – Am I a man or Women?”\textsuperscript{26}

According to Lacan this question of sexual identity comes about because the subjects sexual position is tied to a symbolic apparatus [language] such that the subject finds himself in a preformed and deterministic symbolic apparatus that institutes the law of sexuality; thus creating his sexual identity.\textsuperscript{27} The subject cannot become a sexual thing except within the symbolic domain. And this is why the Oedipus complex is so important.\textsuperscript{28} As Lacan notes with regard to a women’s access to sexual identity in hysteria this is turned to advantage “… owing to her imaginary identification with her father, who is perfectly accessible to her, particularly by virtue of his position in the

\textsuperscript{23} Ibid., p.173.
\textsuperscript{24} D. Evans, ‘Symptom’ op.cit, p.204.
\textsuperscript{25} D. Evans, ‘Hysteria’, op.cit, p.78.
\textsuperscript{26} J. Lacan op.cit , p.172.
\textsuperscript{27} ibid., p.170.
\textsuperscript{28} ibid., p.170.
composition of the Oedipus complex.” What Lacan is saying is that a subject’s sexuality is a product or created only by signifiers. Men and women only become men and women via the cluster of signifiers i.e. via language. Now as Lee points out the phallus is the signifier beneath all other signifiers and creates gender identity. The phallus remains a lack since no one can have the phallus; then fullness of sexual being cannot be had - thus there is always an ineluctable want-in-being. Neurosis is triggered when the symbolic question is asked “what am I ,or Am I” - when ones sexually identity is put under question. And this identity is centered around the phallus or its lack – as we saw above. We will see how all this comes together in hysterical identification.

Evans notes that the hysteric is someone who takes over another’s desire by identifying with the other. But the hysteric only takes on the others desire on condition that she is not the object of the desire. The hysteric takes on the others desire by identifying with him/her. Colette Solar has elucidated this hysterical identification in her analysis of “The Witty Butchers wife.” In her analysis Soler points out that wife puts herself in the position of her female friend in order that her husband desires her just as he desires her friend.. In this analysis the subject identifies with the phallus as the signifier of desire. As the desire of the subject is the desire of the other lack. The Butchers wife identifies with her husband’s lack of phallus i.e. the thing he desires in his wife’s friend. This hysterical identification answers the

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29 ibid., .172.
31 ibid., p.66, 67.
34 D. Evans, ‘Hysteria’, op.cit, p.79.
36 Ibid, p.28.
question “what is it to be a women”, because it centers around the femaleness of her
friend i.e. that thing which the husband lacks thus wants. This thus answers her
question what is it to be a women desired by a man? This question arises incidentally
because according to Lacan the women has to accept her role as being the object of a
man’s desire. 37

Thus we see that for Freud sexuality plays a determinate role in psychopathology. The
patients repression of their sexuality generates symptoms. These symptoms are
themselves a form of sexuality. The symptoms can be substitute sexual activity or in
fact manifestations of perverse sexuality stemming from the patients infantile stage. In
consequence sexuality for Freud is the major determinate of psychoneurosis and its
symptoms. Now when we come to Lacan we encounter a different idea about the role
of sexuality in psychopathology. Where Freud focuses upon the symptoms Lacan
focuses upon the structure. Now both still see the role of sexuality in psychoneurosis
as being a determinate one but for Lacan the symptoms is less important. For Lacan
we saw that psychopathology centered sexual identity. This sexual identity was
couched in the hysterics question “Am I man or woman?” This question itself derived
from the function of the phallus as the fundamental signifier generating sexual
identity. The answering of this question took place in hysterical identification
whereby the hysteric found her sexual identity in the form of the others lack i.e. lack
of phallus. In this way sexuality plays a structurally deterministic role in
psychopathology for Lacan.

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WHAT IS THE RELATIONSHIP BETWEEN NORMAL AND PERVERSE SEXUALITY?

This essay will argue that the relationship between normal and perverse sexuality is problematical in the exposition of Freud. The problematical nature of this relationship resides in the way Freud defines perverse, normal and sexual. It will be shown that Freud conflates or runs the concepts of perverse and normal together thus confusing the dichotomy he creates by the concepts ‘perverse’ and ‘normal’. It will be argued that Freud’s definitions of ‘normal’ and ‘perverse’ are ideologically based and are undermined by the evidence he himself marshals in creating the dichotomy. Further it will be shown that Freud uses two different definitions of ‘perverse’ and ‘normal’ thus further confusing the relationship between normal and perverse sexuality. This essay will show that Freud’s exposition of childhood sexuality undermines his notion of normal as a scientific, as distinct from an ideological concept, and confuses the issue. A confusion it will be pointed out Lacan likewise noticed. Freud’s examples of perverse sexuality likewise confuse the relationship between normal and perverse sexuality; a confusion it will be seen Freud himself acknowledges. This confusion it will be shown stem from Freud’s theoretical view that there exists a great anthropological diversity in both the choice of the objects of sexuality and the aims of sexuality. Thus this essay will show that the relationship between normal and perverse sexuality is confused because the definitions of normal, perverse and sexual bring about points of contact, conflations and their running together of the dichotomous concepts.
First wee must establish which texts of Freud we are going to use. Freud is notorious for revising his ideas through out his writing career thus it is important to try and use his most updated ideas. In one of his last works, the 1933 “New Introductory Lecturers on Psychoanalysis”, Freud discusses the nature of perversion quite briefly with these words: “We speak of perversions when they push the other sexual aims into the background and replace them by their own aims.”\(^{38}\) Strachey in a footnote clarifies these words of Freud by directing the reader to lectures 20 and 21 of Freud’s 1917 work Introductory Lectures on Psychoanalysis.\(^{39}\) These lectures Strachey informs us were mainly derived from his earlier 1905 work Three Essays on the Theory of Sexuality.\(^{40}\) Thus the work I will choose for my account of the relationship between normal and perverse sexuality will be Freud’s Introductory Lectures on Psychoanalysis.

First we will look at Freud’s definitions of perverse and normal sexuality. I will show that these definitions confuse the relationship between normal and perverse sexuality. This confusion comes about because Freud has two definitions of perverse sexuality and two for normal sexuality.

Freud first defines perverse sexuality as being that behavior that does not lead to reproduction. As Freud states: “[w]e actually describe a sexual activity as perverse if it has given up the aim of reproduction and pursues the attainment of pleasure as an


aim independent of it.”41 Here we see Freud giving us both a definition of perverse
and normal sexuality. It can be inferred that normal sexuality is that behavior that
leads to reproduction. That normal sexuality is that that leads to reproduction is it self
stated clearly by Freud when he says: “… sexual life, which serves the purpose of
reproduction and is described as normal.”42 This seems straight forward until we see
that Freud changes the definition.

In his chapter called “The Development of the Libido and the Sexual Organizations’
Freud defines perverse sexuality as that activity that is fixiated and exclusive on either
a sexual object or in regard to the sexual aim. As Freud states:

“… the essence of the perversions lies not in the extension of the sexual
aim, not in the replacement of the genitals, not even always in the variant
choice of the object, but solely in the exclusiveness which these deviations
are carried out and as a result of which the sexual act serving the purpose of
reproduction is put to one side.”43

Here we see a change of the definition of perverse and normal. Perverse sexuality has
changed from being activity not involved in reproduction to activity that is exclusive
fixiated on an object or aim. Now because perversion is defined in opposition to
normal then normal sexuality, by inference, now becomes obviously any sexual
activity that is not exclusive or fixiated on an object or aim. In this new definition the
avoidance of reproduction is only a consequence of the exclusiveness and fixation to

41 ibid., p. 358.
42 Ibid., p.361.
an object or aim. Thus by inference normal sexuality is not that activity that involves reproduction but instead sexual activity that is not exclusive or fixiated. Thus we see here a confusion as to what constitutes perverse sexuality as well as what constitutes normal sexual activity. Nevertheless if we take Freud’s later definition about perverse sexual activity being exclusive and fixiated we end up with a confusion when Freud considers childhood sexuality.

To start with Freud considered, as he states, “Children may thus be described as ‘polymorphously perverse’ ...”[^44]. When we explore this idea, we discover that because of polymorphous childhood sexuality Freud’s relationship between normal and perverse sexuality appears to be ideological. But first of some scholars argued that Freud’s characterization of polymorphous childhood sexuality undermines his whole theory about the relationship between normal and perverse sexuality. Lacan felt there was a major conceptual problem such that he “… overcomes this impasse in Freudian theory by defining perversion not as a form of behavior but as a clinical structure.”[^45]. D. Evans points out the problem when he states:

“Perversion was defined by Freud as any form of sexual behavior which deviates from the norm of heterosexual genital intercourse. However, this definition is problematised by Freud’s own notion of the polymorphous perversity of all human sexuality which is characterised by the absence of any pre-given natural order.”[^46]

[^45]: ibid., p.138.
In examining childhood sexuality Freud claims that sexuality does not equal genitality. Childhood sexuality is obviously not reproduction focused. Freud argues that childhood sexuality is perverse as it involves parts of the body, i.e., erogenous zones that are not involved in reproduction. In this regard the sexual activity of children involves activity in regard to an object over and above and independently of the biological use of that object. Thumb sucking becomes a pleasurable sexual experience independently of its bodily function. Similarly the anus, mouth, penis can have sexual pleasure associated with them independent of their biological functions. Freud uses the term autoerotism to refer to activity that is detached from the object of the self-preservative drives. In other words, autoerotism comes about when the sexual drives become detached from the object of the self-preservative drives. Namely when the mouth becomes a source of pleasure independent of its use in eating then it is autoerotic. It is in this regard that Freud calls children polymorphous perverse. Childhood sexuality involves objects and aims that are autoerotic and are not based upon reproduction.

Freud in characterizing children’s sexuality as polymorphous perverse in fact redefines the notion of sexuality. Where sexuality had the connotations of genitality Freud offers a totally new view about what sexual is. Freud in fact extends the notion of sexual to involve the notion of pleasure. In this regard Freud defines the sexual as

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being to do with organ pleasure. As Freud states he: “… extend the description of being ‘sexual’ to the activities of early childhood, too, which strive for organ pleasure.”\textsuperscript{51} With this definition of sexual we see how sexuality can have nothing to do with genitality. Similarly we see now why children are considered polymorphous perverse. Children are polymorphous perverse because they are fixiated on a number of exclusive organs for pleasure which are called the autoerogenous zones.

Now this leads us to see the ideological element in Freud’s views about the relationship between normal and perverse sexuality. Freud states that “… in short, that perverse sexuality is nothing else than a magnified infantile sexuality split up into its separate impulses.”\textsuperscript{52} The question this raises is, that hinted at by Evan’s above, namely if children are polymorphous perverse then why is polymorphous perversity not considered the norm and normal sexuality considered perverse. Freud himself admits that children are socialized into adult normal sexuality by being told that their activities are forbidden. Freud points this out when he says “… almost all infantile sexual activity were forbidden to children …”\textsuperscript{53}. The ideological cause of this forbidding is seen in the adults trying to give social respectability to their children’s activities. As Freud states: “this is where he is first obliged to exchange pleasure for social respectability.”\textsuperscript{54} Thus we see that it is adults with their ideological hang ups that force the polymorphous sexuality of children along narrow reproductive lines. In this regard we can see that the relationship between normal and perverse sexuality is ideological and not derived from any objectivity on the part of Freud. We see this

\textsuperscript{53} ibid., p.354.
\textsuperscript{54} ibid., p.357.
ideology at work when Freud discussed the wide prevalence of so called perverse sexuality.

Freud notes that there are two types of perverts. Freud notes that the first group of perverts replace the genitals for the mouth or anus. These perverts Freud claims treat their sexual objects the same way normal people treat theirs. With the second class of perverts Freud says these acts are horrible. These perverts can derive pleasure from watching sexual acts, causing pain or feeling pain. Nevertheless these aspects of perverse sexuality are quite common. Freud notes that “.. on the contrary, we are dealing with quite common and widespread phenomena.” Freud points out that Bloch had shown that perverse aspects of sexuality had occurred in all periods of time and in diverse cultures both primitive and civilized. With sexual data Freud goes on to say that “… quite consideration will show that perverse trait or other is seldom absent from the sexual life of normal people.”

Here we see a confusion between normal and perverse sexuality. If perverse sexuality is so common why then is it not considered normal. Freud notes that his audience may be confused with his exposition. Freud notes that may have the view that “I have confused rather than explained the relation between normal and perverse sexuality.” This confusion can be seen to have its roots in the confusion set up by the ideological aspects of Freud’s points of view. Namely that it is adults from Western civilization

55 ibid., pp 346-347.
56 Ibid., p.346.
57 ibid., p.347.
60 ibid., p.348.
61 ibid., p.352.
that forbid the polymorphous sexual activities of children and characterize some so
called perverse acts as horrible. We see this ideology again when Freud talks about
pathological sexuality.

We saw that Freud characterized perverts into two groups. Now the second group
which seeks for pain Freud called pathological. Freud says in regard to pathological
sexuality that “unless we can understand these pathological forms of sexuality and
co-ordinate them, with normal sexual life, we cannot understand normal sexuality
either.”\(^62\) Now here it can be seen that Freud is running the perverse and pathological
together. By collapsing the pathological into the perverse Freud is making a value
judgment based upon societal views in regard as to what is horrible or abnormal.

When we examine Freud’s views about neurotic behavior we also see the ideological
current running through the relationship between normal and perverse sexuality.
Freud argues that neurotic symptoms are substitutes for sexual satisfaction.\(^63\)
According to Freud adult symptoms are regressions back to childhood experiences.
As Freud states “… memories and associations arising during analysis of symptoms
[ in adults] regularly led back to the early years of childhood.”\(^64\) Freud argues that the
perverse acts are activations of childhood sexuality brought about by the normal
sexuality not being able to be fulfilled. On this point Freud claims that “… the
perverse impulses must emerge more strongly than they would have if normal sexual
satisfaction had met with no obstacle in the real world.”\(^65\) Here we see once again the
ideological element in Freud’s view regarding the relationship between normal and

\(^{62}\) ibid., p.348.
\(^{63}\) ibid., p.349.
\(^{64}\) ibid., p.352.
\(^{65}\) ibid., p.351.
perverse sexuality. There is obviously a confusion in running neurotic symptoms into perverse activities. The confusion becomes clear when we see Freud arguing that “… we must suppose that there was something in these people [neurotics] which came half-way to meet the perversions; or, if you prefer it, that perversions must have been present in them in a latent form.”66 If perversions are present in latent forms then obviously they could be considered to be part of the normal make up of people and thus normal.

Thus in summary we have seen that Freud offers two definitions of perverse and normal which confuse the relationship between normal and perverse sexual activity. We have seen that Freud’s characterization of children’s as being polymorphously perverse confuses the distinction between just what is normal. Freud in extending the sexual to mean organ pleasure thus makes all sexual activity which is driven by organ pleasure thus normal. We have see that according to Freud there is great diversity both culturally and historically in the choice of sexual object and sexual aim. We saw that there is no fixed object and no fixed aim when it comes to sexual activity. With all this diversity in mind we saw how in fact Freud’s characterization of the relationship between normal and perverse sexuality was ideologically driven by the adult world of his times. Freud’s characterizations of perverse and normal are ideologically based. It could be argued that Freud in facts tailors his ideas on sexuality to meet the norms of his period. With such terms as horrible and forbidden we see an ideology at work in the relationship between normal and perverse sexuality. The relationship between normal and perverse sexuality is ideological because the terms perverse and normal are themselves ideological.

66 ibid., p.352.
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