

IS "PERVERSION" OBSOLETE?

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This is not primarily a clinical paper. It is one of a series (which I hope will make a book) on the general theme of rethinking sexuality in psychoanalysis in the light of the demise of the libido theory and the ascendancy of object relations theory. It includes some clinical material at the end but is centred at an intersection between current cultural debate and psychoanalytic theory.

There is very little about human nature which is not put at issue by my title. Everything we take for granted as psychodynamic common sense is brought into question. My perception of current debates is that this is the situation at the moment. Anyone who believes that there is a consensus about human nature and human sexuality is out of date, not in touch. We are operating at one extreme with biological reductionism and at the other with utopian voluntarism, a sexuality so malleable that it can be called "plastic". Moreover, increasingly sophisticated theorisations of gay and lesbian views on gender identity have reached the point where they can claim that the exceptions overwhelm the rule and can put forward the long-term goal of "eschewing all forms of naturalism in psychoanalytic thinking" (O'Connor & Ryan, 1993:246). Fetishists are also making increasingly bold claims about what other members of society have in common with them.

At the biological end of orthodoxy we encounter the findings of ethologists and the claims of the sociobiologists (Wilson, 1975, 1978). Among the most startling discoveries of the science of animal behaviour are the highly ritualised mating patterns of practically all subhuman species, replete with innately determined releasers, fixed patterns, displays. Biology is veritably destiny, whether one is observing fighting fish, spiders, greylag geese, peacocks, walruses, elk or chimpanzees. Students of human behaviour from an ethological point of view claim to detect similar patterns and rituals, biologically determined at base but varied and flexible in expression - so much so that much of our money gets spent on artificial adornments, cosmetics, ways of altering the odours we give off, means of affecting our shape and appearance so as to continue to appear youthful and sexually alluring. Human ethologists and sociobiologists claim that there is no discontinuity between animal sexual determinism and human.

The aspect of psychoanalysis which falls most obviously into this way of thinking is the libido theory and the associated concepts of infantile sexuality and the Oedipus complex, two of the cornerstones of Freudianism. According to the libido theory there is a fixed series of psychosexual phases, closely linked to age, where the oral, anal, phallic and then genital regions dominate one's inner life and forms of action, need and symbolisation. You can plot them on a chronological plan, one which moves on to latency then adolescence and then adulthood. There are zones of variation and various subdivisions within this framework, but its basis is as determined as any analogous developmental scheme in any other part of the animal kingdom. At the earlier end of the scheme, Karl Abraham offers some quite detailed subdivisions of the basic phases, e.g., anal retentive and anal expulsive (Abraham, 1924). With respect to later phases, Erik Erikson's model includes a chart with a phase of "psychosocial moratorium" in late adolescence and various subdivisions of adulthood and old age (Erikson, 1959:120). The best expositions of this point of view are Nagera's (1981) compilation on the libido theory and the Tysons' (1990) compendious **Psychoanalytic theories of development**.

The classical Freudian scheme defines "normal" as remaining within this chronological framework. If you miss out a phase or fail to move on from one or try to skip one and miss out a developmental task, you are liable to fixation and perversion or even to psychosis. A common definition of perversion is pseudomaturity, gaining sexual gratification from a substitute object because one is afraid of the appropriate, mature one. According to Robert Stoller (1986), all perversions involve immaturity and all are aggressive. He calls perversion "the erotic form of hatred" but claims that every perversion, like every neurosis, is a compromise involving holding onto some connection with a mature object. Chasseguet-Smirschel (1985) dwells on the putative pervert's attempt to substitute an immature sexual organ for a grown-up one, and describes the dishonesty of trying to pass a little penis off for a daddy one, without bearing the pain of passing through the Oedipus complex and coming to terms with one's limitations and ambivalence. Limentani (1989) breaks homosexuality into three categories - a situational behaviour which goes away after one leaves, for example, school, the navy or prison; a pseudo-homosexual one which is focused on fear of women and of castration; and true homosexuality, which is a defence against psychotic breakdown and which one approaches psychotherapeutically at one's peril.

People who adhere to this scheme believe that sexual deviation is perversion and therefore that it is neurotic. Freud (1905:231) regarded "any established aberration from normal sexuality as an instance of developmental inhibition and infantilism". On the other hand, he did not regard homosexuality or perversion as illnesses (Abelove, 1986: 59-60). Many institutions take the view that, on the whole, people who are so classified should not be allowed to train as psychotherapists or psychoanalysts. Some writers and institutions are more up front about this than others, who are more liberal or tolerant. I'll cite some examples from my world. Among the hard-liners I would count the orthodox Freudian Janine Chasseguet-Smirschel, the Independent Adam Limentani and the Kleinian Hanna Segal, along with the London Institute of Psycho-Analysis and the Lincoln Centre. Among the liberals I would count Joyce McDougall and Robert Stoller (though I recently

heard a lesbian attack his ideas), along with the London Guild of Psychotherapists, the Association for Group and Individual Psychotherapy, the Westminster Pastoral Foundation and the Philadelphia Association. Freud did not consider homosexuality a bar to becoming a psychoanalyst (Abelove, 1986:60). I dare say that analogous things could be said about institutions in other countries - a patchwork, with varying degrees of tolerance and intolerance. These things also change over time. The American Psychiatric Association classified homosexuality as a disease in 1953, only to cancel the stigma in 1973, in the wake of agitation from gays, lesbians and their supporters (APA, 1987:67).

I want to dwell for a moment on the question of training, because criteria for admitting one into the profession provide a convincing measure of what one really believes. Lots of people are "tolerant" of most sexual deviation even to the point of having one live next door, while not wanting one to treat one's sister or child. I think it is easy to get confused between civil rights and criteria for a specialised vocation. I do not think that you can read off a person's suitability for being a psychotherapist from the prevailing norms in society. For example, it may be perfectly legal to indulge in certain practices between consenting adults in private; it may even be important to enlarge that domain by more liberal legislation. However, those same acts may indicate serious psychological difficulties. Those who argue in favour of allowing gays and lesbians to train point out that by the criteria of the psychoanalytic model of human nature, what matters is the unconscious phantasy, not the behaviour and that there is a double standard involved in examining their suitability for training (Ellis, 1994). Much more searching scrutiny is applied to them than to heterosexuals. The inner worlds of heterosexuals are not as carefully examined to determine the unconscious meaning of their sexual behaviour. The orthodox reply is that, with more or less allowance for latitude in foreplay and experimentation, the culmination of sexual congress in any way other than genital penetration is, by definition, immature and many practices labelled as deviant and perverse are *prima facie* evidence of psychopathology. For example, many find it hard to see fistling and anal sex as regular sexual outlets as anything but unnatural. (Some don't. A graffiti in a lift in the King's Cross area of London read: "Anal sex is best!"). It is interesting to note that in Britain, the percentage of heterosexuals who practice oral and non-penetrative sex has quadrupled from the twenties to the eighties between 1950 and the present, while the percentage practising anal sex is not on the rise and hovers at under ten per cent (Wellings et al, 1994:164-5).

The appearance of the word "natural" opens the whole can of worms implied by my title. If you read Freud's *Three essays on sexuality* with care, you will find quite a lot of latitude. He says, "No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach. In the sphere of sexual life we are brought up against peculiar, and, indeed, insoluble difficulties as soon as we try to draw a sharp line to distinguish mere variations within the range of what is physiological from pathological symptoms" (Freud, 1905:160-61). If you read his other pronouncements on such matters, he is far from being the snarling pathologiser of deviance he is often thought to be. I have an article entirely devoted to singing his praises and contrasting him with the American psychiatric

orthodoxy (Abelove, 1986). Having said all this, however, there is a wide gulf separating Freud and practically all psychoanalysts from the possibility of replying "yes" to my title. Sexuality in humans is plastic, to be sure, but not so plastic as to give legitimacy to the paradoxical phrase "perversion" as 'normal', that is, treating the category of perversion as obsolete. In the rest of this paper I will try to make these ideas less enigmatic, though I should say right away that I am not advocating the political correctness of this way of seeing things. I feel less in a muddle about these matters than I was but not sorted out. My aim is to share the islands of clarity I have won from the sea of confusion in which I initially found myself. I will try to clarify four notions: plastic sexuality, object relations, alternative developmental paths and new ideas about the Oedipus complex. Each is a topic on its own and there are a number of interactions among them, so I can only introduce them and mention some of the relevant literature.

At the beginning of this paper I contrasted biological reductionism with utopian voluntarism and proceeded to speak exclusively about the reductionist point of view. I'll now expand on the other end of the continuum. In the general culture we meet it in the phrases "choice of life-style", "sexual preference" and "sexual orientation". In its pure form, this point of view claims that people make choices about their sexuality. They refute the idea that "biology is destiny" and that deviant sexual practices are perverse. This approach is neatly captured in the phrase "sexual dissidence" (Dollimore, 1991), bringing sexuality into the domain of political praxis rather than biological process. A dissident is a protester against the way things are in the name of how they might be if people fought hard enough to change them. Indeed, much of the debate is framed in terms of sexual politics, extending from the women's movement to gay rights to the men's movement of fellow-travellers with feminism, rounding out an anti-sexist politics of relations between and within genders. A sign of this movement is a special issue on "Perversity" of the journal *New Formations* (Squires, 1993). The domain of this periodical is conveyed by the subtitle: *Culture/Theory/Politics*. A generation ago it would seem bizarre to many that this aspect of sexuality should find its way onto the agenda of a journal with those preoccupations.

The key claim is that the relevant framework for considering these issues is that *sexuality is inside the symbolic order*, not purely an expression of instinctual needs. Biological determinants are not wholly cast aside, but the rigidity of their determining role is greatly reduced. More space is claimed for a range of sexual needs, feelings and practices - a range which is as broad as symbolism, rather than as narrow as instinctual determinism. At one level, all but the most conservative and fundamentalist moralists and religious zealots concede *something* to this way of thinking. It is now a commonplace that *sexuality has a history*, that is, it is inside the contingency of culture, not merely fixed and innate in a stereotyped way. To place it inside history is to grant a lot to the dissidents. In my own lifetime and my own sexual history there have been important changes in all sorts of areas. Things which were taboo when I was a boy - even when I was first a bridegroom in the nineteen fifties - are now commonplace, starting with public discussion of sex, including programmes on the radio and television and sex books prominently displayed in all book shops. Some friends and I sent off for a classic, *A marriage manual*, which duly arrived in a plain wrapper, only to disappear days after it was my turn to have it. I found it hidden behind the *Britannica* many years later - heavily underscored, presumably by my parents.

The list of formerly perverse and increasingly common practices extends from masturbation and mutual masturbation to kissing and sucking breasts to all sorts of acts and paraphernalia: oral sex, anal stimulation, anal penetration, vibrators and other sex aids, role play, dressing up, some forms of bondage, use of videos. Contrast this with Freud, for whom it was a perversion if the lips or tongue of one person came into contact with the genitals of another or if one lingered over aspects of foreplay which, as he quaintly put it, "should normally be traversed rapidly on the path towards the final sexual aim" (Freud, 1905: 151, 150; cf 211). In the recent writings of Alex Comfort (1950, 1972, 1975) and others, foreplay has been extended indefinitely, and the boundary between exploration and abnormality has been blurred. Much - probably most - of what is commonplace in current manuals was taboo when I got married in 1957. Some things which have become commonplace in recent decades are still illegal in many states, provinces and countries.

Beyond these matters, advocates of various hitherto frowned upon and/or illegal practices have become bold in their defence of their right to do what pleases them, their partners and like-minded friends. Many go abroad to get their needs met, for example, to Thailand. I also have in mind the group of British sado-masochists who were recently convicted, appealed and mounted a very public campaign. Their practices included burning each other with cigarettes and nailing a penis to a board. Others defend paedophilia. Still others indulge in practices which, while not illegal or usually particularly nasty, would surprise most people. For example, I learned from a homosexual patient that there are rooms off the main bar in some gay pubs where you go into complete darkness, meet a stranger, do what you like to each other and go away, never to know who it was or to meet again. The anonymity is part of what excites people about this scene. Many sexual contacts in a single evening - I read one account of fifty - is another feature of this subculture, although AIDS has considerably chastened its practitioners. It is clear that the dark room phenomenon is a long way from commitment to an individual in the context of an ongoing, mature, genital relationship. As one wag (a woman, in this case) summed up what was going on in the context of having affairs: "I was not in love; I was in lust" (Giddens, 1992:141).

As I write about these things I am moving into the domain of plastic sexuality. I learned this phrase from the Cambridge sociologist, Anthony Giddens, whose book *The transformation of intimacy* (1992), provides a useful perspective on the changes we are in the midst of. I do not feel altogether comfortable with the degree of relativism involved in this way of thinking, but I have no doubt that this is a useful way of looking at the current debate. Defenders of plastic sexuality attack the boundary between the normal and the abnormal or perverse. The statistically normal should no longer be confused with medical and moral categories. Indeed, new statistics are put forward by the advocates of greater latitude. For example, it is claimed that 40% or more of married men in the United States have regular sex with other men at some point in their married lives (ibid:146). As Giddens (1992:144) puts it, "Plastic sexuality might become a sphere which no longer contains the detritus of external compulsions, but instead takes its place as one among other forms of self-exploration and moral constitution." Sex is no longer confined to certain sorts of relationships; the rule of the phallus and

power relations are subverted (cf *ibid*:140, 147). "The 'biological justification' for heterosexuality as 'normal', it might be argued, has fallen apart. What used to be called perversions are merely ways in which sexuality can legitimately be expressed and self-identity defined. Recognition of diverse sexual proclivities corresponds to acceptance of a plurality of possible life-styles ... 'normal sexuality' is simply one type of life-style among others" (Giddens, 1992:179). Giddens (1992) calls this a "radical pluralism".

Looking at the cultural and philosophical dimensions of the debate, he concludes that this "incipient replacement of perversion by pluralism is part of a broad-based set of changes integral to the expansion of modernity. Modernity is associated with the socialisation of the natural world - the progressive replacement of structures and events that were external parameters of human activity by socially organised processes. Not only social life itself, but what used to be 'nature' becomes dominated by socially organised systems. Reproduction was once a part of nature, and heterosexual activity was inevitably its focal point. Once sexuality has become an 'integral' component of social relations ... heterosexuality is no longer a standard by which everything else is judged. We have not yet reached a stage in which heterosexuality is accepted as only one taste among others, but such is the implication of the socialisation of reproduction" (Giddens, 1992:34).

He is right about the changes in social and philosophical theory, and one point at issue - a profound one - is whether being right about what is happening in *history* is more or less fundamental than what is claimed about *nature*. The tradition he is describing asserts that nature is a societal category, that truth is made, not found and that our ideas of nature, including those about human nature, are social constructs. People who think this way are called "social constructivists" if you agree with them and "relativists" if you don't. Debates about these issues have been central to the history, philosophy and social studies of science in recent decades, and I think it fair to say that the social constructivists are in the ascendant (Young, 1992).

Certain broad - and other particular - developments in psychoanalysis can be seen as compatible with this approach to sexuality. The broad movement is the decline in adherence to biologism and the classical libido theory and the rise of object relations. Object relations theory developed in the work of Melanie Klein, Ronald Fairbairn and Donald Winnicott (Greenberg and Mitchell, 1983). There are important differences between their formulations (for example, Fairbairn was explicitly turning his back on biology in a way which Klein did not), but the effect on psychoanalytic thinking was to point to relations with the good and bad aspects of the mother and other important figures and part-objects and to treat relations with objects, rather than the expression of instincts, as the basic preoccupation of psychoanalytic thinking and clinical work. The focus is on relations rather than drives, on "*the object of my affection can change my complexion from white to rosy red*" (as the song says), *rather than the aim* of the instinct as specified in a biologicistic metapsychology (Greenberg & Mitchell, 1983:126). Once you do this, sex, sexuality and sexual energy no longer provide either the rhetoric or the conceptual framework for how we think about the inner world. Love, hatred, unconscious phantasy, anxiety and defences have come to the foreground (*ibid*:137). For Freud, "sexual" was all-embracing and meant any attribute of living

tissue expressing negative entropy. This is what he meant by "libido" (Stoller, 1986:12). Object relations theorists approach the matter the other way round: libido is not seen as pleasure-seeking but object-seeking (Greenberg & Mitchell, 1983:154). Libido does not determine object relations; object relations determine libido (ibid:157). It has been my recent experience that sex in its narrow sense plays a surprisingly small role in psychotherapy training and supervision and the literature. Indeed, I recently went to a public lecture by a psychoanalyst, Dr Dennis Duncan, with the title "What ever happened to sex in psychoanalysis?".

Along with the turn away from the libido theory has come less attention to the psychosexual developmental scheme and fairly strict chronology which it specified. If you read Klein and her followers, you find phrases like "oral, anal and phallic elements" jumbled up and part of a *pot-pourri*. What emerged later in their scheme at specified developmental and chronological points in the libido theory somehow gets mixed in at an earlier stage in Klein's approach. I will develop the most important of these examples of jettisoning a strict chronology below, but I want now to keep to some semblance of my proposed order of presentation. We have moved from plastic sexuality to object relations. I now want to say something about alternative developmental paths. Some of the most interesting writers in this debate make this their most important point: "What's so wonderful about the developmental path specified by the libido theory?" In asking this question they are attacking the centrality of the Oedipus complex in orthodox Freudianism. They write in explicit opposition to the Freudian Law of the Father on which the importance of the Oedipus complex is based (Fletcher, 1989:113) As the gay theorist John Fletcher puts it, "What is refused here is not masculinity or the phallus in itself, but the polarity at the heart of the Oedipal injunction: 'You cannot be what you desire, you cannot *desire* what you wish to be'" (ibid:114). What the Freudians claim as natural is what the sexual dissidents attack as a cultural norm to be struggled against. They argue for a re-symbolisation and re-investment in a new kind of sexuality.

Support for this approach is found in the writings of the eminent French psychoanalyst, Jean Laplanche. The list of erogenous zones specified by the libido theory is accepted: mouth, anus, urethra, genitals. However, they are described less biologically as places of exchange between inside and outside (Fletcher, 1989:96). However, *any* bodily zone can take on a sexual level of excitement, as can ideas. The traditional understanding of perversion is an alteration or deviation from the fixed, biologically determined order of privileged zones, culminating in genital intercourse to orgasm. But if we refuse to accept this spontaneous unfolding of a unitary instinctual programme, sexuality itself can be seen as polymorphous and therefore, to put it ironically, perverse. Laplanche (1970:23) expresses this starkly by saying that "the exception - ie, the perversion - ends up by *taking the rule along with it*. The exception, which should presuppose the existence of a definite instinct, a pre-existent sexual function, with its well-defined norms of accomplishment: that exception ends up by undermining and destroying the very notion of a biological norm. The whole of sexuality, or at least the whole of infantile sexuality, ends up becoming perversion". Fletcher (1989:98-9) puts this in symbolic terms, terms which increase the range, scope and flexibility of sexuality: "The whole of sexuality as a mobile field of displaceable and substitutable signs and mental representations is a *perversion* of the order of biological needs and

fixed objects." If perversion is ubiquitous, it cannot be called exceptional; it is commonplace, the rule, normal: hence "perversion" as 'normal'" and the pejorative connotations of the term become obsolete.

Writing about bisexuality and lesbianism, Beverly Burch takes a similarly line in opposition to biologism and in favour of social constructivism. She says that "Lesbianism and heterosexual identities are social constructs that incorporate psychological elements" (Burch, 1993:84-85). "These differ from one woman to another and have manifestations and sources as varied as individual biographies. The unity of heterosexual theory does not live up to the diversity of sexual orientations" (ibid:85). She places sexual orientations on a continuum and argues that any point on it might be defensive, "no position is necessarily or inevitably pathological" (ibid:91). She surveys the literature and finds a relativism of theory to match her relativism of developmental pathways: "The point is that no one view is complete, and there are divergent routes on the way to final object choice. The road is not a straight one toward heterosexuality, and we cannot regard other destinations as a wrong turn" (ibid:97).

Writers on these issues draw different lines between what they consider pathological and what they treat as merely human diversity. As I said, Robert Stoller defines perversion as "the erotic form of hatred" and offers critical analyses of fetishism, rape, sex murder, sadism, masochism, voyeurism, paedophilia. He sees in each of these "hostility, revenge, triumph and a dehumanised object" (Stoller, 1986:9). On the subject of homosexuality, however, he is a champion of pluralism: "What evidence is there that heterosexuality is less complicated than homosexuality, less a product of infantile-childhood struggles to master trauma, conflict, frustration, and the like? As a result of innumerable analyses, the burden of proof ... has shifted to those who use the heterosexual as the standard of health, normality, mature genital characterhood, or whatever other ambiguous criterion serves one's philosophy these days ... Thus far, the counting, if it is done from published reports puts the heterosexual and the homosexual in a tie: 100 percent abnormals" (Stoller, 1985, quoted in Burch, 1993:97).

Another gem from Stoller is: "Beware the concept 'normal', it is beyond the reach of objectivity. It tries to connote statistical validity but hides brute judgements on social and private goodness that, if admitted, would promote honesty and modesty we do not yet have in patriots, lawmakers, psychoanalysts and philosophers" (Stoller, 1985, quoted in Burch, 1993:98).

Wouldn't that be a lovely note on which to end? Unfortunately, my own sense of reality is not that optimistic, ringing and tidy. It would be convenient to argue that abandoning the bad old libido theory and embracing object relations and social constructivism combine to hold out hope of a new pluralistic consensus. Alas, I don't think it does, and the fly in the ointment is recent Kleinian ideas about the Oedipus complex. This may not trouble those convinced by the line of argument I have been spelling out, but it troubles me, because I cannot square what I have told you with what I am about to say. I wish I could, but I can't.

As I have already said, Kleinians go along with the tendency to abandon strict adherence to the chronology of the libido theory. Indeed, Klein's assertion that she

had found the superego operating years earlier in the development of the child than Freudians thought it existed was the most obvious bone of contention in the horrid controversies which culminated in the famous or infamous (depending on how you feel about such rows) "controversial discussions" between Kleinians and Freudians at the British Psychoanalytical Society from 1941 to 1945 (King and Steiner, 1991). I am not trying to draw you into an esoteric spat. I think they were right to be so exercised. I think this, because I think two importantly different views of human nature and the basis of morality were in play and that how we think about sexuality and, indeed, civility and civilisation may very well hang on what we decide about these matters.

Put very simply, as we have seen, the Freudians claimed that development consisted of a set of preordained tasks which one came upon at biologically predetermined stages on life's way. There is a sense that one can complete a developmental task and have its fruits under one's belt, as it were. The advocates of plastic sexuality reject this idea of human nature and development and argue for a plurality of paths and destinations or objects, and the Freudians deny them this postmodernist supermarket of satisfactions.

At first glance there is a similarity between the advocates of plastic sexuality and Kleinian ideas. Kleinians slide all round the chronology. It has been cogently argued by Ruth Stein that they don't even *have* a theory of psychic structures but rely fundamentally on a set of "core feelings and nuclear affective structures" (Stein, 1990:504), in particular, the paranoid-schizoid and depressive positions. But what Kleinians appear to give with one hand - slipping all over the chronology and eschewing a basic set of mental structures - they take back with the other. That is, the Oedipus complex may not be the centrepiece of development at say, three and a half to six, reprised at adolescence. Instead, under the name "Oedipal constellation", this hurdle reappears at every important point in life when one is faced with crises and moral dilemmas. The struggle between love and hate is unresolvable and recurrently centres on the Oedipal triangle. Indeed, far from being something one can refuse a la Fletcher's rhetoric about the normality of polymorphousness, it becomes a precondition for being a responsible person who can love and make moral and intellectual judgements of a profound kind and be capable of integrated insights and deep concern for others.

As the Kleinian analyst David Bell puts it, "The primitive Oedipal conflict described by Klein takes place in the paranoid-schizoid position when the infant's world is widely split and relations are mainly to part objects. This means that any object which threatens the exclusive possession of the idealised breast/mother is felt as a persecutor and has projected into it all the hostile feelings deriving from pregenital impulses" (Bell, 1992:172).

If development proceeds satisfactorily, secure relations with good internal objects leads to integration, healing of splits and taking back projections. "The mother is then, so to speak, free to be involved with a third object in a loving intercourse which, instead of being a threat, becomes the foundation of a secure relation to internal and external reality. The capacity to represent internally the loving intercourse between the parents as whole objects results, through the ensuing identifications, in the capacity for full genital maturity. For Klein, the resolution of

the Oedipus complex and the achievement of the depressive position refer to the same phenomena viewed from different perspectives" (ibid.). Another Kleinian, Ron Britton, puts it very elegantly: "the two situations are inextricably intertwined in such a way that one cannot be resolved without the other: we resolve the Oedipus complex by working through the depressive position and the depressive position by working through the Oedipus complex" (Britton, 1992:35). Hence, the ability to tolerate the mixture which is life, to be concerned with whole objects and to integrate experience and make reparation are the fruits of negotiating the Oedipal triangle.

Isn't that neat and tidy - a sort of Rosetta Stone providing a key to translating between the Freudian and Kleinian conceptual schemes? In the work of post-Kleinians this way of thinking has been applied to broader issues, in particular, the ability to symbolise and learn from experience. Integration of the depressive position, which we can now see as resolution of the Oedipus complex is the *sine qua non* of the development of "a capacity for symbol formation and rational thought" (Britton, 1992:37). Greater knowledge of the object "includes awareness of its continuity of existence in time and space and also therefore of the other relationships of the object implied by that realisation. The Oedipus situation exemplifies that knowledge. Hence the depressive position cannot be worked through without working through the Oedipus complex and vice versa" (ibid:39). Once again, Britton (1992:38) also sees "the depressive position and the Oedipus situation as never finished but as having to be re-worked in each new life situation, at each stage of development, and with each major addition to experience or knowledge".

This way of looking at the Oedipal situation offers a way of thinking of self-knowledge or insight: "The primal family triangle provides the child with two links connecting him separately with each parent and confronts him with the link between them which excludes him. Initially this parental link is conceived in primitive part-object terms and in the modes of his own oral, anal and genital desires, and in terms of his hatred expressed in oral, anal and genital terms. If the link between the parents perceived in love and hate can be tolerated in the child's mind, it provides him with a prototype for an object relationship of a third kind in which he is a witness and not a participant. A third position then comes into existence from which object relationships can be observed. Given this, we can also envisage *being* observed. This provides us with a capacity for seeing ourselves in interaction with others and for entertaining another point of view whilst retaining our own, for reflecting on ourselves whilst being ourselves" (Britton, 1989:87). I find this way of thinking about maturity very helpful, indeed.

I am going to leave it here. If it were not for Klein and recent developments of the Kleinian way of thinking, I believe plastic sexuality might have relatively plain sailing. But the point of view I have just outlined says as starkly as any orthodox Freudian ever did that the problem posed by the Oedipal triangle cannot be evaded if one is to become a person capable of profound thoughts and concern for others. This recalls the intolerance of Chasseguet-Smirgel's Freudian orthodoxy, whereby the creations of perverts (a term she insists on using) could only be pseudo-creations.

This dilemma between the developing credibility of pluralism, on the one hand, and Kleinian thinking, on the other, is a stark one. Freud said in 1903, "I advocate the standpoint that the homosexual does not belong before the tribunal of a court of law. I am even of the firm conviction that homosexuals must not be treated as sick people, for a perverse orientation is far from being a sickness. Wouldn't that oblige us to characterise as *sick* many great thinkers and scholars whom we admire precisely because of their mental health?" (quoted in Abelove, 1986:60).

Freud is making a stark point. Are we to so characterise the character and creations of Oscar Wilde, Benjamin Britten, Francis Bacon, Ludwig Wittgenstein, E M Forster, Christopher Isherwood, Vita Sackville-West, David Hockney, Genet, Colette, Gertrude Stein, Michelangelo, Rock Hudson, Randolph Scott, Tyrone Power, Robert Ryan, Cary Grant, John Gielgud, Laurence Olivier, W H Auden, K D Lang, Tennessee Williams, William Burroughs, James Baldwin, Simone de Beauvoir, Roman Polansky, Derek Jarman, Michael Jackson, Charles Laughton, Marlene Dietrich, Michel Foucault, Alan Turing, Alfred Hitchcock, Socrates?

I can only pose the dilemma and offer it as food for thought. Plastic sexuality and the Kleinian concept of maturity as defined in the depressive position don't mix. Something called "perversion" may be normal for gays, lesbians, Laplacians and some *avant garde* sociologists, but it's still neurotic for orthodox Kleinians. I think it is clear that concepts of sexuality and gender are no longer moored to the biological reductionism of the libido theory. They are definitely on the move, historical rather than purely biological. I also think that an important shift is occurring in setting criteria for calling something perverse. The clinical assessment must be based on analysis of the unconscious phantasy, in the inner world, rather than on a view of the act or practice, and this criterion should be applied to heterosexuals as conscientiously as to homosexuals, bisexuals or anyone else, whether they be potential trainees or ordinary patients.

I now want to dwell on what may at first sight appear to be an esoteric distinction between three terms - pervert, perversion and perverse. "Pervert" is an epithet, a label, based on behavioural criteria. I believe that its use violates the civil rights of sexually deviant - often dissident - people. I deplore its use. "Perversion" is an exquisitely ambiguous term, floating between pervert and perverse. In practice I find that it tends most often to be used by people who are orthodox Freudians and who still adhere to the libido theory, but I also think it is definitely not obsolete among most people who work in the sphere of sexuality. Its use is almost as much resented by people who are not sexually "straight" as is the term pervert. It is often unclear whether its use in a given context is defiantly psychoanalytically orthodox, as it is in Chasseguet-Smirgel's book **Creativity and perversion**, which I edited and published. When the American co-publishers pleaded that the title be changed to spare them a barrage of PC criticism, she dug her heels in. Nearly a decade later the eminent lesbian writer, editor and producer, Mandy Merck, collected her essays under the defiant title **Perversions: Deviant readings** (1993).

In my opinion, the real area for serious future thought is the perverse. I hope and trust that even the most dissident or deviant person, when he or she is not being militant or on the defensive, will grant that there is a way of thinking which is perverse and would not want their love and lovemaking to merit that adjective.

Rather than squabble over how long a bit of foreplay has to be to be kinky, we need to look at sexuality in a more subtle way. Let me recall some of the characteristics of the perverse, as recently spelled out in some "Reflections on perverse states of mind" (Waddell and Williams, 1991). Perversion of character involves "the distortion and misuse of psychic and external reality: the slaughter of truth" (ibid:203). Perverse states of mind involve "a negativistic caricature of object relations." There is an unconscious "core phantasy of the secret killing of babies instead of parenting babies - an oblique form of attack on the inside of the mother's body ... In this frame of reference, perversity has no connection with descriptive aspects of sexual choices - it can be equally present or absent in heterosexual or homosexual relationships alike" (ibid:206). They conclude that this approach is "scintillating with possibilities for better understanding the nature of perversity as an aspect of character, as distinct from sexual behaviour or choice. It wholly subverts the current propensity to attach labels of 'perverse' or 'non-perverse' to categories of relationships - eg, homosexual or heterosexual - and places the distinctions, rather, in the area of psychic reality and meanings as represented by different states of mind" (ibid:211). So, even when faced with behaviour which appears on the surface to be *inherently* perverse, one is still faced with the clinical ask of coming to understand the inner meaning, the object relations in the unconscious before diagnosing it as pathological.

I find it easier to imagine gay and lesbian relationships meeting the criterion that the unconscious phantasy be a loving one than I do relationships in which some fetishistic practices predominate. I also believe that there is reason for concern about the growing boldness with which fetishistic practices are discussed - even flaunted- in the media. While I am in favour of public debate about all matters sexual, I also fear that the veneer of civilization is under threat when the line between apparently loving and apparently grotesque or cruel practices is in danger of disappearing altogether. While I was preparing this paper there appeared an issue of the **Observer Magazine** (20 March 1994) with a pastiche of a Renaissance painting of Adam and Eve on the cover. He is wearing women's stockings and has a plastic bag over his head, and she is offering him an apple and has a whip in her other hand. Since the apple has not yet been accepted and eaten, the picture implies that they are still in a state of innocence. The plastic bag is a graphic reference to the recent death of a Conservative Member of Parliament, Stephen Milligan, who was found dead on the kitchen table wearing women's stockings, with a plastic bag tied over his head. The concluding paragraphs of the article merit full quotation, because they seem to me to raise serious questions about the increasing normalisation and banalisation of perversion. The author, Simon Andreea, is innocent of psychoanalytic understanding, but he makes a plausible case for placing all of us within the orbit of the perverse.

"So, by the time an individual reaches adulthood, there are five major forces which in varying degrees and in different combinations have come to shape and characterise their sexuality. Biological inclination, the gender role assigned by an individual culture, the family dynamic, the imprinting of sexual targets, and the eroticisation and strengthening of those targets through repetition."

"In a few individuals all these forces agree, nudging them without conflict down the path of disinterested procreation. In others, at the opposite end of the scale, the

conflicts and tensions seem irresolvable without recourse to the perversions. Of these, most wear their lives like a tight-fitting shoe, removing the mold only at night, in private, or when the pressure becomes untenable. Here, the trigger for perverse activity is extrovert experimentation or a criminal tendency (whose genesis is quite different) but, more regularly, the deciding factor is the gradual accumulation of stress."

"For some, this takes the form of the slowly increasing pressure for gender conformity. For others it is far more specific. Engagement or marriage, separation or divorce, redundancy or promotion to high office, high financial reward or imminent bankruptcy. It shouldn't surprise us that Stephen Milligan's most extreme activities came at a time when his career was characterised by mounting responsibility, nor that James Rusbridger's fatal fetishistic act took place when he was under extreme financial pressure and the threat of imminent eviction. [Rusbridger was an author of works on spying whose claim to be part of that world was thought by many to be largely fantasy. He was found dead in a cottage, wearing leather gear and a gas mask.] A month before his suicide, he wrote to me justifying his growing compulsion to wear gas masks as 'part of a well known sexual desire for total rubber enclosure which is to be found all over the world'. The more complete the enclosure, the greater the fear."

"For those who choose to express their sexuality through the perversions, horizons open quickly and easily. Gas masks, for instance, are advertised regularly in fetish magazines like **Shiny International**, which share shelf space with mainstream pornography in sex shops and pornographic book stores. There are East German models, there are Israeli models, there are even models which have replaced the original gas filter with a penetrable rubber flap, allowing the wearer to fellate his or her partner without removing the mask."

"For those who wish to meet, there are now 19 regular and well attended fetish clubs in the UK, culminating in Skin Two's annual Rubber Ball, which is attended by more than 2,000 people. And, through the clubs and magazines, individuals can exchange interests and techniques, learn how to refine and practice their desires, and place advertisements and buy and sell specialist paraphernalia ranging from collars and chains to fully functional erotic furniture. In New York, there is a new club, The Meat Tunnel, which is hung with carcasses of dead animals. And for those with more clandestine interests, there are even specialist pornographic publications, ranging from **Where the Young Ones Are** for paedophiles to **Amputee Love** for those who can only become aroused in the company of disabled people."

"But nestling between the untroubled baby machines of Eden and contemporary practitioners of the most hard-core perversions, there is a third category of individuals - comprising most of the adult population. Taught from birth that our sexuality should be a natural, uncomplicated expression of simple biological destiny, we wonder why aspects of it should seem so circuitous and feel so charged with guilt and uncertainty. Running scared from the city of perversions, we, like the wife of Lot, can't help looking back, transfixed, at images which reflect, in purified form, aspects of our common selves."

"Last month, when I visited one of London's largest and hardest fetish clubs, I was welcomed with the greeting, Home of the brave and land of the free . Jostling

upstairs through the gothically jostling crowds, in an atmosphere heavy with sexual release and the muffled sounds of flagellation, I caught sight of a woman on the stage grinding furiously at her metal knickers with an industrial sanding machine. White hot sparks flew from between her legs and curved in an arc through the smoke-filled air. Brave, perhaps, but free? No more or less than the rest of us" (Andreae, 1994:35).

This passage provides a striking glimpse into the world of fetishisms and poses a stark problem for anyone wishing to argue for an extreme version of "plastic sexuality" as a new definition of the range of relatively unproblematic forms of sexual behaviour and phantasy. The key phrase in the above quotation is "for those who choose to express their sexuality through the perversions", and the strongest claim is that most of us lie in the space between "gender conformity" or hard-core normality, on the one hand, and hard-core fetishism, on the other. Andreae claims that people who frequent fetish clubs are "no more or less" free than the rest of us.

I want to juxtapose this with a passage from Freud which I have already quoted: "No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach. In the sphere of sexual life we are brought up against peculiar, and, indeed, insoluble difficulties as soon as we try to draw a sharp line to distinguish mere variations within the range of what is physiological from pathological symptoms" (Freud, 1905:160-61). I do not believe that the latitude provided by this passage is great enough to accommodate the phenomena described by Andreae. Nor - for the reasons I have given about the importance of the underlying unconscious phantasy - do I believe that making due allowance for the historicity of sexuality and growing sexual tolerance will lead serious psychoanalytically-oriented therapists to conclude that "anything goes" in sexual expression and phantasy.

On the other hand, I know a gay psychotherapist who would not be willing to call pathological any person who practices a perversion which was, as he put it, "ego syntonic". This is the criterion used by the Diagnostic and Statistic Manual (DSM III-R) of the American Psychiatric Association to separate pathological from non-pathological homosexuality: "persistent and marked distress about one's sexual orientation" (APA, 1987:296). The advocates of "plastic sexuality" are seeking to put other forms of so-called perversions on the same footing as homosexuality has been placed by the psychiatric orthodoxy, an orthodoxy which still classifies nine kinds of what they term "paraphilias" as pathological: exhibitionism, fetishism, frotteurism (rubbing up against or touching non-consenting people), paedophilia, masochism, sadism, transvestism, voyeurism (*ibid*: cf 279-90). This is the point at which the current debate is sharpest. An attempt is being made to shift the boundary further so as to de-pathologise a whole class of forms of deviant sexuality, and opinions will differ about which, if any, of those nine categories should be seen as just another way people express their sexuality. It is obvious that attempts to de-pathologise paedophilia, sadism and masochism will meet with tremendous resistance, while transvestism is increasingly commonplace. I would say that the compulsive character of fetishism makes it hard to imagine it as a choice among many, if the concept of "choice" is to have any meaning.

I conclude that it is premature to call "perversion" obsolete, or even obsolescent. My fundamental reason is a moral one. There are transcendent values at work in our sexual relations. They are about care and regard for other people as internal and external objects. Unless we decide to jettison love and morality altogether in our ways of thinking about human contact, we still need evaluative processes and judgements for assessing our expressions of intimacy. In order to protect the civil rights of people who practice certain deviant forms of sexual expression we need to decide that the epithet "pervert" is offensive, but the concepts of "perverse" and (rather more ambiguously) "perversion" are concerned with characterising an upside-down world where "fair is foul and foul is fair". I don't want myself or my loved ones to live there, I find that my patients are asking for help in moving on to other forms of sexuality, and I do not want to abrogate moral criteria from the helping professions.

I want to speak, finally, about two of my patients in the light of the issues I have raised. Neither is a militant about his sexual practices and neither defends perversion with any conviction but I suggest that both illustrate what I said about the Kleinian position on the Oedipal constellation. This is a theoretical way of saying that both of them want to change toward some version of thoughtful heterosexuality but are up against strong opposition in their inner worlds.

The first is an Ulster journalist in his mid-thirties, from the Catholic minority, referred to me by the British Association of Psychotherapists for recurrent depression. It quickly emerged that he was not sexually active, ostensibly because of a phimosis, a condition where the foreskin strangulates the penis when retracted and which makes intercourse painful and, in some cases, dangerous. The cure is circumcision, and it was immediately obvious that he had hidden behind this condition since puberty. It was easy to predict that after the operation and convalescence he would not easily get down to penetrative sex with his partner. He did not enjoy it, was put off by the vagina, attempted intercourse from behind (not a tergo, doggy-style, but with his partner's legs down, so he did not go very far in. In choosing that posture it was clear he did not want to face the fact that she was a woman or that he would be making love properly.

He has been preoccupied by his stature since moving to England. He is five-ten, average for his background, but was obsessed with the thought that he was short. Tall men made him feel put down and resentful. He easily felt slighted and often experienced rage, though he seldom expressed it. He had Superman fantasies about height and similar ones about being a great author. In fact, he is at the top of his profession as a technical journalist and has some success as a feature writer.

An incident in his teens obsessed him. A Catholic paramilitary vigilante group had shaved his head, falsely accusing him of delinquency. Nearly two decades later he believed in an intensely and unrealistically persecuted way that everyone thought of him as the man who'd had his head shaved. In fact, no one has ever mentioned it, and such actions were not uncommon at the time he was shaved.

All of these problems of stature, self-esteem, symbolic castration and potency echoed a family constellation in which women dominated and humiliated men. His

father had stayed in the same safe job since the depression, never had a car, skived a lot and got his self esteem surreptitiously, as it were, from cultural activities for which he had a large reputation. My patient's aunt and mother never tired of denigrating the father, and the children followed suit. His two sisters, one of whom is grossly obese, have never married, and his brother has only done so in the past year. The father is now old and feeble and is still treated with disdain by the whole family. My patient has come to see that he identifies with him.

More than a year into this work, which was then once a week, my patient finally felt able to reveal that he regularly masturbated to spanking videos, went to prostitutes specialising in spanking and could only ejaculate to spanking fantasies. He also got involved with a barmaid who co-operated in this. He had a terrible dilemma with his idealised girlfriend, appropriately named Mary (this is a Madonna-whore split), because he wanted to spank her - he said she was willing - but knew it was wrong. However, he could not achieve orgasm without doing this or masturbating himself and had the greatest difficulty in acknowledging the revenge involved in his denigrations of women by means of spanking. He represented it as a bit of fun but spanked in a way which meant that the red imprint of his palm was still visible the next time he met his partner. It was often hard to bear some of his descriptions.

This case beautifully, if distastefully, illustrates the congruence between negotiating the Oedipal constellation and the depressive position. He has yet to manage that, but there are some good signs. As we began to meet twice a week and he violently attacked my competence and manhood and saw me survive and contain his denigrations in a way his father had not done, he started to be able to have penetrative intercourse to orgasm with Mary, to create more substantial articles and broadcasts and was promoted in his technical job. He was afraid (and remains so) that I would "take away" the spanking before he had reliable other sexual fulfilment. We are some way from finishing, but his annual depression did not arrive this year and his relationship with Mary is stronger in personal and sexual terms, while his relations with the barmaid have become platonic. His writing is deepening, and there is a shift in balance toward more features and less reliance on his technical job. On the other hand, he went to a prostitute recently, after a long gap, and was preoccupied with height in today's session, a week after having a triumphal, even manic, few days of dashing all over Ireland writing and broadcasting for several outlets.

My other perverse patient is homosexual (in Limentani's classification I would call him, like my other patient, the kind that is afraid of the vagina). His father died early in the war when my patient was a year old, and the mother moved back into her domineering mother's home, where men had no say. He was an only child and was dolled up as something of a Lord Fauntleroy. His mother decided to remarry when he was ten, and, amid lots of distress, the boy chose to stay with the grandmother and a maiden aunt and never joined the new family of his mother and stepfather and their children. He slept in the grandparents' bedroom until he went to medical school, with a curtain between the beds. He never dated, and the women of the house made it clear that he should not bring any of "them" home. He turned to the Scouts, religion and mutual masturbation, which has remained his main sexual practice - usually with younger or disadvantaged partners (subordinate

Africans, social inadequates), although one was a fellow psychiatrist, a relationship which is now platonic. He worked abroad for a time as a general practitioner then specialised in psychiatry and became a sort of worker-priest. He says he always wanted to have a heterosexual relationship but finds vaginas disgusting and is usually impotent. He has had two tries while he has been seeing me and both have foundered over what he experiences as the woman's unreasonableness. What happens is that he withdraws, coldly and aloofly, when they express their needs. When they cry, he says, "You see - insatiable". When they remonstrate he diagnoses their irrationality and breaks off the relationship but feels terrible and abandoned at the same time.

Needless to say, he is unalterably opposed to the ordination of women. Indeed, he has left the church in which he was first ordained and joined one without the imminent prospect of women priests.. My knowledge of and interest in theology is one reason why he was sent to me, and I must say that the interweaving of his pathology with his beliefs is labyrinthine and nearly impenetrable, although he acknowledges that there is a fundamental connection and that rationalisation of his ambivalence about women is strongly present, and he feels that the church-as-haven feels under siege. He also has dreams in which he gleefully kills off choirboys, other babies, other patients.

He lives the life of an bachelor and aesthete, serving people psychiatrically and as a priest, but he is actually not really emotionally involved with his charges in either setting. He is outwardly famously affable but inwardly haughty and contemptuous, at the same time that he longs to be an ordinary person, a peasant in a village. But he defends himself with a protective carapace in the form of ecclesiastical raiment and his psychiatric role and authority.

He is ashamed of his homosexuality and put off by camp gay men. When he tried to enter a monastery he had to leave because he denounced the rampant sexual antics. However, when a friend entrusted his socially inadequate, alcoholic and unemployable son to my patient for safe-keeping, my patient fell into the following pattern. He invited the young man round on the night of the week he was supposed to abstain from drinking, plied him with drink, and they indulged in mutual masturbation. My patient swore off this practice many times and would disarmingly claim that since he, too, was drunk, it hadn't really happened, and he certainly could not be held responsible. He has only recently acknowledged that what he is doing is profoundly immoral, a betrayal of his friend's solemn trust and his own priestly vows, is probably contributing to cirrhosis in the young man and has been going on for a decade.

I cannot say how this work will end. In the transference I was for a long time a denigrated or diabolical figure. Then in a moving dream he pictured a tiny bit of his father's flesh still alive and identified it with our relationship and work. More recently, after the breakdown of his second relationship with a woman and the failure of two others with very young women to come to anything, he has been in a mood to cut his losses, give up on sex and be a celibate person drifting into an untroubled old age. A more recent dream has renewed hope of coming to some accommodation with womankind and making more resonant contact with others.

Two dreams he gave me this morning highlight the congruence between the sexual issues in his life, the problems posed by the Kleinian version of the Oedipal constellation and those concerned with the depressive position. He had the first on 8 September while on holiday with his gay psychiatrist friend. There was a black man with a turban. He thought it was the bishop with whom he has been discussing his conversion. People have come on a vigil. The bishop learned he was soon to die. He went off gracefully - he "retreated". There was a formal party on British Rail premises [my patient travels by train from another city to see me]. There were only one or two blacks present. The table was set sparsely, because it was feared that the blacks would steal the silverware. There was a speech - a farewell to the potentate. After the reception there was a bunfight for the blacks.

His associations: The bishop is his prissy self, the shadow part. The silver is his raiment. The bishop self is a dandy but also keeps law and order. He fears that his greedy self might take over. I am also the bishop. I am another version of authority and order. He was also afraid that his gay psychiatrist friend (with whom he was on holiday when he had the dream) might lead him astray, as has happened on previous holidays. He was relieved that there were no gays available in the part of Italy where they were. The simple table and crockery represent the simple, peasant life to which he aspires. The silver he fears losing is part of his carapace.

The idealisations are in the paranoid-schizoid position, but he can imagine letting the bishop retreat and die gracefully. However, if this happens, he fears that his own black, low-life self will take over, steal his raiment and leave him with nothing. So the dream captures his ambivalence between giving up his grandeur and going for a simpler life (the depressive position) but ending up worse off, with nothing to protect him from feelings he fears he cannot manage and becoming decadent.

His other dream occurred the next night. He is asked to do service in a cathedral, but he couldn't find his robes. He finds no cassock and ends up with something that covers his front and back [the sexual places] but not his sides [ie, vulnerable flanks]. He also finds an ecclesiastical girdle. He goes in unprepared for the service and cannot find the right book or plan. The verger gives him pieces of carpet with the service embroidered on it, but he couldn't make it work. The choir were smirking and smoking and holding up glasses. He is reprimanded. There is a cabaret and no choir. The Presenter came over and went off to get robes. My patient is in suspense, waiting for him to come back. He is floundering and panicking without his grand robes.

Associations: I wouldn't know what to do without my raiment. I want to give up on my grand self, but then I will be nothing. I am glad to be rid of grandeur but am lost without my carapace. I feel relief in withdrawing.

He went on to discuss leaving his parish pronto (the vicar is leaving in in some months, and my patient has decided to go first) and becoming an ordinary Christian with a view to becoming a priest in the new denomination. He knows he is leaving his flock in the lurch. One of the attractions of being a priest in the new church is that if he enters without being married, the rules say he must remain single. The church has been his refuge since he didn't go with his mother and represents a haven from womankind, even more so in the new denomination than the old.

I'll close on a note bearing on Ron Britton's criteria. This patient is obviously in some sense a man of bookish pursuits in psychiatry and theology. But he told me the other day that he never reads anything properly or all the way through and bluffs his way - that somehow he can't bring himself to really take in any books or ideas properly - to consummate knowledge or understanding (any more than he can consummate penetrative sexual intercourse). I take it that this is because he has never really worked his way through the paradoxes and dilemmas of the triangle involving his inner mother and father and himself. The question is whether he can find a home in a religion and his other role which is not hiding behind a carapace. The day after he told me the above dreams, he had one in which he was in a church, which had glass bullet-proof doors, which he closed behind him on entering. Someone who was blind (another part of himself) then drove up in a Citroen and ran over three women sitting at tables outside the church. I'd say he is a long way from negotiating the depressive position, his relations with women and the Oedipal triangle. I would add that his relations with authority and womankind are perverse: fair is foul and foul is fair in his accounts of his relations with them.

Just over half of all the patients I have seen are sexually dissatisfied; just under half of all the people whose lives I know intimately enough to have a view about this aspect are, too. Only two of my current thirteen patients could be said to be sexually okay, although only the two I have described are properly perverse. I think we need to think and talk and teach a lot more about these issues, both theoretically and clinically.

Note.

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