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SOME VICISSITUDES OF FEMININE SEXUALITY

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Abstract: This paper explores Freud's question 'What do women want?' and asks whether this is a question relevant for modern times. In examining this question, the paper focuses on the construction of the 'feminine' in Western heterosexual relations. It provides a psychosocial definition of femininity and makes explicit that the focus is on the body and sensual pleasuring in the context of relationship. There is a brief exploration of gender differences in a heterosexual economy and I suggest that biology and sexuality form an open system affected by cultural influences. The article draws its insights from the close study of a detailed case study to identify how women experience their pleasuring and to illustrate the complexity of their sexual experience. It explores the possibility of pleasuring without a finite cut off point and how this relates to fantasy, meaning and relationship with the other. In conclusion, I argue that, although a phallogentric set-up still resides in heterosexual relations, there is the space for 'femininity' to transgress such confines and open up new possibilities.

Introduction

As has been well documented in the history of psychoanalysis, female sexuality has raised questions about the enigma of feminine desire. On this Freud famously wrote,

We know less about the sexual life of little girls than of boys. But we need not feel ashamed of this distinction; after all, the sexual life of adult women is a 'dark continent' for psychology (1926, p. 212).

Freud's question, 'What do women want?' (cf. Jones 1953) suggests that there is a demand which as yet, has not been fathomed and remains unsatisfied. Freud's question emerges out of the Victorian era and arguably reflects a view of feminine sexuality from a masculine perspective. His question is thus situated historically and relates to a specific oedipal and heterosexual context. Since Freud, a number of social, political and cultural changes have occurred in Western societies that have enabled the diversity of female sexuality to find expression in various contexts. Nevertheless, it is the case that heterosexuality persists as a dominant style of organizing intimate relations, and that oedipal structures with paternalistic bias can still be found both in Western culture and across the world. I would thus suggest that Freud's question still has some relevance for modern times.

In this paper, I use Freud's comment as a starting point to explore a form of feminine sexuality, particularly its bodily aspects, and in doing this; I arguably offer a corrective to the developments in psychoanalysis, which have neglected sensuality and sexuality (see Budd, 2001 and Fonagy, 2011 who argue this point). As a woman academic and clinician, I revisit Freud's question with the foresight of my experience. In the past, I have worked with trauma and women's sexuality as a staff psychotherapist at the Woman's therapy Centre and currently at The Helen Bamber foundation and in my private practice.

There is no one form of feminine sexuality, as there are different forms and developmental pathways. These pathways depend on the interaction between early infantile experience and sexual relations throughout the life span as the woman develops a relationship with her body and fantasy life (see Diamond & Marrone, 2003, p.185-224; Diamond, 2013; Pines, 1994). At one end of the spectrum, there are a number of women who complain of difficulty in achieving orgasm, some of whom never experience orgasm. Women who withdraw from sexual intimacy often feel let down by their partner. The frequent complaint is that their male partner is emotionally insensitive and lacks empathy.

In contrast-at the other end of the spectrum, there are women who engage in a prolongation and persistence in sexual pleasuring, possible multiple orgasmic pleasure or/and where amorous feelings persist despite orgasm (and even in spite of relationship difficulties with their partner). In this context there is more a heightened state of sexual excitation a 'too much', rather than 'too little'. In both situations, the 'too little' or the striving for 'more', there is a demand expressed which remains unsatisfied and is not fulfilled by what the partner can provide.

I will open up an enquiry into feminine sexuality, which I typify as 'excess sexuality'. Although 'excess sexuality' may sound normative, with moral overtones my use of the phrase is not prejudicial. Instead my focus is on a kind of sexual pleasuring which does not operate according to a fixed biological limit, or as simple physiological satisfaction. Rather, I am looking at sexual-affective states that do not conform to prescribed thresholds. I will explore sensual pleasuring and orgasm in a relational-developmental context and I will study the effect of trauma and loss on sexual experience.

I will offer a case study as a way of exploring 'excess sexuality'. The case study is formed out of a *bricolage*. *Bricolage* is a French term used across many arenas, including anthropology, cultural studies, the arts, and psychoanalysis. The anthropologist Levi-Strauss

(1969) first coined the term and since then the use of the word has been taken up by many post modern thinkers, including Lacan (2005).

Bricolage refers to the act of constructing an artefact. Most simply, in the practical arts it refers to a construction or creation of a work into a new ensemble out of a diverse range of materials that happen to be available. In this context, the work is the case study which is likened to a composite figure in a dream, but here the fragments of material are drawn from numerable analytic cases which are combined with fictional narrative. The fragments are so interwoven with imaginary material that a novel construction is created. This ensures not only that the name, location, situation and individual cannot be identified, but that all fragments in becoming part of the fictional context can no longer be traced back to the original source.

The result can be likened to Orbach's (2002) imaginary patients' who are derived from imagination and unconscious processes but are also based on the assimilation of observation, understanding and insight from years of clinical experience. There is an evident similarity between the imaginary patient and a character created in a novel, for like any 'good enough' writer who manages to capture something authentic and true about a character, so does the therapist with her expertise who manages to retain a certain clinical validity in the individual case example despite the artificiality of the construction.

In referring to 'feminine' sexuality, 'femininity' is not understood as an innate characteristic, but rather as a series of qualities and styles culturally created over generations. 'Femininity' as a 'quality' has historically been culturally aligned with 'passivity', as 'masculinity' has with activity, yet as Freud notes, a lot of activity goes in to sustaining a more passive position. However, Freud observes that both 'traits' exist in each gender, in men and women, and that aligning oneself to masculinity rather than femininity or vice versa, is the outcome of an identification. In this regard, and by implication, it is possible for a man to identify with such a 'feminine' position. So, although in this paper, I refer to women in relation to feminine sexuality, it is in fact possible for men to align and identify with a feminine form of sexuality.

In the circulation of dominant heterosexual fantasy scenarios, 'femininity' is often identified in a stereotyped fashion, with becoming the 'object of desire', and masculinity with the active stance of actively desiring. Given that masculine and feminine qualities can reside in one subject and diverse definitions of sexuality exist in contemporary culture, it is

potentially possible for there to be playfulness between positions, ambiguous placing(s) and so on.

Excess Sexuality

Freud recognized that for sexuality, there was no fixed source aim and object, rendering the preference of *Trieb* (drive) over *Instinkt* (instinct) (the exception being James Strachey's translations of Freud into English). Laplanche (1985) referred to the 'marginal effect', as he describes how emergent sexuality transgresses thresholds and any biological pre-set limits. In this way, the somatic element of sensual pleasuring conforms to the malleability of neural plasticity and the modern view of an open biological system (see Diamond, 2013). It is now recognized that a number of biological processes are malleable and can be transformed by experience (Ansermet and Magistrett 2007). Sensual pleasuring transgresses a biological limit of physical satisfaction like when a baby's lust for sucking at the nipple overrides satisfaction of hunger after a feed (Laplanche 1985).

In men and women, sexual sensual pleasuring is not rigidly biologically fixed and can develop in different ways according to the stimulation and interaction received from others. Interpersonal experience can influence sexual intensity, the refinement of sexual pleasuring, the associated fantasies and the style of relating to the other (see Diamond & Marrone, 2003 and Diamond, 2013).

As noted 'excess sexuality' does not imply a prescribed threshold, rather it suggests a state of sexual pleasuring without a definitive biological limit. The way there is an open biology which gets transformed by the sexual drive (see Diamond, 2013). What has been identified in women is a marked absence of a refractory period (see Masters, and Johnson, 1966, 1970, 1974, 1979, Masters, Johnson and Kolodny, 1994). The refractory period is when there is a period of abstinence directly after orgasm. This is in the form of a sexual and emotional withdrawal most commonly found in men. Often this withdrawal results in rest and is frequently caricatured as the man who, after sex, rolls over and falls asleep.

Ruth Stein (2008) refers to an 'excess sexuality' as an 'excess of excitation' (Freud 1905) an 'excess of the other' (Laplanche 1989), and an 'excess beyond symbolization and the excess of the forbidden object of desire (Lacan 2007). Stein further adds an 'excess of touch and its transformative potential' (Stein 2008, p.44). She concludes that excess implies:

the overstepping of boundaries, a state of over-brimming with inordinate arousal that makes one feel it cannot be fully encompassed...an excess of physical sensation beyond regular containment, an excess of desire over sensible judgment, an excess of meaning beyond symbolization, and the others' ungraspable excess over me.

In his re-reading of Freud, Laplanche (1985) relates sexual pleasuring to an increase in excitation and the transgressions of thresholds, defined as the 'marginal effect'. The 'marginal effect' is the increase in excitation and the intensity, which is part of sensual pleasure. It is something that Freud also describes in 'Beyond the Pleasure Principle' (1920), as a breaching of limits and how this intensity can be associated with trauma, an experience which is overwhelming, too difficult to assimilate and resists comprehension.

Freud also related excessive excitation to the death drive, which Sabina Spielrein (1994) had early on identified as the close relation between intensified sexual excitation and destructiveness, a transgression of any homeostatic principle, which in relation to a sense of the bounded body-ego/self relates to a loss of the bounded ego and the brave opening up to the other and what lies beyond. Stein (2008) distinguishes between affirmative ecstatic states and more destructive annihilating self/other states. As is understood by psychoanalysis, creative affirmative and destructive affective states can become confounded; the death drive and sexual drive can converge. However, pleasure can take different forms, as heightened states of sexual arousal can be playful or more driven by a compulsion to repeat unresolved trauma. In the exploration of the case study we will see how trauma and loss in relation to heightened states of feminine pleasure are confounded and the dividing line between play and sufferance is rendered obsolete.

Whereas Freud refers to feminine sexuality as an enigma, Lacan (2002, 2007) refers to the relation between femininity and *jouissance*. *Jouissance* means enjoyment and implies sexuality. It is an expression of feminine pleasure and implies an experience that exceeds limits, even the limits set by a phallic order¹. In 'Ethics of Psychoanalysis' 1959-60 (2007) and 'Encore' 1972-3 (2002), Lacan notes the experience of enjoyment in feminine orgasm that revels in intense pleasure with no pre-determined cut off point, a type of pleasure that transgresses boundary thresholds and can shift between enjoyment and sufferance so they are no longer distinguishable.

For Lacan, femininity can be linked to two forms of *jouissance*: firstly, a phallic *jouissance* that still operates within phallic identifications of other as the fantasized (O)ther

(oneself or/and other as imaginary phallus) an aspiration that no one can in fact achieve because no actual subject can in fact become the Other – for this is a omnipotent idealized position that no one can occupy, it is equivalent to trying to become God which no human can do (see footnote 1). Secondly, there is a supplementary *jouissance*, where the woman wants more, more than the fantasy of the man as phallus or the woman as phallic can offer. Here feminine sexuality embraces a form of enjoyment that surpasses any phallic logic or limit, and for Lacan, tips into a type of unrepresentable experience (an encounter with the real).

Lacan describes how the positioning in the symbolic order creates a place where Man's pleasure can become more effectively circumscribed by the boundaries determined by the phallic function, in contrast the position of Woman is not so clearly represented in relation to the phallic signifier, as she is less subsumed by it and can momentarily step beyond the limited pleasure phallic logic permits. Lacan helps to explain how sexual difference is structured in a phallic heterosexual economy and how positions of pleasure can operate in this context.

In contrast to Lacan, Luce Irigaray (1985) questions phallogocentric logic at root and attempts to construct an imaginary which articulates feminine difference. For Irigaray, feminine difference does not operate in binaries, and she re-writes Merleau-Ponty's theory of touching – as an unbounded sensuality where there is a continuum of pleasuring, the lips constantly touching producing sensation (1985, p.100). Irigaray contrasts her auto-erotic 'take' on female pleasure with the binary active male sexuality /passive female sexuality of Freud. She contends that a woman contains a multiplicity of desires, 'before any distinction between activity and passivity is possible' (p. 100). This is an interesting description as it directly relates to an exploration of a more unbounded sexuality.

The difficulty with Irigaray's construction of the imaginary (see Whitford 1991) is that the feminine in this imaginary refers to sensation and does not sufficiently emphasize the woman's narration of herself. It is hoped that by exploring a case, the way a woman comes to articulate her experience will be shown. In the case study, no utopia will be discovered, what will be found, is a woman who is still struggling within a phallic economy and how within the strife there is a possible space for her where she can find some discrimination between subjection and being her own person, an appreciation of her difference and her growing ability to reflect on her experience.

Attachment and Sexualizing Loss

In cases of unresolved loss and heightened states of sexuality, the pain of loss can be transformed into pleasure and sexualized (Stoller 1986). Loss can intensify the state of arousal and lead to an over-valuation of the partner. When there is fear of loss, the partner's sexual availability becomes all the more precious and investment in him intensifies and he appears even more special. The case study will illustrate how the experience of loss can increase arousal and the idealization of a sexual partner. This over-idealization effectively becomes a way to stop up the gap of the loss. This can result in an addictive and obsessive quality in the style of the love.

Devastating losses and unresolved mourning make the experience of loss more overpowering and difficult to bear. Stoller (1986) in his exploration of sexuality notes that emotional trauma can be sexualised and the experience of pain can be transformed into pleasure. Traumatic loss when eroticized becomes a form of sexual hyper-arousal and pain turns into intense excitement. Diamond & Marrone (2003) describe how loss in the attachment sphere can be sexualised as a way of defence. Diamond & Marrone (2003) give an example of a young adolescent woman who sleeps around, wanting the attention from her lovers. Yet, underlying this behaviour is the search for the parental love and validation she never received; she does not resolve her dilemma with her actions and remains feeling unloved and unfulfilled.

As Diamond & Marrone argue, sexuality emerges in the attachment relationship. For example, traumatic separation and fears of abandonment in the attachment sphere can potentially shape the later relationship with the sexualized other. Freud (1920) notes how in order to master the trauma of loss, the compulsion to repeat can be set in motion and this compulsion can underlie addictive states of sexuality. In exploring feminine sexuality, I relate Freud's thinking on loss to attachment understanding of traumatic separation and Lacan's discussion of the lost object. Verhaeghe and Vanheule (2005) in a similar fashion do not assume that these paradigms are mutually exclusive.

The Case of 'Anna'

The case study that follows will illustrate the relation between the feminine, somatic sexual states and affective relational life; it will explore the shift in somatic life with the therapeutic

work. The emphasis is on bodily expression and sexuality rather than discussing clinical technique as such, so, although the transference and counter-transference is touched upon it is not the main focus of the case illustration. As noted the case study is a *bricolage*, the outcome of an artificial construction, effectively what is presented is an imaginary client. This means no person's privacy has been breached; at the same time the case has been put together with clinical insight and understanding so that plausibility and experiential cogency is preserved.

I began this article with Freud's question, 'What does a woman want?' as a way to explore excess sexuality and femininity. This study illustrates such a case, but perhaps more than this, it also demonstrates how traumatic loss can intensify sexual experience and how attachment loss when sexualized, can heighten sexual excitation. It examines how intensifying pleasure can turn into pain and in fact become a symptom. In this way, this article develops Freud's initial question and finds its own direction and form of analysis.

'Anna' came for twice weekly psychotherapy over a five year period. She was a woman in her early thirties who was studying history at university. She would sit on the couch and did not want to lie down. She seemed to be in a very fragile state with very poor body-ego boundaries and she required some sense of her defined body space in relation to the room environment and where the therapist sat. One feature was her state of arousal. It was noticeable in her hyper-alertness. She would all of a sudden be startled if she heard an unexpected sound. Her movements were agitated and there was a shortness of breath as she spoke.

When a client presents in a highly aroused state, it is important for the therapist to be vigilant in checking his or her defensive responses. In the therapist, self-preservation and disassociated reactions are possible and such responses need to be radically challenged, as the therapist needs to be emotionally available and truly encounter the somatic state that the client is in. If the therapist can not engage with disturbing states that are evoked in them, then how can they help their client to bear these states? Bion (1962) writes of the 'maternal container' and that the mother needs to be able to bear the baby's affective states and this is an important point for the therapist to also learn.

I stress this point, partly, because in the case of 'Anna', she had been for three sessions with a previous therapist who tried to calm her down because he could not manage her excited state. She felt she had been treated like a dangerous psychiatric patient who needed to be sedated. She felt he was frightened to be alone in the room with her and that her

feelings were thus unacceptable. It is important to embrace feelings in the room and not to shy away from them.

The fact that 'Anna's' feelings were very sexual means that the therapist needs to be in touch with counter-transference states which can involve sexual arousal and to use these states to help her understand the client. 'Anna' experienced great shame about her sexualized state and shunning 'Anna's' feelings would only increase 'Anna's' feelings of exposure.

'Anna' spoke about her lover 'Ted' who had left her eight months ago. 'Anna' told the therapist that some months after he had left, she had started to masturbate and she experienced a series of orgasms and felt the urge to continue and found that she could not stop. 'Anna' explained how she panicked and rang a Women's Helpline. The woman on the other end of the line did not appear shocked or alarmed, she asked how it had all started and said she thought that 'Anna' was expressing how much she missed her lover. As soon as this comment had been made 'Anna' managed to calm down.

'Anna's' orgasmic state is not a straightforward example of female multiple orgasm or continuity of sexual feelings, for it was not all about achieving pleasure. However, her orgasmic state can be viewed as an expression of an open and unbounded form of feminine sexuality. Instead of the void in the wake of the lost partner, 'Anna' was full of sexual sensation. In this instance, sexualizing the experience of loss had intensified the orgasmic state and played on the interminable circulation of desire around the unobtainable lost object which her ex-lover represented. 'Anna' was grieving and pining at the same time. She was locked in an orgasmic call without response, she somatically suffered unrequited love.

The woman on the phone momentarily played the role of the receiving other and modified 'Anna's' heightened state by her openness and calm 'showing no shock or alarm' and this was experienced as soothing and containing. By putting the overwhelming sensation into talk, the woman on the helpline transformed the powerful somatic experience into something more articulate. The interpretation of the orgasms as an expression of how much 'Anna' missed her lover seemed to 'hit the spot'. However this intervention was short lived and 'Anna's' sexualized state persisted, she reported feeling 'highly aroused all the time'. 'Anna' felt 'out of control' and that she might trigger into orgasm in public places and this was terrifying for her. She feared publicly humiliating herself and being shamed.

Freud (1905) had noted in the case of 'Dora' how the line between disgust and pleasure can become a very fine one and how the repudiation of pleasure can soon turn into a feeling of disgust. Today, despite the sexual openness in popular culture, it is still not

uncommon to find women very inhibited about expressing sexual feelings in an outward and active way and 'Anna' felt that a public enactment would result in being shunned by all. However, it is also the case that another contradictory and unconscious part of her wanted to show the world, the very thing she wished to hide.

'Anna' gradually began to speak about her sexual states in the session: nothing was 'off bounds'; she said she did not feel judged. 'Anna' felt she could bring her sexuality into the sessions and the therapist worked hard to be open and engage with the arousal in the room. Always a risk has to be taken, no one can know for sure about the more 'disturbed' parts of the personality; would she revert to literal enactment in the here and now? The therapist has to grapple with these anxieties regarding the client's behaviour. If there were to be a sexual display or advance in the room, the therapist needs to feel emotionally equipped to sustain the therapeutic space or deal with its temporary failure. 'Anna' although excitable worked well within the 'as if' space of the sessions and, as 'Anna's' sexuality became more apparent in the sessions, she became less anxious about public places – she spoke about the fear of going out of control and did not act out.

Having had a repeated orgasm and yet finding no satisfaction was all linked to missing 'Ted'. 'Anna' appeared to be searching for an intense state of pleasure – a continuation of orgasm again and again – for a fullness of sensation that would last and take her away into a heightened state, and yet, simultaneously, in the height of intense pleasuring, there was an anti-climax, a profound sense of loss. The experience seemed to put 'Anna' in touch with her feelings of loss and she experienced a longing for attachment with her ex-partner. At this stage of the therapy, 'Anna' was very fixated on her ex-partner. If he returned, she believed all would be fulfilled and all would be well with the world. He was idealised and viewed nostalgically, as the only one forever lost, 'a loss with no respite'. He became a plug to plug up all 'holes' (in the phallic imaginary). 'Anna' very much brought 'Ted' into a phallic imaginary where 'Ted' in the fantasy would fill the lack in her once and for all. 'Ted' was used to stop up all gaps and was seen as a solution to all her problems. This idealisation of 'Ted' completely contrasted with the actual description of their relationship, which 'Anna' described often as having real difficulties and shortcomings.

Despite, the limitations in 'Anna's' conscious insights at this point in the work, that is her inability to reflect on her idealisation of 'Ted', it is interesting that her body language, in contrast, was expressing something more complex. For there was a double communication, the state of orgasm could be seen as an attempt to stop up the lack; an evasion, whilst also

being an expression of the loss – a crying out in orgasm – so to speak. It appears that the orgasmic state acknowledges the loss in the very act of its denial-filling the void with lots of sensual feeling-sensation. An orgasm that never finds satisfaction enacts the endless loss itself unfulfilled. As a double message, the orgasmic state can be viewed as a symptom. In this respect, it is somewhat related to Freud's analysis of the hysterical somatic symptom, which both disguises and reveals. In contemporary psychoanalytic terminology, 'Anna's' orgasm when viewed as a 'symptom' could be seen to indicate a difficulty in symbolising loss. For example in the way 'Anna' denies loss by taking flight into sensorial oblivion. Yet the body symptom also has started to symbolise loss, by the orgasm enacting an endless loss – repeating itself but resulting in lack of fulfilment.

Loss was very unresolved for 'Anna', a continuous state of sexual arousal persisted without respite and the figure of the lost lover remained fixed in an idealisation. It is important to understand the difficulty 'Anna' has in relation to loss and separation. What was the meaning of the idealisation of the lost lover? Why was 'Anna' working so hard to stop up the holes in her experience, to evade, rather than deal with the sadness of loss and the consequences of separation? One simple answer to this is that this kind of pain was unbearable for 'Anna'.

'Anna's' attachment history became expressed as enactments in the transference. Anna found separation from her therapist very hard. She had marked difficulty coping between sessions, anxiety would dominate, feeling 'a terrible pit in her stomach', painful and overwhelming, fearing that her therapist would not be expecting her and that her therapist had not kept her in 'mind and body'.

As the therapy proceeded, 'Anna' recalled her family history. She described how her mother 'Maria' was an Eastern European émigré and a child of war and had suffered terrible losses. 'Maria's' mother had been killed and 'Maria' was effectively orphaned at six years and her father was taken and held by the police; no one ever found out if he had been killed too. 'Maria' was placed in an orphanage until seventeen years and then managed to come over to England with fluent English and met 'Anna's' father, an Englishman, and achieved British citizenship.

'Anna' remembers her mother being silently depressed, passive and often withdrawn. Not talking about the past, 'forgetting' the past, assimilating to the new country and culture. This is a common response to historical trauma. 'To not remember' does not make the past go away. It lives on, sometimes compartmentalized, yet brewing and without warning, may

seep through the cracks in the form of bizarre behaviour, or through unpredictable outbursts of emotion. From 'Anna's' description, 'Maria' had not dealt with her losses, 'Maria' would apparently say 'I just have to get on with living' and she did, but she survived at a cost. All this effected 'Anna's' childhood. 'Anna' had no surviving relatives on her mother's side – it was genocide.

Effectively, 'Anna' described her mother, as a woman who could not mourn, who never spoke about her history and never cried, but would oscillate from being withdrawn to expressing high states of anxiety. 'Anna' said that her mother had tried to paper over the cracks, but the difficulties still showed through. 'Anna' recalled how her mother would cut off when she was upset and leave her to cry, she was unable to respond. 'Anna' said that her mother's face would go 'dead pan' and 'Anna' just had to find a way to cope. At other times, the mother would get very anxious, particularly over her daughter's physical states. Whether the mother was seen as indifferent or amplifying states, she appeared from 'Anna's' description to have limited capacity to process 'Anna's' feelings.

The scenario described is one where the mother, in being unable to address her losses, could not address her own pain of loss and acted out on her daughter in moodiness and erratic behaviour. Unspeakable loss appeared to colour 'Anna's' childhood world, her maternal environment. 'Anna' never knew where she stood with her mother – 'it was like picking daisies' she said 'she love me she love me not' – coping with her mother's withdrawn cut off states. With this constructed history in mind, 'Anna's' transference to her therapist made sense. There was part of her that felt her therapist was never there for her.

She described, 'John', her father as cold and preoccupied with his work, she always felt distant from him. 'Anna' described her father as also emotionally absent. She described a father that could not counter the mother as an attachment figure and left 'Anna' exposed to a mother who had great difficulties. Furthermore, 'Anna's' pursuit of men who were emotionally unavailable repeated her relation with her father in the oedipal set-up, the compulsion of her structure of desire therein, compounding the experience of loss and motivating even her unconscious pursuit of it. For 'Anna' sought out men who, like her father, were not there for her and this perversely activated her desire. She then wished to win the man's love and resolve her father and lovers' unavailability and this resulted in the re-enactment of the paternal relationship.

'Anna' felt emotionally bereft and abandoned when she was in states of distress or heightened anxiety. Unresolved mourning in the mother where the pain of loss was not dealt

with gets passed on in subtle ways, often not verbal, through behaviour and mood, on to the next generation. In cases such as 'Anna's', one can argue that intergenerational transmission of grief is present.

Grief has not been sufficiently processed and reflected upon across the generations. Fraiberg *et al* (1975) describes how 'ghosts' of the parental past can take possession of the nursery. The parent who has successfully isolated the affective components of the trauma becomes doomed to repeat. As Leader (2008) puts it 'how a parent has represented a loss, is crucial for the mourning process: as we see again and again clinically, when a loss is not symbolised in a family history, it so often returns to haunt the next generation' (2008, p.81). As Leader goes on to argue: 'Rather than accessing the memories, the body commemorates them' (p.95). One could say that 'Anna's' interminable orgasm takes the place of grieving or rather the body is the place where grief is expressed. From this perspective unresolved mourning underlies the symptom of 'eternal' orgasm.

When massive loss is the trauma and in the second generation the *loss is un-locatable in one's own life history, the encounter with the non-representational nature of loss is very stark*. Loss that cannot be thought about and reflected on lives on. It is transmitted in non-verbal communications and in repetitive actions across generations. I argue that 'Anna' is hit with a number of losses including unresolved loss in the previous generation and that this is lived out in the mothering she received. Furthermore, the structure of desire for the father left her with the twisted striving to seek out an unavailable man. Attachment and sexual loss overlaid one another.

However, sexual loss is powerful in its own right, the irreducible loss of the object of desire. The development of 'Anna's' 'sexuality activates the experience of earlier loss. In fact it is only post loss of the lover and after a period of delay that the orgasmic response emerges. Freud (1895) refers to deferred action as *Nachträglichkeit*. The trauma occurs after the fact and is indeed only then a sexualised experience. With this temporal dimension, the sexualisation of loss is specific and previous perceptions of loss are taken up in the sexual sphere.

What can be identified in the case of deferred action, in the delay, is that a period of incubation occurs where a network of signifiers set up a story, in which the lost lover becomes the figure of total abandonment and his idealised presence a saviour who can ameliorate the loss with fulfilment if only he was to return. This idealisation and fantasy sets up what cannot be had in reality. For an irreducible loss of the object that causes desire

cannot be ameliorated by an actual other – no person can in fact satisfy or fulfil this type of loss. The fantasy of the lost lover who can by his return kill all ills disguises and reverses the figure of the abandoning father who returns as the jilting lover. The orgasm is triggered as most intense and powerful after the lover is lost and the abandonment sets in.

As ‘Anna’ works through her orgasmic symptom she develops signifiers through which to understand and talk about her experience. This part of therapy is about representing the somatic expression in a verbal articulation that ‘Anna’ can dialogue with both with the therapist and in herself. Instead of enactment, ‘Anna’ can reflect with a greater state of awareness.

Having constructed insight into the situation, ‘Anna’ also needs to question how she perpetuates a repetitive situation. As loss is part of her history, her life and current circumstances, and as core to her being and sexual desire, she cannot in fact escape the encounter, nor evade or deny it. In the analysis, ‘Anna’ faced the encounter with the pain of loss. In the sessions, the focus on the experience of loss helped to work through and ultimately to sustain a greater tolerance of loss and anxiety in relation to the experience of separation.

In the therapy, ‘Anna’s’ abandoned states would be faced. At times in the sessions, ‘Anna’ confronted the fear itself and actively encountered the ‘pit’ as she left the sessions. She was able to survive ‘nameless dread’ by risking getting lost in it at times but realising that it was not forever. Finding a shared language in the sessions through which to feel these states helped ‘Anna’ to process the experience. The historical construction of intergenerational familial loss helped contextualise the grief and show how she was not only dealing with her own grief but also grieving for others – grieving on their behalf, so to speak. In turn, this insight was used in the field of the erotic to fuel the position of the one suffering for all – the martyr, who was sexualising pain and using it unconsciously to intensify the pathos, which served for the pleasure-pain.

The therapeutic exchange aimed to create a dialogue of mourning by signposting the unbearable pain of loss and by framing the un-representable experience. This is a way in which the unthinkable aspect of the experience can start to be represented. In visual terms, it is akin to painting a frame in order to contain a void space (see Leader 2008). The therapy created a dialogue of mourning to represent the un-representable and make it thinkable (Leader 2008).

The symbolisation of loss also brought about somatic shifts in 'Anna's' sexual experience. This means that symbolisation did not only take place in dialogue and thought. The experience of orgasm changed and the body also took part in creating a frame and representing what had been previously unimaginable. We are dealing with signification involving manners of thinking that involve sensory and somatic forms of expression as well as conceptual modes of thought.

'Anna's' somatic response changed, In place of the return of the 'interminable orgasm', 'Anna' would orgasm and burst into tears. The crying became part of the orgasmic experience. The signposting of loss in relation to her pleasure became somatically expressed in the sequence orgasm – crying – associations. The associations included an acknowledgement of loss; that no lover was so all powerful and there were sad feelings and great poignancy. 'Anna' no longer had to defend herself so fiercely against the reality of loss. She no longer needed to stop up loss with the ongoing orgasm or continue to imagine the lost lover as perfect or as her saviour. The crying after orgasm was a way 'Anna' acknowledged the sense of loss and broke the compulsive cycle of endless orgasm.

By 'Anna' accepting the encounter with loss as unavoidable and an integral part of existence, She worked through her idealisation of the lost lover as the one and only and herself as the helpless victim of sexual abandonment. In accepting loss as part of life, 'Anna' came to terms with the fact that there is nothing in the outside world that will stop up all holes. There is no other that will be fulfilling in an absolute way. She also understood that her defence against loss by making the lover in the fantasy the unobtainable object of desire, made things worse in the long term, because she was intensifying the pining and the feeling of loss, when such a man did not in fact exist. It was somewhat liberating for 'Anna' to let go of her idealisation of the lover, and she expressed some relief for feeling 'no longer tyrannised' by her lost lover. The soma shifts as her idealisation dissolves.

Although 'Anna' was no longer fixated on the man who can fill all gaps, she nevertheless remained a desiring subject. To be alive and to desire inevitably engaged her with a degree of self-deception: 'I know but nevertheless sometimes I believe'. She practised a form of disavowal. On the one hand there, is the facing of loss and the breakdown of idealisation; on the other, with this reflection and awareness, there is some play with the imaginary and its ideals.

However, to be in a state of play requires movement, and this is a way of enjoying the striving itself rather than organising everything in order to reach the goal (an actual goal if

achieved would be a living death without desire). The new state of play involved disavowal – ‘it’s like believing in the role play’. On the one hand, it is evident that the lover-partner lacks, but for the moment of sexual pleasure one believes in his power and that there is an elusive something that the lover possesses. ‘Anna’ in her new found sexual relationships played with images of the lover and how he desires her and how this is used to support the actual love making experience. The elaboration of images and fantasies evoked her erotic desire and orgasmic potential.

There is no private enclave for the ‘feminine’ as the social field permeates every ‘nook and cranny’. The script ‘Anna’ plays out derives from cultural constructions of the body and sexuality: ‘Anna’ notes how she is so critical of the cultural stereotype of slenderness yet she feels more sexually desirable when she identifies herself with such slender forms. Orbach (2009) has well documented the cultural domination of the slim feminine form and our obsession with bodies. Merleau-Ponty notes how ‘our appearance is for others’ (1962, p. xxi) and is a fate none of us can escape. Berger (1972) observes how women survey their own bodies from the position of a voyeur, as if the other without is within, governing how the woman views the ‘herself’. A public image is a private affair – social images of the body affect our desire and even the scenarios that are acted out in the bedroom. Social scripts pervade and are conveyed in subtle non-verbal ways through images and visual stories. The precarious sense of sexual identity is deeply affected by the media world that we live in albeit in sometimes complex ways.

‘Anna’ moved from the orgasm-crying sequence toward a state of greater playfulness and more orgasmic joy because she could afford to take risks, she no longer feared loss in the same way. ‘Anna’ noted how the actual moment of orgasm was about taking a risk, abandoning oneself to it, to go with the intensity which ‘is like losing oneself’ but it is not simply to somebody but also to a space which could be a void or no-thing, at that point one does not care anymore and just goes for more. After orgasm, rather than the experience being one of end result – a state of satisfaction – ‘Anna’ can try to prolong the loving contact, accepting the space if the lover withdraws but can then use her imagination and memory to continue the excitement, possibly going over parts of the love making and the meaning it has for her. It would seem that the love-making when committed to somatic memory can evoke and stimulate, precisely because the love-making is no longer happening in the present. The memory recalls a moment that has past and is no longer present and provokes desire again.

Rather than fearing loss, 'Anna' embraces the encounter, this time in terms of being open to uncertainty and affording a certain loss of identity and this opens her up to the pleasure. No longer is the domain of orgasm a symptom; now it is a matter of orgasm as an expression of sexuality and pleasure dominates. With this 'Anna' redefines the meaning of togetherness. It no longer rests on merging or on the loss as traumatic and unbearable, but on actively acknowledging separation and difference. The excitement is stimulated not in the moment of becoming one in the fantasy but in the moment of separation. She remembers her orgasm one night before her lover was to leave for a two week break. 'Anna' was aware of the separation and even played with the idea that this is it. It was all or nothing and at that moment she was able to ride with it, enjoying every second.

Throughout her journey, 'Anna' began to redefine the meaning of intimacy. She had mistaken high levels of excited agitation as intimate but this apparent state of heightened connection would also go as quickly as it came. She realised that her thirst for only high levels of excitement were short lived. In the past, she had felt it had been a matter of all or nothing. However, now it was no longer a matter of life or death, 'to be or not to be'. What turned out to be important was sustaining a relationship through the highs and the lows rather than only seeking momentary states of heightened intimacy. So although Lacanian insights regarding the field of sexuality have been taken on board, sexual communication is not reduced to the inevitable failure of the 'sexual relation'. What is noted is how the quality of emotional communication goes forward as Anna progressed in her therapy and in her life.

There is a thin line between the symptom and affirmative pleasure, trauma and play. Sometimes we need the symptom for some intensity of pleasure and a degree of trauma for the structure of the play. It is the ability to step in and out between repetition and creativity which allows for change.

Conclusion

In exploring a detailed case, I have addressed an area of feminine sexuality that has been identified as a form of sexuality which is unbound and not circumscribed by a fixed limit. There is a continuing relational connection that searches rather than arrives and a striving for more pleasure that is not solely bound to a phallic logic.

On the one hand, I have explored the experience of feminine sexuality that still operates within the divisions 'feminine/masculine' and 'woman/man' in a phallic-dominated

system. Indeed, the case I have followed is of a woman's journey in a heterosexist structure of desire. In this respect, the limitations and restrictions of such a psychosocial context are observed. On the other hand, heterosexual social fantasies are questioned as well as reflected upon and what is discovered is the hope that can be found in disillusionment. In the case of feminine enjoyment, some disillusionment can facilitate development, for it is possible to transgress phallic limits and rigid forms of identification and instead to embrace the unknown and a degree of risk, thereby allowing the feminine a potential space that is more open and not yet defined – a space where given social restrictions no longer operate and other possibilities can then be imagined and created.

Notes

¹ The phallic order creates the hierarchical distinction between men and women, hailing the phallus as the signifier of power and desire, that no actual man or woman possesses, but that aligns men and women into different positions in relation to the phallic signifier. In this order, men assume a phallic identification that they strive to maintain but in actuality fail to achieve and women desire to possess the phallus through the other but are positioned as less than. Women likewise fail to possess the phallus, since no other is the phallus and only temporary identifications prevail. As Juliet Mitchell (1974) argues, Freud does not condone or promote a phallic economy; he rather describes a phallogocentric system and the way it operates.

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