The Development of Sexuality and the Self

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The clinical influence of Freud's theory of normal adolescent and childhood development is still profound. Most contemporary psychoanalytic theories, except for Kohut's psychology of the self, continue his emphasis, to be sure, in significantly modified forms. Thus, infantile sexuality, primary narcissism, and primary masochism (aggression)—one or all of these—are core concepts of ego psychology, object relations theories, and earlier self theories: sexual, narcissistic, and aggressive wishes are considered building blocks of psychic structure, the primary issues in normal development, and the primary factors that lead to psychopathology. In these frameworks unconscious struggles to gratify wishes, without injuring or destroying the needed objects, are at the heart of the psychology of childhood and adolescence; adult maturity, sexual and otherwise, is attained by taming, relinquishing, or sublimating the tenaciously held aims of childhood wishes.

A Critique of Drive Theory

There is an enormously important problem with all of the modified versions of Freud's view of primary human motivation and of what constitutes pleasure, satisfaction, and fulfillment. It is four decades since Erikson (1956) pointed out that there is "a stubborn persisting tendency" in psychoanalytic theory: even though the importance of children's and parents' reciprocal attachments is acknowledged, clinical theories have failed to take the role attachments play in normal development into account. The result of this omission is that the person in treatment is frequently seen as a mere puppet of his or her infantile wishes (Erikson, 1950)—wishes considered to be identical with the pathological urges to exploit, violate, or destroy that are seen in serious adult pathology.

Michael Basch and I shared a great interest in "normalizing" psychoanalytic developmental psychology. This chapter on normal self development and sexuality is dedicated to his memory, with affection and admiration.

In spite of his realization that psychoanalytic theories failed to recognize that young children's wishes and urges are "naive" and have to be understood in connection with their attachments, Erikson remained in the framework of drive theory. Like Kohut in his earliest theorizing, Erikson remained in Freud's drive-object framework and tried to enlarge it to include his emerging theory of ego identity. Thus he merely mentioned the serious clinical problems with Freud's framework in passing. One of his most discerning critiques is found in a footnote: he warned that analysts often fail to understand problems in core identity that may manifest themselves as oedipal issues and castration anxiety. He gave as an example an adolescent boy who dreamed of being chased around a room by a giant scissors: in the framework of ego psychology and oedipal theory the problem was seen as castration anxiety instead of an adolescent's fear of his autonomy being cut off by an overwhelmingly intrusive mother.

Put in self-psychological terms, Erikson's critique points to the danger in therapy that the self and its primary motivations can be grossly misunderstood: manifestations of the self falling apart, or defensive measures used to prevent its falling apart, are seen as fixations and regressions to archaic wishes and their objects. Clearly, the way clinicians understand and explain the manifest contents of their patients' behavior, symptoms, character traits, wishes, fantasies, and dreams differs greatly, defending on their theoretical orientation.

The Field's Theoretical Smorgasbord

Many important efforts have been made by innovative analysts to get around the "stubborn persisting tendency" in analysis that Erikson pinpointed and to conceptualize the way we actually experience psychologically, "inside" ourselves, our formative bonds or "attachment" (see Bowlby's 1969 pioneering work on attachment systems). These efforts, however, have split our field into a kind of theoretical smorgasbord: Klein (building on Karl Abraham's premature work on objects and part objects) holds that the earliest formative experiences in depth are with the imago (inner representation) of an "all good" or "all bad" part object, the breast or phallus; ego psychologists like Mahler and Kernberg formulate their own variations on Klein's views. Mahler, building on little-known work of Otto Rank, posits that the earliest intrapsychic bond is a hallucinated self fused with the omnipotent maternal object; other object relations thinkers like Mitchell and Greenberg (1983) place great emphasis on the fate of narcissism and aggression toward early objects, and their particular school of thought has long since rejected Freud's specific idea of infantile sexuality; the same is true of the many self psychologies that preceded Kohut's. Many of the British Independents and Relationists come very close to Kohut, but continue to understand narcissism and aggression, in particular, apart from the state of the cohesion and structural integrity of the self.

Self and Selfobjects—Departure from Drive Theory of Mature Sexuality

Kohut's concept of the structure-providing selfobject, the concept on which his view of sexuality, narcissism, and aggression is based, is a departure from ego psychology and object relations theories. The selfobject is not an "object" at all in the traditional psychoanalytic sense—it is not a target of drive wishes, but a vitally important human environment consisting of needed "others" whose (parental) functions maintain and restore the self and its potential for growth and fulfillment. The idea of selfobjects and their functions rests on the crucial developmental distinctions between oedipal and preoedipal objects as targets of wishes and "others" from whom the child expects responses to valid development needs. (For earlier discussion of this crucial point see Tolpin, 1978; Tolpin and Kohut, 1980.)

Another way of putting the idea of selfobjects is that in childhood and adolescence, perhaps throughout the life cycle, we unconsciously experience important others "out there," and what they on our behalf, as essential psychological ingredients that are analogous to food, oxygen, red blood cells, the skeleto-muscle system, and gravitational pull. That is, we experience our "selfobject environment" as vital to the maintenance and restoration of our vitality, well-being, confidence, competence, effectiveness, assertiveness, affectionateness, and independent initiative. What is more, when we are

successful in eliciting the parental care we need to feel like an independent self, we begin to gradually take over the "selfobject functions" for ourselves. What we originally experienced in the course of everyday expectable care is metabolized, so to speak, bit by bit and "transmuted" into our own psychological capacities (it is a normal childhood tendency to take over the parents' functions and make them a part of our own self organization). With the concept of the self and its selfobjects, then, we have a window through which we can glimpse the core intrapsychic experiences—our deepest needs and motivations—as they are manifested in connection with our own (and our patients') unique forms of attachment, attachments that take the form of transferences in the clinical situation.

Now for the bearing of all this on the development of sexuality and the self. In the first part of this chapter I shall compare and contrast drive theories and object relations theories with Kohut's theory of the self in respect to "infantile sexuality" (Freud, 1905): toddlers' expectable interest in their excretory functions and body products, their expectable "exhibitionism" and "voyeurism," and the four- and five-year-old's oedipal strivings. I shall particularly emphasize the differences in the goals, aims, and objects posited by theories that consider drives and their early objects the primary building blocks of the psyche and the primary goals, aims, and objects posited by the theory of the self and its organizing, vitalizing, and reparative selfobjects. In the second part I shall highlight some of the pleasures and possibilities of sexuality from the self-psychological point of view.

Drive/Object Relations Theories and Self Psychology—Comparisons and Contrasts

Drive Theory: "Progression" to Genitality and Mature Object Love

The sexual and the aggressive wishes of the "drive psychology baby" have one goal: to attain "pure pleasure" by immediate discharge of erotic tensions on any available infantile object or part-object. Infantile drive wishes are oral, anal, phallic, polymorphous perverse, narcissistic, masochistic, and sadistic; infantile objects are hallucinated "dual unity," body part objects, such as breast, feces, penis; split objects (all good/all bad). The far-off "utopia" of drive theory development is object love and heterosexual "genitality" (see Erikson's ironic comment). However, reaching the genital level of drives and objects is a difficult psychic achievement—oral, anal, phallic, oedipal aims and objects have to be tamed, relinquished, "smashed" (see Freud on boys' oedipal wishes), or sublimated; fused/merged self and object, preoedipal and oedipal, split all-good/all-bad objects have to be relinquished and replaced by a whole, separate self and a whole, separate love object.

The Problem of "Theory Blindness": Roots of Sexuality that Were Not "Discovered"

Freud was not blind to human urges other than those he conceptualized as id demands for immediate sexual and aggressive discharge on any available object. In fact, his clinical histories are masterful as far as his observing what we would now recognize as powerful psychological issues that derailed his patients' childhood and

adolescent development. For example, he was very clear about the fact that his 18-year-old patient Dora had actually been betrayed and misused by her parents and their friends (he described their lies and their treatment of her as an "object of erotic barter" [Erikson, 1962], including her father's adamant refusal to acknowledge that he wanted Freud to treat her so that she would stop complaining and he could continue with his affair).

Furthermore, at the very beginning of psychoanalysis, Freud understood the rootedness of human existence in the parent—child tie. For example, in *Three Essays on a Theory of Sexuality*, Freud (1905) observed that the roots of vigorous sexual needs and urges to accomplish everything we are urged to do by our instincts begins with babies' experiences with affectionate mothers who stroke, kiss, and rock them; that growing up to be a strong and capable person, in general, has deep roots in children's relationships with those who look after them, the persons toward whom they feel affection, esteem, and love; elsewhere he noted toddlers' pride in the accomplishment of producing feces, and giving it as a valuable gift to their mothers.

He also saw four- and five-year-olds' "grandiose delusion" (we would see this as naive pride and confidence) that their oedipal feelings are reciprocated, that they are really in the running as marriage partners for Mom or Dad, as the case may be. (In self-psychological terms the "grandiose delusion"1 of the normal oedipal phase is the certainty of the child's "grandiose exhibitionistic self" that his or her strivings, goals, and ambitions will be realized. Freud attributed his own "grandiose exhibitionstic self"—the feeling that he was a conqueror—to being the firstborn son of a young mother. Recently a four-year-old I know told her pregnant mother that she was going to have children with her father when she grew up. She said her mother could still live with them.)

The problem for clinical theory is not a lack of empathic observations on Freud's part. The problem is "theory of blindness": the developmental observations Freud made did not fit with the theory of sexuality he was trying to prove. He ignored the traumatic sexual approach of a family friend, and he disregarded the family and culture that discouraged an intelligent young woman's use of her intellect and "did not [give] a vital identity fragment of her young life a chance for a future" (Erikson, 1962**p. 459**). He stubbornly persisted in his insistence that Dora's case "proved" that her symptoms resulted from fixations on her repressed sexual wishes; that she rejected her father's friend's advances out of disgust, fear, hostility, oedipal jealousy and rivalry, and homosexual yearnings; that her successful treatment required lifting of repression. To accomplish the treatment task Dora and young women like her had to face the repressed unconscious drives and the defenses against the anxiety and symptoms they generated.

The result of "theory blindness" is that Freud did not accord some of his most important developmental and clinical observations the status of valid psychoanalytic data. Another way of saying this is that he made many observations that he did not "discover" and systematize in usable clinical theory. The maps and guides to treatment based on the theory he wa trying to prove simply left out his observations that our motives, ambitions, and goals, including sexual goals, are rooted in affectionate bonds; that the nature of sexuality—vigorous or weak, loving or hating, generative or sterile—

depends on the nature of the nature of these bonds (this general view applies to aggression, as well). Dora even came back to Freud for a second try at getting him to recognize her struggles. She needed help to get on with the interrupted tasks of her adolescence and young adulthood. She needed help to find value in herself and salvage values to live by when her trust in herself and those most important to her was destroyed.

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1 Moreover, he and Ferenczi (1913) saw the normal "grandiose delusion" of the oedipal child as part of a larger psychological propensity: human beings' "incurable megalomania," that is, our persisting feelings of our own greatness, in spite of all the evidence to the contrary (cf. Ferenczi's 1911 application of Freud's idea of the oedipal child's "grandiose delusion" about his or her greatness to earlier roots in the development of infants whose retinue provides them with "normal care").

Freud rejected Dora out of hand: he insisted that she had returned to him only to wreak revenge on him in an unrecognized hostile father transference. Moreover, he never reconsidered his mistaken idea—he dismissed another adolescent, an 18 year-old he described as a homosexual woman, two decades later. Although he reported that her dreams contained hope of marriage and children he was adamant—her dreams were "hypocritical" and "lied." Her deepest unconscious motive, like Dora's, was to unconsciously revenge herself on him (in a father transference). Freud's view on adolescent sexuality and aggression, and their continuation in derivative forms in contemporary theories of transference and countertransference, has been devastating to many patients and has undermined the field (Bernheimer and Kahane, 1975).

Self-Selfobject Theory—Drives Are Always Part of the Healthy Self

As for the theory of self and selfobjects, as long as the child is part of an expectable world of parental care there is always a phase-expectable self and other (there is never a time of nonself, never a time of fusion where the infant confuses his or her body with that of the mother); "naive" drives are integral to the healthy self and its normal psychophysiological functioning. "Naive" oral, anal, phallic, and genital sensations, aims, objects, and satisfactions are not only integral to the self experience: they are a vital source of our being; when responded to in expectable ways drives are a vital source of well-being that enhances feelings of cohesion (Tolpin, 1986).

What does it mean for the developmental/clinical outlook on sexuality to say that naive drives are part of the essential experience of being and having a body-mind-self, even before the emergence of the cognitive capacity necessary for self-awareness or self-reflection? (The other "out there" is experienced differently than the self from birth on. See Papousek and Papousek, 1975; Trevarthen, 1977.) It means that all of the experiences Freud called infantile sexuality (oral, anal, genital, tactile, visual, olfactory experiences) are included in core self-structures: the child's proud self, idealizing self, twinship self—his or her very own gender self, if you will—includes the drives; these complex childhood core structures are the templates into which adults' feelings about themselves and others and their own and others' sexuality eventually fit.

Developmentally and clinically speaking, then, the idea of normal phases of development dominated by either aggression or infantile sexuality (in Freud's sense—i.e., known best form adults' experience of sexual arousal, intercourse, and climactic, orgastic discharge) is a limited and limiting view of sexual motives in particular and of other motives in general. A person's pathological drivenness, organized around either erogenous zones or aggression, is seen when the primary needs—for maintenance and restoration of self-cohesion—were persistently

disregarded and thwarted, when the three R's of an expectably empathic world—parental recognition, response, and reparative efforts—did not work right, and the child's cohesion was chronically failing or had actually failed. A frantic search for pleasure through sexuality or aggression more often than not reflects an urgent effort to ameliorate states of unbearable anxiety, poor self-esteem depletion-depression, or narcissistic rage, hallmarks of "structural deficits."

In brief, the changed developmental outlook on the healthy self and "naive" drives changes basic clinical attitudes: it requires us to keep in mind the fundamental distinction between the pleasure of sensuality and the pleasure in a responsive human environment that fosters our recovery from injuries and restores our initiative and effectiveness (see Tessman, 1982, re what she calls "endeavor excitement" and others refer to as effectance pleasure). Then and only then can we see failures of cohesion where drive theory sees struggles against untamed, unrelinquished sexual and aggressive instincts (the manifestly sexual and aggressive aims and objects we see so often in patients who were neglected, abused, lonely, enraged, thwarted children are a case in point)2 and it leads to seeing failures of cohesion, rather than untamed drives, as the "continuous psychical thread" (Freud, 1909**p. 143** that can interfere with growing up to be a strong and capable person with vigorous urges and fulfilling sexuality.

Goals of Anal Sexuality Contrasted with Goals of the Proud Productive Toddler Self

Failure of the Expectable World and Anality to Restore the Enfeebled Self. A two-year-old boy (described by Anna Freud, 1966) exasperated his mother by his persistent soiling and resistance to all her efforts to toilet train him. As soon as he was left alone he dirtied himself all over. One day he was heard talking to his feces asking them to keep him company. It was learned that he had suffered traumatic separations from his mother, neglectful care by strangers, and bewildering changes (also see Tolpin, 1987, for a discussion of this vignette as an example of injured self-cohesion).

For the normal toddler of drive theory, sexual and aggressive pleasure is derived from stubborn opposition, retaining feces, soiling, and smearing and from fantasies of expelled feces as destructive weapons that wreak the havoc the child feels. The erotic/sadistic drives and their objects that constitute a toddler "pregenital" sexual organization persist as pathogenic magnets, points for

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2 Normal care and normal self-cohesion have failed when we see an objectless state, or states dominated by polymorphous perverse, narcissistic, masochistic, and sadistic

aims and objects; normal care and normal self-cohesion have failed, or are failing, when we see incorporative, sadistic/destructive oral, anal, and phallic aims and objects (sadism and destructive wishes were conceived of by Freud as primary masochistic wishes directed outward).

fixations and regressions, that form the core of obsessive-compulsive symptoms and characterological formations (e.g., orderliness, obstinacy, and penuriousness). The goal of sexual development is progression from normal infantile anal sadistic wishes to "mature sexuality" and object love through taming of the drives—reality dictates that the drive pleasures of anality have to be relinquished to preserve the intrapsychic "object" form sadistic attack and to construct a love object.

The theory of self and selfobjects sees the same traumatic separations and maternal deprivation. However, the intrapsychic experience of the toddler-self seen by applying this theory to the "anal data" and to clinical work is a psychological universe apart from the intrapsychic experience of "bad objects and part-objects" of the anally fixated toddler of drive theory. The lonely, depressed two-year-old can use his own body-mind-self (anus, feces, capacity for fantasy) as "self-made" substitutes for missing selfobject functions (i.e., parental attunement to his lonely, depressed state, and help to repair and restore the life-giving bond with an available, responsive other who is the basis for revitalization and recovery). In the face of the massive failure of normal care he used the human capacity for fantasy to make his feces into needed selfobjects, imaginary companions, to allay his depression and loneliness; he exercised his remaining initiative to hold himself together: the fantasies, the oppositional retention, soiling, and smearing, are sexualized defensive measures, a last-ditch stand to reanimate himself, to have some control in a world in which he had none.

Invariably, then, a toddler phase that is dominated by the erogeneity of the rectum and anus, and by sexual and aggressive wishes and fantasies centering around feces, is a phase of significant failures of self-selfobject reciprocity. Normally, expectable mirroring, idealizing, and twinship experiences with parents and important others are self-enhancing and make toilet training a "big deal" for the toddler-self. Anal sensations, experiences, and capabilities and expectable parental acceptance and expectations are psychological foci around which pride, self-acceptance, self-reliance, expectations of ourselves, and accomplishment and achievement pleasure are organized.

Going along with parental expectations as to when and where to have a bowel movement is one of innumerable self-selfobject experiences that are the basis for the "accomplishment pleasure" and enhanced self-esteem of a proud, "productive" toddler self. In fact, the toddler self and his or her toilet training "works right" precisely because the object of this in-phase psychological task is the child himself or herself. Toddlers experience intense pride and pleasure in self-assertion and in their strivings to reach an in-phase goal of mastery and self-control held up by idealized parents. In the last analysis, it is the bowel movement that is flushed down the toilet while the children's pride in themselves remains. Ultimately, then, it is neither fixation on, nor regression to, an isolated anal drive that leads to disorder. It is the other way around—preoccupation with anal functioning and fecal fantasies is a poor substitute for a core sense of pride, self-esteem, and control over

oneself and the other. Lack of this inner sense of the self, not primary anal fixations, is the consequences of disruption of normal give-and-take between toddler and parent, and the reciprocity of intimate, mutually satisfying relationships that eventually include sexual relationships. The aim of treatment of sexual disorder, like the aim of normal development, is the restoration of disrupted reciprocity and the building up of insufficiently established self-assertion and pride in the self and its accomplishments.

The Goal of Phallic Exhibitionism Contrasted with the Goal of Maintenance and Restoration of the Proud Self

The magnitude of clinical differences in thinking about sexuality and the self, depending on which theory is used, is illustrated by the recent definition in *Psychoanalytic Terms and Concepts* (Moore and Fine, 1990) of healthy children's excitement in showing off their bodies to admiring parents, and intense interest in looking at their own, other children's, and adults' bodies and body parts. Harking back to Freud's theory of isolated sexual drives striving for discharge (Freud, 1905) showing off and looking are pathologized as "exhibitionism" and "voyeurism," "components of the sexual instinct." "Exhibition is evident in the child's wish to exhibit the body, especially the genitals, particularly during teh phallic phase ... [and] involves turning the looking impulse onto the self. Other parts of the body as a whole may replace the genitals, or achievements or behavior may be displayed instead" (p. 69).

Drive theory reduces childrens' naive in-phase pride in themselves, their bodies, and their achievements and accomplishments to sexual wishes; wanting to look at their parents (in all the ways children want to look at them) is reduced to looking for their phallus (scoptophilia/voyeurism or Freud's "sexual perversion"). Wanting to offer themselves for their parents' "gleam" is reduced to a primary wish, of girls and boys, to display the phallus and turn their voyeurism back on themselves.3 The theory of primary phallic exhibitionism is a distorting clinical view for understanding sexuality and sexual response of men and women. There is never a phase in normal self development when children's wishes and needs to

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3 The use of Freud's 1905 theory of component sexual instincts in an official publication of the American Psychoanalytic Association in 1992 simply ignores all of his empathic observations and all of the thinking and findings of developmental psychology and self psychology. Looking and being looked at are biologically designed predilections ("givens") of normal human beings, and the pleasure derived from mutual gaze is one of the preeminent, primary urges involved in the maintenance and restoration of the self—mutual gaze guarantees attachment (Bowlby, 1969), and it is eventually included in the pleasures of the sexual act. By the same token, touching tasting, smelling, listening (modalities Freud linked with anality and primal-scene experiences) are integral to normal biological equipment, and all of these sensuous experiences play a vitally important role in the intimacies and pleasures that guarantee normal self development and pleasure in sexuality.

look at their parents—including the wish and need to see their bodies and know what their genitals are like—exclusively expresses phallic wishes and strivings. There is never a normal phase dominated by the wish to find a phallic mother in order to deny and disown the reality of the anatomical distinctions between the sexes.

The excitement and exhibitionistic pleasure boys and men feel in connection with the erectile power of the penis is a source of pride and a vital part of boys' "gender self." Having a penis is integral to boys' cohesive body-mind-self, integral to their complex feelings about being boys—for example, that they are very much smaller versions of their father, just like other boys, and very different from girls and their mother. Pride in "phallic power" is integral to the normal boy-self. Can boys' and girls' feelings of perfection, greatness, strength, and pride be reduced to possession of a penis and phallic display? These affectively charged self-experiences depend on the whole gamut of growing-up experiences that boys and girls have with their parents and important others—all the varied experiences that promote and maintain feelings of self-integrity, pride, and effectiveness; on the "Three R's", all the experiences that are buffering, protective, and restorative when the self and its core structures are injured and the child feels, for example, massively deflated and ashamed, disappointed in himself or herself and in his or her parents.

For girls and boys alike there are always many experiences that promote pride and effectance pleasure, unless mirroring is grossly distorting. Infants are visibly invigorated, energized, and vitalized by "baby worship," and they recover their vigor when self-assertive insistence gets the parent to respond to their needs; they recover when they are distressed and firm up from the experience of being uplifted, calmed, and put on the shoulder of the magnificent giant (the idealized parent) in whose strength and power they share. They experience a surge of enormous excitement, feelings of power, and pride in themselves and their achievements and accomplishments when they are able to pull themselves up and stand erect, and (later) walk on their own two feet. Their pride is all the greater when the admiring selfobject audience responds to their achievement and bids for admiration, recognition, and self-substantiating applause.

Only "theory blindness" can assign the phallus the main role in feeling enabled, empowered, and effective. Oedipal-age children, like children of all ages, respond to mirroring, idealizing, and twinship experiences with their important others by accepting their very own body-mind-self, urges, and in-phase goals and ambitions. It is not possession or display of a phallus that is enabling: self-maintaining and self-restorative experiences with others lead to their ability to accept and enjoy themselves for who and what they are and will become, their ability to accept and enjoy others for what they are. Specifically, four- and five-year-olds respond with confidence and self-esteem when parents resonate with their bids to be enjoyed, admired, and confirmed in thier *health-fostering* oedipal ambitions and goals (e. g.,

in their striving to succeed over their rival, and thereby win the parent of the opposite sex and the prerogatives that go with success). Moreover, they recover their confidence and self-esteem, and reaffirm goals and ambitions when parents' responses protect and buffer them in their inevitable jealousies, rivalries, defeats, deflation, and disappointments.

Both boys and girls have to wait until they grow up for their idealized oedipal ambitions and goals to be transformed into adult possibilities that can be pursued. The significance of the oedipal phase for adult fulfillment in sexuality is whether the child feels appealing, strong and vigorous, and capable of entering the fray, or ashamed, weak and ineffectual, and incapable of competing. The outcome for the development of sexuality and the self is not determined by the genitalia, or by rivalry, anger, envy, or the deflation and disappointment of having to wait: the outcome depends on how the "naive" wishes, urges, and drives of the "oedipal-self"—and the inevitable delays, deflation, and disappointments—are responded to, that is, on the nature of the child-parent ties.

Some Specifics of the Development of Sexuality and the Self

"Naive Urges," Self Formation, and Sexuality

Children's naive tendency and urge to idealize, to be mirrored, and to have self-expanding alikeness experiences (twinships) are built-in "givens" of the psychobiological human self. All during infancy and afterward, children want and need to look at, look up to, and feel close to the parents they perceive as powerful; they want and need to be looked at with a "gleam" (i.e., with approval, admiration, and delight); usually (not always) they want and need to feel they are just like the parent or siblings of the same sex (the feeling of alikeness is a source of pleasure, pride, reassurance, and self-delineation); and, usually (not always) they want and need to be different from parents or siblings of the other sex. Examples would be of the two-year-old girl spontaneously enjoying "girl things" (e.g., with Mother's jewelry) or the two-year-old boy wanting a tool kit like his father's.

The importance of looking and being looked at for the developing self and its sexuality cannot be exaggerated; children wanting to look at their parents and look up to them, wanting to be looked at by them, touching and caressing them and being touched and caressed by them, listening with rapt attention and being listened to, smelling them and being smelled are among the ways a vigorous, cohesive self is constituted, maintained, and restored. The sensual, sensory, sensory-motor modes—pleasurable bodily sensations, affects, behaviors, perceptions, and cognitions—afford supreme pleasure and reality all rolled into one: they are of the essence for an independent self (sensuality, in particular, actually makes it possible for even infants and small children to experience pleasure from being partially "self-reliant" in obtaining soothing, stimulation, or excitement), and they

are all of the essence in the vital, vitalizing, and revitalizing connections with the other, which eventually includes the joys and travails of adolescent and adult sexuality.

Pleasure in the Reality of Being

When psychotherapy is guided by drive theory the tretment is inevitably influenced by the view that the patient is functioning according to the pleasure principle—his or her infantile wishes have to be given up in favor of the reality principle. Clinically speaking, this leads to the assessment that many patients are "pregenital," still under the sway of "primitive" objects and infantile wishes for immediate narcissistic, sexual, and aggressive pleasures; that mature self-acceptance requires letting go of the infantile

wishes and mourning their loss. Self-selfobject theory leads to seeing lack of reality sense, poor reality testing, "entitlement," and insistence on "infantile fulfillment" as hallmarks of "structural deficit," of a self organization in need of strengthening. To put this in an aphorism, the drive baby is forced out of being governed by the pleasure principle whereas Kohut's baby has a direct, immediate, intensely pleasurable connection with "reality" in first place: the reality of the experience of self and other, and all the ways there are of connecting up. Sensuality and sensuousness, wishes and needs to look and be looked at, and all the rest remain an enduring part of the self and its psychological depths. With the increase of hormone production during prepuberty, the beginning growth of secondary sexual characteristics, the hormone surge of puberty, and the growth of the internal and external genitalia, some of the preexisting sensory modes of sensuality involved in self-formation are remodeled and transformed. Looking and being looked at, touching and being touched—givens involved in self-development—become a vital part of the "real thing," adult sexuality.

Two Forms of Pleasure in Sexuality

My main point about sexuality is that it reverberates with the very ways in which the self developed over the whole course of childhood. The reverberation lasts for a lifetime and is transiently reached into and reexperienced in connection with one's own sexual feelings and the sexual responsiveness of the other. Thus, with sexual maturation come two interrelated forms of intense pleasure—pleasure from sexuality, in and of itself, and pleasure from sexuality as a way of transiently reaccessing the deepest roots of self-experience in primary connections with responsive (selfobject) others.

It is no wonder that the desire to reexperience the depths of the self in connection with sexual experiences is a veritable "repetition compulsion" (cf. Tolpin, 1987, for a redefinition of the repetition compulsion as an overriding principle in

the service of establishing and reestablishing the self). Freud (1915) put this eloquently when he was not insistent on proving that drive theory is right: "Sexual love is undoubtedly one of the chief things in life, and the union of mental and bodily satisfaction in the enjoyment of love is one of its culminating peaks. Apart from a few queer fanatics, all the world knows this and conducts its life accordingly" (pp. 169-170).

It is no surprise that men and women with a firm, vigorous self know this and conduct their lives accordingly. They enjoy the special and unique form of the pleasures and joys of sex: for its own sake; as an enhancing form of self-renewal; as a wondrous way of intense connecting with another again4 (echoing with the pleasures of the normal development of the self); as a way of "flying" and being transported out of the self again (echoing the flying experiences in childhood self-development); and, last but not least, as a marvelous and much-sought-after antidote to the "miseries of everyday life" (Freud, 1915).

Given the "many splendored" functions of sex it is no surprise that men and women with an endangered, crumbling self may also long to reach into the psychic depths of the self or the other, driven by needs for restoration; they may do so through sexual fantasies, dreams, and behavioral enactments, that partake of all the sensual, sensory, and sensory-motor modes that originally are part of the longed-for, self-restorative, self-

selfobject tie. It is also no surprise that the secret of the almost addictive defense of sexualization, used in an unending effort to fill in a structural deficit, is the feeling of intense pleasure and enormous relief from the sudden reorganization or reconstitution of the self that may accompany sexual activity (Kohut, 1996)5. There are also patients whose thwarted narcissistic needs may be "hypersexual" (clinically manifested as promiscuity; inconstancy; demanding, coercive, abusive bullying; or the submissiveness of "love addicts"). Sex is used as a protective (defensive) measure, for example, to bolster self-esteem, counteract fragmentation fears, or find a source of missing vitality.

However, it is important to at least mention that many patients whose essential narcissistic needs were persistently thwarted in childhood are aversive to their own or others' sexuality. Sexual experience can be the source of intensely painful, overwhelming longings and fears—longings for responsiveness they never had, fears of repetition of traumatic disappointment of needs for acceptance, and of vulnerability to rejection and humiliation. At times the very intensity of sex has to be avoided to protect self-integrity, and in some instances, depending a great deal

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4 Oneness experiences that have received almost exclusive attention from psychoanalytic authors like Person (1988) and Bergman (1987) are among the many experience of connecting in an intensely pleasurable, reassuring, self-expanding, and exciting way.

5 This point did not entirely escape notice in the psychoanalytic literature. See, for example, the little known work of Lichtenstein (1961) on the role of sexuality and aggression in the establishment and maintenance of "identity."

on cultural pressures and formative parental values, sexuality is greatly influenced by guilt.

Conclusion

The Liberating Influence of the Theory of the Self-Selfobject Bond

The theory of the self and its selfobjects frees therapists from the mental health morality inherent in drive theory (i.e., that sexuality progresses to adult forms if infantile narcissistic, sexual, and aggressive drives and objects "mature"). The welcoming attitude toward the needs to feel important and lovable, to strive and win, to feel satisfied, facilitates access to still-healthy "naive" self-strivings in the patients' psychological depths. To accomplish this we have to recognize that what drive theory considered normal infantile sexuality are forms of pathological narcissism, sex, aggression, rage, masochism, and sadism; we see such states clinically when childhood cohesion was consistently fragmented and parental failures to recognize, respond, and restore cohesion were severe and persistent. It is a "mistaken idea" to see the manifest narcissistic, sexual, and aggressive sequelae of failed cohesion, and the defensive sex, aggression, and self-serving demands used to restore cohesion, as normal stages in the development of adult sexuality and the adult self. And seeing

manifestations of failed cohesion as the deepest pathology bars access to still-revivable self-strivings and thwarts the goals of treatment.

The Recovery and Strengthening of Psychoanalytic Psychotherapy

Psychoanalysis is recovering from mistaken views of normal sexual development by using relevant concepts from self psychology and developmental psychology, as now and future guides. So far we understand that the connection between self and selfobjects leads to acceptance of the body-mind-self—its workings, parts, and products—and to feelings of power, pride, and pleasure in the self and its value. We understand that needs for mirroring, idealization, and twinship experiences are not pathological structures: all of these needs are integral to the development of vigorous sexuality, manliness and womanliness, and a strong and capable self. Finally, we also understand that there is not a one-to-one correlation between "maturity" and sexuality, and that there is a complicted etiological equation in each individual instance—these highly individual instances remain for further clinical investigations into the development of sexuality and the self.

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