The pulsional defusion and destinations of sexuality beyond genitality^{*} **

La defusión pulsional y los destinos de la sexualidad más allá de la genitalidad

Leopoldo Salvarezza

ABSTRACT: Despite all the evidence accumulated – and scientifically proved – from the fields of biological, psychological and social to the fact that sexuality in all its forms is essential for physical and mental health of individuals, to their gender identity and maintaining self-esteem among other things, the society is still trying to make the old invisible to the call of desire. This fact displays the entire fabric of prejudicial stereotypes that constitute the ageism and that becomes popular belief that "most of the old have no sexual desire or activity and those few who have it are morally perverse or at least, abnormal (old man). Even doctors, who should know better, often take the position that sexuality is not important or necessary in old age" (Palmore, 1990). The result is that many times "the old person folds the conventional ideal that is proposed. He fears the scandal or simply ridiculous. Becomes a slave of gossips. Is imbued with the slogans of decency, chastity imposed by society. The shame of his own desires are denied, refused to be in his own eyes an old lubricious, a shameless old. It defends the

^{*} The *Magazine Kairós Gerontologia* pays a posthumous tribute to Leopoldo Salvarezza by publishing, with the affectionate permission of his Editor, his article "La defusión pulsional y los destinos de la sexualidad más allá de la genitalidad", in English.

^{**} Some of the themes addressed here have been previously explained in a work published in conjunction with Ricardo Iacub, in the book *La vejez*. (1998). *Una mirada gerontológica Actual*. Buenos Aires: Paidos.

sexual urges to the point of repressing into the unconscious" (Beauvoir, 1970). This also works against the possibility of rebuilding couples to widows and widowers in old age. The shame of his own desires are denied, refused to be in his own eyes an old lubricious, a shameless old. It defends the sexual urges to the point of repressing into the unconscious" (Beauvoir, 1970). This also works against the possibility of rebuilding couples to widows and widowers in old age.

Keywords: The erotic question; The pulsional defusion; The destinations of sexuality.

RESUMEN: A pesar de toda la evidencia acumulada – y comprobada científicamente - desde los campos biológicos, psicológicos y sociales sobre el hecho de que la sexualidad en todas sus formas es esencial para la salud física y mental de los sujetos, para su identidad de género y para el mantenimiento de la autoestima entre otras cosas, la sociedad continúa tratando de hacer a los viejos invisibles al llamado del deseo. Para ello despliega todo el entramado de los estereotipos prejuiciosos que constituyen el viejismo y que deviene en la creencia popular que "la mayoría de los viejos no tienen ni actividad ni deseo sexual y que aquellos pocos que la tienen son moralmente perversos o por lo menos anormales (viejo verde). Aun los médicos, que deberían saberlo mejor, frecuentemente asumen la postura de que la sexualidad no es importante ni necesaria en la vejez" (Palmore, 1990). El resultado es que muchas veces "la persona de edad se pliega al ideal convencional que le es propuesto. Teme el escándalo o simplemente el ridículo. Se vuelve esclava del que dirán. Se imbuye de las consignas de decencia, de castidad impuestas por la sociedad. Sus propios deseos la avergüenza, los niega; se rehúsa a ser ante sus propios ojos un viejo lúbrico, una vieja desvergonzada. Se defiende de los impulsos sexuales al punto de reprimirlos en el inconsciente" (Beauvoir, 1970). Esto también juega en contra de la posibilidad de rehacer parejas a los viudos y viudas en la vejez.

Palabras claves: La cuestión erótica; La defusión pulsional; Los destinos de la sexualidad.

The origin of these myths and biases is set on various elements. Regardless of the answers that diverse psychological theories may propose such as psychoanalysis, cognitivism, gestalt, etc., there are a few observable facts to take into account. Among others we must indicate that the large majority of parents hold in secrecy their sexuality before their children such that we could ask ourselves, why should teenagers assume that older people practice their sexual capacity if they hide them so suspiciously? This would lead us to denying the sexuality, first, of our "*elderly people*" and then, by extension, that of *all elderly people*. To this the repressive conduct imposed by well extended socio-cultural patterns is summed up, among which the religious idea that procreation is the sole end of sexuality, plays a predominating role. Ramos, F. and González, H. (s/d) underscore that the Spanish Red Cross (1982) indicates that religious ideas are primarily found among the inhibitions for the development of the sexual life of people above 65 years of age, which would affect women in a larger degree. In our century, little by little the biological sciences, with medicine in mind, have been taking over the field trying to impose themselves as the ultimate paradigm for defining health and disease centered on essentially biological aspects. Thus the *biomedicalization* of our lives is instituted.

Currently, gerontology, upon incorporating assumptions developed by sociology and psychology, is attempting to open an interdisciplinary field beyond the stigma of what is merely biological (Estes and Binney, 1989), a matter that does not turn out easy to achieve through the firm fabric constituted on corporal pathology and which conforms another of the most typical biases of our society and which is the one that considers *old person equals sick person*. This way the sexual manifestations of elderly people necessarily step into the field of pathology.

"The control of society on subjects does not operate simply by consciousness or by ideology but rather it is practiced in the body, with the body" (Foucault, 1996). At any rate, further beyond the use and abuse that the society intends to do on it, the body continues to be one of the main scenarios where the drama of old age is developed and the privileged place where the ghosts of distinct meanings of human sexuality are deployed.

For Beauvoir (1970), "sexual activities have a plurality of ends. They aim at solving the tension created by sexual impulse and that – above all among the youth – has the violence of a necessity. Later, except in the case that it suffers in this plane from a severe frustration, the subject seeks far more than a release, a positive pleasure; he achieves it in orgasm; this is preceded and accompanied by a train of sensations, images, myths that assure the subject *preliminary pleasures* resulting from the release of

partial impulses rooted in childhood, and may have for the subject equal or more value than the orgasm itself. This search for pleasure is rarely reduced to mere exercise of a function; commonly it is an adventure where every member of the couple realizes his existence and that of the other in a singular way; in the desire, embarrassment, consciousness it takes form in order to reach the other as a body to fascinate it and to possess it; there is a dual reciprocal incarnation and transformation of the world that encircles the world of desire. The attempt of possession fails fatally, because the other continues to be a subject; but before concluding, the drama of reciprocity is lived in an embrace under one of its most extreme and most revealing forms. If it adopts the figure of a battle it gives birth to hostility; most often it implies a complicity that inclines toward tenderness. In a couple that loves each other with a love where the distance from I to the other is suppressed, even failure is overcome."

According to Thoné-Renault (1992), this affectionate embrace is one of the occasions when the oceanic feeling described to Freud by his friend Romain Rolland can be experienced and which would correspond with an experience of time of primary narcissism lived by the infant when his needs were satisfied, and which also represents for us, in its orgasmic culmination, the paradigm of psychosomatic integration. Eros and Thanatos merged in the unceasing search for the culmination of the desire.

This pulsional union is also present in the framework of *intimacy* (Weg, 1996), which in and out of legally constituted relationships include the affective ties where mutual care, responsibility, reciprocal trust and open communication are played, connections that can be emotional, intellectual, spiritual and potentially sexual (physical), all things that contribute to protection and support against the feelings of solitude that can threaten self-esteem before the tremendous sensation of feeling not needed by anyone. Just as it is essential the awareness that one can always count on the other, is reciprocal as well. To desire and to be desired constitute the inseparable elements of the dialectic of the affectionate embrace.

Having said that, curiously the sexual meaning of intimacy is notably stressed in the 2^{nd} definition of the word **to become close or intimate** which the Dictionary of the Spanish Royal Academy provides us when it says: *to introduce a body or a material thing through the pores or empty spaces of another*. Far more than a definition, this seems a magnificent metaphor that does not require any explanation, but if I am interested to emphasize the aspect referring to the *pores* because it remits to a main element of this work and that it is the importance of the skin as organ of exchange in relationship with the Other.

Anyone who works on the theme of old age and that may have been in direct contact with elderly people will have observed a very striking and very cruel phenomenon: in general, *elderly people do not touch themselves*. When we affirm this we are saying that *they do not choose* to touch themselves, which does not mean in certain occasions and as necessity of care, as in the cases of institutionalizations, it is not done. But this does not invalidate what we want to show here and that it is the degree of sensorial deprivation that this conduct entails.

Has any of the readers thought how would they feel if for days, weeks or months no one has touched them, no one has caressed them? Since certainly they have never thought of it, upon doing it now, it is likely that a chill may run *through the skin* as a reminder that they have it, that it is erotized and that fulfills its functions of exchange. This is like air or freedom, you only notice them when we lack them and in the case of the skin it is likewise so: we never think in the old man's skin because it is not ours or, in other words, because it turns out difficult for us *to put on their skin*. But if we were old and we were aware that they do not touch us, what would we feel? Probably that we are transparent, penetrable, dispensable, ghosts of a splendorous past; anything but desirable human subjects. "Perhaps one of the basic needs of the human being is that of affection and care, from and toward another person. Young or old, healthy or sick, in the human being that ceases to touch and be touched, affection and trust in human connection slowly deteriorate and dies emotionally and/or physically." (Weg, 1996).

When we ask ourselves about how intimacy is acquired and integrated and its relation with the skin we can resort to distinct theoretical referential frameworks on the beginning of human subject's life that some authors offer us. Among them, McDougall (1989) indicates that: "It can be said that psychic life starts with an experience of union that leads to the fantasy that there is exclusively one body and one psyche for two people, and that these constitute an indivisible unit... For the very small child, he and his mother constitute a single and the same person." From this intimate *single body* the subject shall be differentiated and it is probable for the erotization of the skin as surface, which is achieved through experiences of contact with his mother (or surrogates), plays a uniting role in this process. Anzieu (1994) tells us that: "The cares of the mother produce involuntary stimuli of the skin at the time of baths, washings, scrubbings,

transfers and cares. Moreover, mothers know very well the existence of pleasures of the skin in the infant - and in them - and, with their tender touches and their games provoke them consciously. The small child receives maternal expressions from the beginning, like excitation, then as communication." About this process, centered essentially in the sense of unity that the skin and its subjectivation alone can provide, another psychic action shall be instituted to organize this separation and that determines an identity. This will arise from the identifications that will constitute the I and then, during the mirror phase, the child will achieve unity of his body and could think as obtaining one definitely distinct from that of his mother. However, he will need the gaze of Another so that he may be allowed entrance to this unifying place. It is important to emphasize that there are several possible articulations between the gaze and the skin but, among them, it is interesting to consider that during the mirror phase, the gaze determines the view of the Other to locate the subject as unified body and that it is the skin that will obtain prestige from such adjudication, because it will be the one that connects what were previously discontinuous spaces and with it, it will produce a body arranged from this Other that with his gaze, given by the ideal of cultural beauty, will determine him as a being. If the child finds joy through this unified body it is because this is how to access the place of desire of the other: he will then be His majesty the baby as Freud called it. When this desire does not exist, there may be no subject as it occurs, e.g., in cases of hospitality described by Spitz (1945-year).

We could say that further ahead ageing is the appearance in what is social of a type of body that breaks the harmony of a desirable aesthetic ideal or – would we take the risk – a kind of somatization disorder that is discovered with the passing of time and that, just as the disabled, with whom they are often assimilated (Butler and Lewis, 1973), receives the stigma of *being different* and, therefore, undesired and/or rejected. The old body, as matter, shows to be then as if it is not respecting the common measures of aesthetic ideals and, this way, will appear victimizing men. It is in this manner that aesthetics emerges as a mechanism of cultural control that will regulate, through analogy and comparison with the socially instituted model, the measure of what is desirable, especially in the sphere of what is sexual. This way a structure is configured through which what is desirable emerges from the aesthetic ideals and the old bodies seem to move away from the required measures. Rejection can be observed toward the situation of the elderly people as lovely or as erotic where his negation arises, in what is

relative to what is sexual, as explicit imperative. According to Beauvoir (1970), the image that seems to stir up more the Greeks is that of the libidinous and/or impotent old man. If we endorse this affirmation we will conclude that if the body stops from being subjectivated or marked by conventional aesthetic ideals, it will evolve into animal or cadaveric meat... or nothing. Therefore, all passion in an old person will remain mocked (Salvarezza and Iacub, 1998).

If we could object that this is not exclusive to old age, where puberty and adolescence are also accused by a social body in transformation, but what makes them distinct is the subjectivation of these changes by players: for a large part of adolescents it is enrolled in a pulsional life project, of approach to lengthily yearned ideals, of erotization of this body in transformation; on the contrary, for many old people it means the cancellation of projects or their overlay by thanatic aspects. But this does not mean to say that what we have just described is going to happen to all old people – not to all adolescents as well – but rather exclusively to those who cannot defend themselves from the discriminatory gaze of the Other and who accept passively this previously assigned place. We believe that large part of old people have the available resources to do it and looking for the manner, Thoné-Renault (1992) says that "it is genuine in the old man to preserve certain passion" and that "this safeguard is realizable when a progressive movement toward a good interiorized object can be sustained, vested bipulsionally and that impresses on the libido a constructive and integrating movement. We consider that the aptitudes of libidinal animation of this good object had to be preserved through exchanges with external objects fit for maintaining contact with the *reality* and for sustaining an energetic circulation, without being source of disorganizing traumatisms." The underscore is ours and we use it to highlight what constitutes the center of the problem that we are laying out: our social structure generates the expulsion of the old man from the field of ideals and upon considering him undesirable it does not facilitate to them the exchange with external objects needed for the maintenance of their self-esteem.

In this movement society trims the possibilities of *passion* in old age and since complacency adjudicates to the old man *serenity* and *wisdom*, that is to say, the removal of affectionate capacity forgetting that falling in love is the best antidote against disinterest and detachment toward the external world that, on occasions, can lead to physical death.

In affectionate passion and in the relation with the Other, to gaze and to be gazed will have a privileged place through the constitution of the ghost of the unified body and of its relation with the object that will necessarily include castration and which will limit the principle of pleasure to place it inside the routes of the principle of reality. For this reason Lacan (1990) in *"Seminario de La Ética"*, considers aesthetics as the ultimate limit prior to castration, which allow us to think that what we consider *beautiful* fulfills a terror limiting function of the man before the limit experience for the psychic which implies castration. It is important to emphasize the determination that in this it has the gaze and the place toward where it is directed: the skin. But the skin is not merely its own structure, but rather that which in turn shows its functions, especially that of exchange in two-way feedback.

Having said that, if this is so, we must infer that in what refers to the body, the measure of what is desirable or undesirable passes strictly through the skin and for what it offers to the gaze. Setting aside the pathologies that the psychosomatic pathologies strictly speaking can still settle upon it, is undoubtedly that the passing of time leaves its visible marks: wrinkles, stains, loss of smoothness among others, mean a body difference from that which is culturally offered as model of identification through the television's commercial notices. As this is accentuated the subject goes feeling more and more less desirable, and the function of exchange of the skin goes contracting at the same time as the barrier against hostility from the outside world is reinforced. The skin is receptor of stimuli, and before them it determines the answers. To this respect it is interesting what Anzieu (1994) says: "The skin cannot reject a vibrotactile or electrotactile signal: it cannot even close the eyes or the mouth or even cover the ears or nose"; but - we added - it cannot make the ears deaf to the lack of stimuli. Just as the path toward socialization, toward the relation with others and objects, toward cognitive and affective development, the subject performs good part of it through the set of cares that he receives in his early childhood, especially through contact of the skin with his other, we must assume that in old age, those old people whom are not touched different regressive routes will be facilitated toward isolation where the body can be offered as the gliding field toward the pathology of a problem generated by the assumption of not being object of desire of another and being translated into physical and/or mental disease.

Isolation is something observable and quantifiable that remits us to the concept of separation, isolation and abandonment; it is the lack of company and encounter with significant others. This is never total given that there is always a minimum of social encounters although they may not be other than brief and superficial encounters. They have to be differentiated carefully from solitude, which is an internal affective condition, a feeling that escapes to objective observation. In other words, one can be isolated without feeling solitude or may have numerous contacts and feel terribly alone (Leve-Guatart, 1987). Solitude is tangled with characterological subjectivity and anchored on personal history, while isolation is always imposed by an Other who will decide the place and the destination of the subject. For this reason isolation remits us so often to the idea of punishment: in prison services it is the extreme sanction and it is on the basis of an aberrant sociopolitical conduct, the exile.

From this premise and studying some characteristics of operation of the population above 65 years old we observed that, in conflict with their human needs for affective contact, a large proportion of them spends most part of their time at home, half of it without companion, watching television or reading, configuring this way conducts of isolation in opposition to ways of possible interaction with circumstances that pass outside their own subjectivity. It could be thought that it is a chosen solitude, but in the case of old people, it is not; it is always a result of what we have indicated further above: when not feeling object of desire of no one the skin barrier function is reinforced, exchange is reduced and thus the appearance of these *isolated subjects* is favored.

Isolation presents potentially many dangerous inconveniences for the subject's integrity which he suffers and from the metapsychological point of view we can characterize as the culture broth for pulsional defusion which is produced through lack of contact with the reality precipitated by the absence of the gaze and the desire of an other. Before this phenomenon, pulsional defusion may have distinct destinations.

In first place and the least compromised, **sublimation**. It is interesting that, further beyond the psychological meaning that we all know, the term sublimation comes from chemistry where the process that makes a body to pass directly from solid to gaseous state is thus called. Applied this metaphorically to old people means that, in order to make oneself socially accepted, erotic pulsion tied to what is genital must disappear, must be made volatile. Following the renouncement to love, the route of

sublimation releases the old man from dependence with the other but the erotic component lacks force to neutralize internal aggressiveness and, often it can lead to self-destructive conducts because the required desexualization needs the previous step of removal of object loads toward a narcissism that cannot always be the most adequate. This means that regression will not necessarily be implied in sublimation and it is explained when Freud (1932), indicates that this process affects simultaneously the end and the object, to which it would have to aggregate, it seems to us, that also affects the subject.

Secondly and partially tied with the previous consideration **envy** may emerge. The accumulation of years must not necessarily be a source of bitterness in spite of the countless duels that he will need to elaborate, but unfortunately not all old people have the resources to face pulsional defusion when this occurs. A strongly nostalgic attitude may lead them to amplify the losses and to feel them as a deprivation and often they attribute it to the youngest ones, to another generation, and they insist on disparaging the current time with the trite expression *in my time things were different*. The most adequate theoretical explanation for this phenomenon is found in the Kleinian postulates on envy and gratitude.

Klein (1957) showed that envy, one of the most impressing manifestations of the pulsion of death, is feeling of rage that invades a subject when he sees someone possessing and enjoying something that he no longer has; envy drives the desire of taking this something and destroying it; gratitude, in turn, which corresponds to the predominance of the pulsion of life, allows the acceptance of *ongoing death* in one's interior, taking into account human destructivity and recognizing the need for hate. (Thoné-Renault, 1992).

We have set aside for the end the third and, on our judgment, the most dangerous of the possibilities and that is **disease**, that is to say, the form in which instinctive defusion appropriates the body as privileged scenario.

The reading of the Other, in this case our society, aims at the old person in terms of what he no longer has, of what he no longer is or the disease and what is antiaesthetic. It is enough to see the definitions on old age with those that we relate in gerontology: most of them are made on the negative aspects, on present or future losses.

We think that in our culture, when changing the composition of the subject, by fragmenting his subjectivity, when removing libido from his body as object of desire, facilitating routes are generated for the psychosomatic disease in an almost paradigmatic fashion. In this sense we can think of the old person as offering a sick body as a form of sacrificial processing of that which has lost value. When losing the demand of the Other on itself as desirable erotic object it returns through the disease, thus seeking the possibility of connecting itself to the rest. The non promotion of a desire in the other can appear as a mortal experience, of disintegration at the level of the psychic system and therefore, one of the possibilities of defense is to be included in the desire of the other through offering oneself as a negativized object. But also, if the destruction of the body is felt as a punishment, this could make them eternal in a situation of masochist pleasure with the other. In the games of pain the victim remains as an indestructible support anchored on the ghost of eternal suffering (Salvarezza and Iacub, 1998).

For all these causes the contrary negative effect then appears. The old person stops from being gazed, in the vulgar sense of the word, and from being heard, except in what concerns a disease, but this way, "when an anchor is not found in the desire of the other the old person is exposed to losing his own desire" (Mannoni, 1991). Beauvoir (1970) says that "The disappointment of his own body adopts different forms in man and woman, but age can provoke it in both and then they will refuse to make it exist for the other. However there is reciprocal influence of one's image in the sexual activity: beloved, the individual feels lovable and gives himself to love without reservations; but very often he is only loved if it concerns seducing, and an unfavorable image of himself dissuades him; therefore a vicious cycle is created which impedes him to have sexual relations."

A theoretical foundation for this explanation is what the lacanian view of the psychosomatic offers us, however does not reduce it to a particular structure, but rather describes it as a way of constitution of a significant chain and that gives account of a type of reply to the Other, neither more nor less symbolizable, which includes the body. This body that fades away as erotic object from the gaze of the other, when dropping from a position tied to an ideal will reappear alone as a partial object that completes it.

References

Anzieu, D. (1994). El Yo-Piel. Madrid (España): Biblioteca Nueva.

Beauvoir, S. (1970). La Vejez. Buenos Aires (Argentina): Sudamericana.

Butler, R. & Lewis, M. (1973). Aging and Mental Health: Positive Psicosocial and Biomedical Aproaches. St. Louis (EUA): C.V. Mosby Co.

Estes, C. & Binney, E. (1989). The biomedicalization of Aging: Dangers and dilemas. *The Gerontologist, 29*(5). Washington (EUA).

Freud, S. (1932). Nuevos Trabajos de Introduccion al Psicoanalisis. O.C. 17. Buenos Aires (Argentina).

Foucault, M. (1996). La vida de los hombres infames. Buenos Aires (Argentina): Altamira.

Klein, M. (1957). Envidia y Gratitud. *En: Las Emociones Basicas del Hombre*, Buenos Aires (Argentina): Nova.

Lacan, J. (1990). *El Seminario, Libro 7. La Etica del Psicoanalisis*. Buenos Aires (Argentina): Paidos.

Levet-Guatart, M. y Fontaine, A. (1987). *Gerontologie sociale*. Paris (France): Presses Universitaires de France.

Mannoni, M. (1991). Lo nombrado y lo innombrable. La ultima palabra de la vida. Buenos Aires (Argentina): Nueva Visión.

McDougall, J. (1989). Teatros del cuerpo. Madrid (España): Julian Yebenes.

Palmore, E.B. (1990). Ageism, negative and positive. New York (EUA): Springer Publishing Co.

Salvarezza, L. y Iacub, R. (1998). El viejo y su viejo cuerpo. En: Salvarezza, L. (Comp.). La vejez. Una mirada gerontologica actual. Buenos Aires (Argentina): Paidos.

Spitz, R. (s/d). Visited Nov., 2011; from: http://es.wikipedia.org/wiki/Hospitalismo.

Weg, R. (1996). Sexuality, Sensuality and Intimacy. *En: Encyclopedia of Gerontology*. New York (EUA): Academic Press.

Received on 11/12/2012 Accepted on 20/02/2013

Leopoldo Salvarezza (in memoriam) – Physician, psychiatrist and psychoanalyst, specialist in Psychogerontology. He was professor of the Chair for Senior Citizen and Old Age of the School of Psychology of the University of Buenos Aires (UBA), Argentina. His publications are: *El fantasma en la vejez* (1995, Comp., ISBN: 950-595-136-1); *Psicogeriatría: teoria y clínica* (2002). *Teoría y clínica e La vejez. La Vejez: Una mirada gerontológica actual* (Comp., 1998, ISBN: 950-123-181-X); *El envejecimiento: Psiquis, Poder y Tiempo* (2011, Comp. ISBN: 950-23-1176-0. E-mail: Isalvare@fibertel.com.ar