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## PERVERSION I: PERVERSE TRAITS\*

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### Introduction: the moral stance

Perversion is without any doubt one of the most difficult clinical categories, both as regards its study and the possibility of treatment. If we want to say something useful about it, we need to clear up a number of obstacles beforehand, in order to be able to study perversion as such. There are at least three difficulties: first of all the habitual moral reaction; secondly, the difficulty in differentiating typical human polymorphous sexuality with its perverse traits on the one hand from the perverse structure on the other hand, as one of the three possible structures of the subject; thirdly, we have to be aware of the omnipresence of the male gaze, which amounts to a phallic magnifying glass.

Let us start with the moral reaction. The so-called good neurotic does exist<sup>1</sup> and probably the good psychotic also. The good pervert, however, seems to be a *contradictio in terminis*. The sympathy that is felt for his victim implies a moral rejection of the perpetrator. This rejection has been endorsed by the connection between perversion, child abuse and incest. As a result, the possibility of sustaining both an objective gaze and an unbiased treatment is seriously impaired, and this goes for our dealings with both the perpetrator and the victim.

Concerning the perpetrator, this rejection makes it impossible to see that the pervert himself presents a moral model, because he - just like any other believer - denies the lack of the Other by presenting himself as the

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\* The present article is based on the text of a lecture delivered in the course of APPI's Clinical Series 2000-2001.

<sup>1</sup> E. Zetzel, 'The So-called Good Hysteric' in *International Journal of Psychoanalysis*, 1968, Vol. 49, pp. 256-260.

answer to this lack. Perversion and ethics are not opposites, as one might assume. On the contrary, the pervert is extremely moral, not a-moral or anti-moral. Moreover, our rejection of the pervert turns the treatment into an ill-concealed punishment, having only one goal, that is, to stop his bad behaviour.

Concerning the victims, there is a serious risk that therapeutical sympathy impairs their treatment as well. Even more so: it is not so rare for cases to occur in the course of which an inappropriate form of intimacy will be repeated during the treatment of the victim. The bewilderment of the therapist when confronted with a sexual provocation by the victim, is often enough the occasion of a second rejection, this time a rejection of the victim. The well-known defence of the counsellor is then the usual: 'She just asked for it herself!'. In this way, both perpetrator and victim are banned because of our incomprehension. This in itself demonstrates a close relationship between the two of them, to which we will have to return.

The recent history of this rejection is quite instructive. Whatever the definition of perversion one may use, it will always contain the idea of the transgression of a norm. The question is: which norm? The answer to this question is rather important, because it will determine the definition as well as the treatment of the pervert. Before Freud's time, the dominant discourse was the religious-ideological one, which had a clear impact on education and morals. During that period, our perverts were labelled sinners and libertines, that is, transgressors of the divine norm. The only treatment within this discourse came down to punishment and repentance. Later on, at the time of Freud, the religious discourse was overtaken by the medical-psychiatric discourse. The sinners were relabelled, and so they became patients. The remedy was to be a medical one, even if it was not quite clear what kind of treatment that would be.

It is striking to see that these changes in discourse also implied a change as regards normativity. During the religious discourse, the norm was a religious one, meaning that it had to be interpreted. This left a way open for the possibility of discussion of some sort. The medical discourse,

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on the contrary, implies a natural and thus an absolute norm, which can neither be interpreted nor discussed. This is very clear in the Masters and Johnson<sup>2</sup> studies of the sixties: the norm for normal sex is heterosexual coitus between two consenting partners resulting in orgasm for both of them. Everything that does not tally with this norm has to do with illness, because it is against the laws of Mother Nature. As a result, perversion as such disappears into the larger category of sexual dysfunction, together with impotence, frigidity and the like.

The evolution of the norm did not stop with the medical discourse, on the contrary. The next discourse is the sociological-psychological one, starting with the Kinsey report. His surveys demonstrated in a very convincing way that the sexual behaviour of the average American did not match the medical norm, to say the least of it. Today, the effects of this discourse are still quite obvious. In the Western World, the idea of 'normal' sexuality has become very relative, in view of the culturally and socially different forms of normativity. Within the post-modern climate, this relativity is perfectly coined by one of the leading American sexologists, that is, John Money. Even the term 'perversion' has become forbidden, because of its political incorrectness. He defines what he calls 'normophilia' as follows: 'Normophilia: a condition of being erotosexually in conformity with the standard as dictated by customary, religious, or legal authority'.<sup>3</sup> Next to normophilia, we find paraphilia, meaning something that does not match the norm. Note that he uses the prefix 'para' and not 'patho' - the idea of illness has been left out entirely.

If we look at this evolution, it seems as if things have taken a turn for the better. Indeed, we have taken our distances from the frustration of religious education and we have even corrected the absolute medical norm. This evolution is illustrated by the different editions of the DSM-manual. In the recent edition, a number of categories have disappeared, not because they do not exist any more, rather because they have been

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<sup>2</sup> W. Masters, and V. Johnson. *Human Sexual Response*. Boston, Little Brown. 1966.

<sup>3</sup> J. Money. *Gay, Straight and Inbetween. The Sexuology of Erotic Orientation*. NY-Oxford, Oxford University Press, 1988. p. 214.

accepted as 'normal'. So, we should be very happy with this evolution and consider it as a major step forwards.

Unfortunately, this is not the case. Closer study reveals that this progress is nothing but a return to pre-Freudian times! The pervert, rebaptized as the paraphilian, is the one that transgresses the norm, albeit a customary, a religious or a legal one. In other words, he has become once again a sinner or a criminal ... The consequences of this contemporary definition are easy to predict, and already obvious today. In the day-to-day practice of our liberal society, the pervert or paraphilic person will be judged based on the private norms of the couple, even when this is a one-night-stand one. The contemporary norm comes down to what is called 'informed consent', meaning that everything is allowed, on condition that both partners agree. The criminal law is not very much interested in what happens within the private domain. As a consequence, the field of perversion has narrowed down to sexual harassment and to paedophilia and incest, that is, to those cases where informed consent is lacking. This in itself gives rise to a different discussion, namely the age at which someone is able to give his or her informed consent, and so on.

In spite of, or to put it more correctly, thanks to increasing tolerance, sexual deviation has once more become a legal matter. The verdict has taken the place of what was formerly a moral rejection or a medical diagnosis. The effect of this regression on the question of diagnosis, treatment and theory is disastrous. Indeed, in view of the legal starting-point, the so-called diagnosis always focuses on the behaviour, more particularly on that part of the behaviour that transgresses the law. This is quite clear in the pseudo-diagnostical categories, which express this particular behavioural aspect or harassment: voyeurism, exhibitionism, rape, abuse, etc. The so-called therapeutical procedure following this kind of diagnosis is also quite restricted: the major aim is to stamp out the offending behaviour. We are in the midst of the *behavioural* sciences, in which there is no place for the underlying motives that govern this behaviour. *Psychiatry* and clinical *psychology* have disappeared, together with the subject.

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In this respect, the success or failure of the treatment is measured in function of the disappearance of the illegal behaviour. The treatment itself is an ill-concealed installation of a system of punishment and reward, aiming at the internalisation of the initially external punishment in such a way that the perpetrator himself will be able to avoid the undesired behaviour in the future. In other words, the aim is to provide the pervert with a normal super-ego through conditioning. The underlying psychical structure is completely neglected. For example, in the most recent DSM, it is striking that the developmental-etiological background has completely disappeared from the description of perversion or paraphilia.

It should come as no surprise that the majority of treated perverts fall back into their previous behaviour. However, to be perfectly honest, we have to add that so far neither psychiatry nor psychoanalysis has produced a better alternative in matters of treatment. This is all the more reason to study perversion and the perverse structure, in order to work out the possibilities and the impossibilities of the treatment, no matter what form that might take.

Study of recent history demonstrates yet another striking factor. In spite of the moral judgement, the perverse always poses a very strong fascination - we cannot get enough of it. The perverse character attracts our attention, and this both for man and woman, because of our own divided stance towards sex. This fascination of the normal neurotic with the pervert has everything to do with the neurotic's assumption that the pervert is able to reach a total kind of pleasure, in contrast to his own rather restricted enjoyment. Needless to say, the same thing holds true for researchers and therapists as well.

Consequently, if we want to study or to treat perversion we have to be very much aware of our own stance towards the whole thing. If not, it is quite possible that the fascination with perversion will lead to a weak and projective theory and to a standard failure of the treatment. This failure would amount to a repetition of the situation in which the pervert assigns the therapist a certain position within his perverse scenario, either the position of the powerless observer or even the position of the passive

object. Indeed, because of his typical reversal from passive object to active actor, the pervert has only three roles to assign: the observer, the victim and the performer.

The necessity of avoiding this obliges us to study first of all what Freud called the polymorphous perversity of the normal man or woman, both from a Freudian and a Lacanian point of view. This will be the subject of this paper focusing on what is usually coined *perverse traits*. Based on this elaboration, we will be able to understand how and why the normal neurotic dreams of being a pervert, that is, dreams of the total enjoyment he or she ascribes to the pervert. As we will see in a later work, perverse enjoyment is completely different.<sup>4</sup>

The last impediment that we have to clear up is an impossible one; the omnipresence of the male gaze. Perversion is considered to be a male business, female perverts being considered rare, almost non-existent. This statement is solely an effect of this male gaze, meaning the phallic gaze. It leaves no room for women, or for female perversion. More particularly, it neglects the role of the woman/mother in the perverse structure. A radically different approach to female sexuality, initiated by Lacan, allows of a radically different theory on female perversion. However, even there, and as a direct consequence of the phallic structure of the symbolic order, this phallic omnipresence is hard to avoid. The category of the not-all, which is so important in female sexuality, is an impossible one for the phallic gaze.

#### Freudian perverse traits: the polymorphous perversion of human sexuality

Freud's theory on sexuality can be summarised with three keywords: it is a *drive* model, a *defence* model and a *masculine* model.

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<sup>4</sup> This will be elaborated in: P. Verhaeghe. 'Perversion II: Perverse Structure' in: *THE LETTER - Lacanian perspectives on psychoanalysis*, issue 23, Autumn 2001 (due out in November) (Ed).

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Firstly, let us turn to the drive, the first elaboration of which can be found in his still famous *Three Essays on the Theory of Sexuality*,<sup>5</sup> and in a number of later papers. To put it briefly, Freud discovers that sexuality develops in a very particular way from childhood onwards. There is no such a thing as a sexual instinct that drives the male irresistibly to the female and *vice versa*. On the contrary, the human being does not have instincts, it is driven by the drive. This drive is peculiar, because it amounts to partial drives that operate in an auto-erotic way. The partial aspect means that they focus on a part of the body that yields pleasure, and not on the body in its wholeness. 'Auto-erotic' means that these partial drives focus first of all on one's own body, not on the body of someone else.

Based on these observations, Freud concludes that human sexuality is polymorphous-perverse and that the predisposition to perversion belongs to the original and universal predisposition of the human sexual drive as such. Indeed, almost every adult perverse trait can be observed in one way or another in children, which puts the whole idea of perversion into a completely different light. We have to rephrase the etiological question. It is not so much the question why someone has *become* a pervert, rather the question is why we have not all *remained* perverse?

Freud's answer to this question is well known: normalisation takes place through the impact of the Oedipus complex. The combination of somatic genital immaturity and fear of the father obliges the male child to forego on his pregenital desires for his mother and to identify with the image of his father. Once somatic maturity is installed, he will be able to desire fully the members of the other gender, and then these early pregenital and partial drives, subordinated to the proper genital drive, will function within fore-play, producing what Freud calls the fore-pleasure. The Oedipus complex installs Oedipal law, meaning the prohibition of incest and the obligation of exogamy.

Based on this first theory, we find a first Freudian conception of perversion. In this theory, perversion comes down to a developmental

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<sup>5</sup> S. Freud. (1905d) *Three Essays on the Theory of Sexuality*. S.E., VII, p. 125.

disorder, that is, a fixation to a certain partial drive, rendering impossible the normal goal, that is, the adult genital relationship. Freud will stick to this theory for some time, although he is aware of its weakness right from the start. You do not need all that much experience to know that nobody stays exclusively in the heaven of the adult genital relationship. What is more, the so-called total genital drive is quite hard to find. On the contrary and in spite of genital maturity, every adult cherishes his or her own pregenital drives, enjoying them far more than copulating. As president Clinton teaches us: 'A fuck is a fuck, but a good cigar is a smoke'. Every one of us has perverse traits, genital normality is hard to define, and differentiation from pathological perversion becomes all the more difficult.

At this point, the second keyword enters the picture, that is, the defence system. Normalisation and the pathological development of human sexuality are both explained by the Oedipus complex in combination with castration anxiety. It is the latter that makes the pregenital drives disappear, obliging the child to move away from its infantile object choice (meaning: the mother) to a mature object. If and when this castration anxiety is not effectively present, the pregenital drives remain operative and psychopathology develops. The defence mechanisms will target the psychical representatives of the drive, and the difference between different psychopathologies comes down to the different mechanisms of defence. For example, repression is typical for hysteria, together with the preponderance of the oral partial drive. Obsessional neurosis is typified by isolation and reaction-formation, and this time it is the anal drive that is central. With psychosis, things become more difficult; the pregenital drives are mixed and the defence is of a projective nature.

In this second theory, perversion has to be understood in the light of a special defence mechanism against castration. To be more specific: perversion has to do with the absence of castration, that is, the absence of the lack in the Other. There is someone for whom castration is lacking. As a consequence, the anxiety of the pervert is not the usual castration-

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anxiety of the neurotic, on the contrary, and this is explained by the mechanism of defence specific to it: disavowal. Based on this denial or disavowal, the pervert takes a very ambiguous stance. On the one hand he acknowledges the castration of the mother, on the other hand he denies it. Freud's standard example concerns the fetishist who precisely by focusing on the fetish denies the castration of the mother.<sup>6</sup> Following this denial, the pervert or the fetishist is able to live in a double world. In one part of it, he knows about castration, in the other part he does not know it, because supposedly, his mother has kept her penis. His sexual life is marked by this phallic mother, and he has to work very hard so as to be able to stick to his belief.

With this second theory, Freud has left the merely developmental model of fixation in order to explain perversion, but still, his theory leaves something to be desired. His accent on the real penis and real, albeit unconscious, castration anxiety is not very convincing. Neither is the fact that his standard example concerns fetishism. Indeed, almost every man is a fetishist, and the differentiation of the perverse structure proper from those perverse traits belonging to neurosis becomes all the more difficult. This universality is confirmed in 1938 in a certain way by Freud himself, when he generalised the idea of splitting in such a way that it holds for every subject, and not only for the fetishist.<sup>7</sup>

This is more or less the conclusion of Freud's work on perversion. If we combine it with our contemporary permissive discourse based on the notion of informed consent, perversion as such becomes very hard to isolate. It seems as though all humans are perverse, but some are more perverse than are others ... At the end of the day, the only viable criterion for Freud, in diagnosing a perversion, comes down to the rigidity and the exclusivity of a pregenital scenario. Wherever there is variation, we are dealing with ever shifting perverse traits within the neurotic structure.

In the meantime, it has become clear that Freud's model is exclusively phallogocentric and masculine. In his theory, we meet time and

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<sup>6</sup> S. Freud. (1927e) *Fetishism*. S.E., XXI, p. 149.

<sup>7</sup> S. Freud. . (1940e) *Splitting of the Ego in the Process of Defence*. S.E., XXIII, p. 273.

again with the son and the father. The mother is reduced to a passive object of desire, and the daughter is only some kind of adapted version of the son. The study of the female Oedipus complex comes quite late in Freud's theory, and is never fully convincing. We have to wait for Klein and Lacan to introduce the importance of the first other, the (m)other. Nevertheless, there is one important exception in his work, and that is his paper on *A Child is being Beaten*.<sup>8</sup> The subtitle tells us that the paper is meant as a contribution to the knowledge about the development of perversion. Surprisingly enough, the clinical cases in this paper are almost exclusively female, although Freud diagnoses them as obsessional neurotics. The second surprise is that this paper focuses on the relation between subject and Other, and not so much on the drive as such. With this focus, Freud introduces probably the most important aspect of perverse structure, that is: the perverse relationship between subject and other is all about power.

**Lacanian perverse traits: 'Il n'y a pas de rapport sexuel'.**

Lacan's theory on sexuality is quite typical, because it is both a genuine return to Freud and a further elaboration of it. The return aspect focuses on the drive. The elaboration concerns mainly the relationship between subject and (m)Other. In his theory, he takes up again Freud's idea of the partial drives, albeit with a different emphasis. First of all, Lacan stresses the original goal of the drive far more than Freud did, that is, he focuses on the fact that the drive wants to return to a previous state of being, the drive drives us towards that original existence. Secondly, since that original state has disappeared, Lacan highlights the idea of the lack. Thirdly, the drive process has to be understood within the dialectical exchange between subject and Other. As a result, Lacan's conclusion goes way further than the original Freudian one. Instead of accepting the idea of perverse traits within the normal sexual relationship, Lacan will put forward the idea that there is no sexual relationship as such.

<sup>8</sup> S. Freud. (1919e) *A Child is being Beaten*. S.E., XVII, p. 197.

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This idea of an original state of being, to which the drive wants us to return, is a mythical one. The best way to understand it is by referring to the myth Aristophanes recounts in Plato's *Symposium*. Originally, every human being was a double being, meaning a double man, a double woman or a double man/woman. This double being was divided in two halves by an intervention of the jealous gods, and ever since then each one of us is looking for his or her lost counterpart.

The psychoanalytic interpretation of this poetical myth is a bit more prosaic and runs as follows: originally, there was a symbiotic relationship between mother and child. The birthing process and the introduction of language have destroyed this symbiosis, together with the original feeling of totality and *jouissance*, and that is what we are all longing for. In concrete terms, this means that every child tries to fill in the desire of the mother, in order to restore the original unity and the original satisfaction. The same attempt is repeated in the relationship between man and woman, and it meets there with the same failure.

This failure is a structural one, based on the fact that Lacan acknowledges a double lack. It is his theory on the double lack that grounds the impossibility of a normal sexual relationship and a normal satisfaction.<sup>9</sup> The first lack concerns the lack in the chain of signifiers, meaning: the interval between two signifiers. This is the typically hysterical - and thus Freudian - level in which desire can never be fully expressed, let alone satisfied. In Lacanian terms, the subject, confronted with the riddle of the desire of the Other, tries to verbalise this desire and thus constitutes itself by identifying with the signifiers in the field of the Other, without ever succeeding in filling that gap between subject and Other. Hence, there follows the continuous movement from signifier to signifier, in which the subject alternately appears and disappears. The ensuing alienation is a continuous flywheel movement around the lack in

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<sup>9</sup> J. Lacan. (1956-57) *Le Séminaire, Livre IV. La relation d'objet, 1956-57*. Paris, Seuil, 1994. pp. 174-178; J. Lacan. (1964a). *The Seminar, Book XI, The Four Fundamental Concepts of Psychoanalysis*, trans. Alan Sheridan, London, Hogarth, 1977, pp. 204-205.

the chain of signifiers, resulting in what Lacan called *l'avènement du sujet*, the advent of the subject.

But there is yet another lack, which Lacan calls anterior and real in comparison to its counterpart. Furthermore, the lack in the chain of signifiers is only a recapitulation of this primal lack, the originality of which resides in the fact that it has to be understood in the context of *l'avènement du vivant* (the advent of the living being). This advent of the living entails the emergence of sexual reproduction during phylogenetic development, repeated during every ontogenetic development. At this point, Lacan says, the level of *Unbegriff* (incomprehension), beyond the psychological comprehensibility of the previous lack, is reached.<sup>10</sup> The anterior lack concerns the price life has to pay for the acquisition of sexual reproduction. From the moment an organism becomes capable of reproducing itself in a sexual way, it loses its individual immortality and death becomes an unavoidable necessity. At birth, the individual loses something and this loss will be represented later on by all other substitute objects. From this moment in Lacan's thought, there is an essential affinity between drive and death. Sexual drive means death drive, as an inevitable consequence of the process of sexualization.

As a result, the constitution of the subject, that is, our identity, is based on the interaction between life and death, between the two different lacks and their overlap. The crucial thing concerning these two lacks is that their interaction entails neither reciprocity nor complementarity: 'It is a lack engendered from the previous time that serves to reply to the lack raised by the following time'.<sup>11</sup> The original circular but not reciprocal relationship between life and death, between *jouissance* and subject, is reproduced and worked over on several levels. One of these levels concerns the relation between man and woman. Moreover, this repetition produces the same effect: whatever the efforts of the subject to join with his body by way of the Other of language, he will never succeed, because the gap is precisely due to this Other of language. Whatever the efforts of

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<sup>10</sup> *ibid*, p. 26.

<sup>11</sup> *ibid*, p.215.

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the subject (be it male or female) to join woman by way of the phallic relationship, it will never succeed, because the cleft is precisely due to the phallic signifier. The impossible relationship between the subject and its drive reappears in the impossible relationship between a man and a woman on the one hand, and the not-whole part of woman on the other hand.<sup>12</sup>

Let us return now to the question of perverse traits in human sexuality. Instead of the Freudian perverse traits, we meet here with the Lacanian perverse relationship. Following Lacan, there is no sexual relationship as such, meaning a straightforward genital relationship between the two different genders. Instead of that, we find a phallic relationship in which the pregenital elements stay operative.

The aim of this relationship goes back to the aim of the drive: both partners want to return to a state of original whole-ness, without any lack or loss whatsoever. In other words, the original object must be reinstalled, the originally lost *object a*. The very first fashioning of this lost object take place within the interaction between the child and the (m)Other, that is, on a pre-genital level. The *object a* is lost again through the loss of the breast, the anal products, the voice and the gaze. These objects are especially important, because it is through them that the (m)Other expresses her desire, it is she who wants the child to eat, to go to the toilet, to look, to listen. In this way, the partial drives are introduced in the dialectical exchange between the subject and the (m)Other, because the subject has to identify with them, in order to fill in the lack of the Other. Of course, the subject can refuse to identify with them as well; this first relationship on the level of desire is already a relationship in which the question of power is very much present.

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<sup>12</sup> For a more detailed discussion of these topics, together with all the necessary references to Lacan's work, see: P. Verhaeghe. 'Causation and Destitution of a Pre-Ontological Non-entity: On the Lacanian Subject' in: *Key Concepts of Lacanian Psychoanalysis*. Ed. D. Nobus. London-NY, Rebus press - The Other Press, 1998. P.Verhaeghe. 'Subject and Body - Lacan's Struggle with the Real' in *The Letter*. Autumn, 1999, pp. 79-119.

Whatever the choice made by the subject - be it either refusal or confirmation - the original loss will not be remedied. The produced answers - that is, the identifications with the desire of the other - always miss the point, because they operate on a level other than that of the original loss. As a result, the child will leave the mother and turn to the father, hoping that the final answer can be found in his phallic presence. This is the Oedipus complex, with its very typical result; namely that all the previous, pregenital answers are reworked, re-written in a phallic language. The oral is turned into a phallic oral, the anal into a phallic anal and so on. The basic structure, however, remains the same. These imaginary phallicizations are not able to reproduce the original wholeness; they are never enough - which is why Lacan entitled his seminar on this topic *Encore* (more, again!). The more the subject tries to produce an answer, the more these pregenital-phallic aspects come into the foreground. As Lacan said in 'Télévision': the more a man wants to satisfy the woman, the more he enters the realm of perversion, meaning the Freudian perverse traits.<sup>13</sup>

In this Lacanian theory, the ideas of the phallus and castration have received new meaning. The phallus is an empty signifier, representing the unreachable end-term of desire. During his or her search for it, every subject will meet with imaginary castration. The masculine subject may have the phallus, but he will never have it enough. The female subject may be the phallus, but she will never be it enough. Phallic enjoyment, pleasurable as it might be, is never complete; there is a beyond the pleasure principle that insists for both genders. This beyond contains the original *jouissance* that goes back to the original symbiosis before the acquisition of language.

The attitude of the subject towards this original *jouissance* is ambiguous. He or she wants to recapture it, and that is the reason why he or she identifies with the lack of the Other, in order to reinstall the original wholeness. On the other hand, every subject runs away from this

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<sup>13</sup> J. Lacan. *Television, A Challenge to the Psychoanalytic Establishment*. New York/London, Norton company, 1990. p. 37.

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*jouissance*, because of its inherent danger. Indeed, if we manage to reinstall it, the result is that we disappear as a subject into the Other; we become part of this Other. As a matter of fact, this is the original legal meaning of the word *jouissance*: *usufruct*, the fact that someone uses you for his or her own benefit. As a result, the sexual relationship is never fully elaborated or consumed. We waver and sway between an incomplete phallic relationship on the one hand and an impossible *jouissance* on the other hand.

Following Lacan, the normal sexual relationship is indeed a *norme-mâle* one, because it comes down to the phallicisation of the pregenital relationship. The answer to the lack of the Other is a phallic one, albeit in a pregenital disguise. The lack as such is irrevocable, and the relationship becomes endlessly repetitive.

This conclusion explains why Lacan has always taken a clear-cut stance against both the idea of a supposedly normal genital-sexual life and any end goal of the analytic treatment which would follow on from that idea.<sup>14</sup> Following Lacan, the pre- and extra-genital objects constitute the essence of human sexuality, because the complete genital-sexual relationship does not exist. The sexual partner always takes the place of the fixated drive or *object a*. The phallus is a kind of prosthesis, even more so: an incomplete prosthesis, always failing to answer the fundamental lack. The pregenital residues that Freud speaks of, are for Lacan not accidental: phallicisation is structurally incomplete, the lack in the Other cannot completely be remedied.

The fixations, considered by Freud as primary symptoms, are for Lacan of a general nature. It is the symptom that defines mankind, and as a symptom, it cannot be rectified or cured. That is Lacan's final conclusion: there is no subject without a symptom. If there is no normal sexual relationship as such, every relationship between sexual partners is

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<sup>14</sup> 'Freud has never succeeded in conceiving the said sexuality otherwise than as perverse. (...) perversion is the essence of man' ('Freud n'a jamais réussi à concevoir ladite sexualité autrement que perverse. (...) la perversion est l'essence de l'homme.' J. Lacan, *Le Séminaire XXIII, Le Sinthome*, Ornicar ?, 11, 1977, p. 8.

a symptomatic one. As a result, the analytic treatment has to focus in its final phase on this analysed, denuded version of the symptom, in order to handle it in a different way. For Lacan, this comes down to an identification with the Real of the symptom.

We could conclude from this that neither Freud nor Lacan is very optimistic as regards the sexual relationship. It is an impossible one, necessarily filled with perverse traits, never fully satisfying and so forth. Such a conclusion would be wrong, and in several respects. For Lacan, the very fact that the sexual relationship is impossible opens the possibility for creation and creativity. Each one of us has the possibility of creating something in this field; each one of us has the possibility of creating and enjoying his own symptom.<sup>15</sup> The perverse structure, our next topic, is one way of avoiding such a creation.

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<sup>15</sup> 'That what I have defined for the first time as a *sinthome*, is what permits the Symbolic, the Real and the Imaginary to hold together. (...) On the level of the *sinthome*, there is a relationship. (...) There is only a relationship where there is a *sinthome*.' (J. Lacan, *Le Séminaire XXIII, Le Sinthome*, Ornicar ?, 8, 1976, p. 20. 'Ce que pour la première fois j'ai défini comme un *sinthome*, est ce qui permet au symbolique, à l'imaginaire et au réel, de tenir ensemble (...). 'Au niveau du *sinthome*, (...) il y a rapport. (...) Il n'y a rapport que là où il y a *sinthome*.')

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