DES KENNEDY: The Phenomenal Field
LYNNE JACOBS: Practices of Care and Inclusion
WILLIAM F. CORNELL: The Impassioned Body
LEANNE O’SHEA: Erotic Field
MICHAEL VINCENT MILLER: Sexual Aesthetics
JOHN KIRTI WHeway reviews ‘Self in Relation’ by Peter Philipsson
CHRISTINE SHEARMAN reviews Handbuch der Gestalttherapie edited by Reinhard Fuhr et al
GAIE HOUSTON on Gestalt Orthodoxy

Letters to the Editor:
JON FREW: Gestalt in a CBT World
BUD FEDER: International Gestalt
KATY WAKELIN: Embodied Language
PAT LEVITSKY: Buber on Palestine
KATHLEEN HOLM: The Society We Live Within
play first base!
3. I am grateful to Donna Orange, PhD, for her insightful comments about the role of my traumatised state of mind in my work with this patient and with others.
4. Frank-M. Staemmler (1997) described this phenomenon as regressive process. I tend to think of it as a traumatised state of mind. Obviously, those two notions bear a family resemblance.

References

THE IMPASSIONED BODY: EROTIC VITALITY AND DISTURBANCE IN PSYCHOTHERAPY

William F. Cornell

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Editor’s Note: We are glad to be publishing the following article by William Cornell, which provides the basis for two Reflections, from Leanne O’Shea and from Michael Vincent Miller, which follow. Cornell begins by discussing the marginalisation of Wilhelm Reich – ‘someone who wrote of passion with passion’ – and then goes on to argue that the ‘de-eroticisation of therapy’ has led to sentimentalising and loss of the ‘capacity to disturb’. The ‘holding at bay’ of the ‘darker passionate forces’ in therapy can lead to ‘dried up therapy’. Erotic aliveness is present between parents and their children, and between therapists and clients. Cornell speaks of how therapists can ‘enter the realm of the erotic with our clients’. After all, ‘sweetness and idealization in a therapeutic relationship are not sufficient if one seeks the capacity for passionate attachments.’ He also writes about the ‘transference / countertransference interchange’, loss, anxiety, and transgression. While not ‘leading the client into an erotic realm’, therapists do need to ‘create an evocative and reflective space … a kind of erotically charged space, to hold for our clients as they investigate realms of passion in psychotherapy and out in the world’. The article is radical, stimulating, and controversial. There is much for O’Shea and Miller to reflect upon, which they do, to great effect, in the two contributions which follow the lead article.

Key words: passion, erotic transference, sexuality, therapeutic relationship, Wilhelm Reich, mother/infant.

Erotic passions have had a precarious place in the history and values of psychotherapy, including those within the Reichian and body-centred traditions. Sexuality and passion were at the very heart of Reich’s work. I was first drawn to Reich’s work as an adolescent. Here was someone who wrote of passion with passion. His writings excited me. He was relentlessly disturbing. While Reich’s grandiosity and paranoia also tended to be woven throughout his life and work, his was a passionate madness. And there were truths strewn throughout, often uncomfortable truths. He confronted colleagues, patients, social structures, sacred beliefs. He provoked excitement, anxiety, and hatred – three primary emotions so often linked in love and sex. Throughout his lifetime, Reich returned again and again to the nature and problems of sexuality. Why, he wondered, is such an essential pleasure such a source of personal anxiety and social sanction? Reich was relentless in his confrontation of the social control and repression of sexuality. He asserted that the capacity for sexual vitality was essential for emotional health and the achievement of mature relationships. Decades after Reich’s death, questions as to the place of erotic passions in life and psychotherapy remain. The clinical implications of Reich’s writings on sexuality have become too often marginalised in the history and the work of body-centred psychotherapy.

At the heart of the issues I want to raise in this essay is a reconsideration of the place of passion and of the erotic within contemporary body-centred psychotherapies. I will examine some of the trends in contemporary therapeutic culture that seem to...
foster the disappearance of sexuality from the heart of our emotional, relational and therapeutic landscape.

Muriel Diamond, the psychoanalyst, feminist and articulate critic of the contemporary de-eroticisation of psychoanalysis, points out that in much of the current psychotherapeutic and object relations literature, ‘Sexuality has become a relation, not a force’ (1999, p 418). And indeed, if we attempt to communicate a sense of the force of the body, the force of sexuality, the force of desire. Passion suggests a union of love and sexuality within a wish to create states of mutual ecstasy, with an intensity that approaches the edge of madness in the arms of another. At their best, these are indeed moments of madness – the madness of union and reunion, desire imbued with both aggression and vulnerability, fugues of past and present realms of my body with that of another.

A Vanishing Landscape

Why do we do psychotherapy these days? What are clients looking for in seeking psychotherapy? A review of the clinical literature of the past decade or so would suggest that psychotherapists are responsible for providing – and clients are longing for – an experience of relatedness: a holding environment, a supportive and empathic transference relationship. Safety and compassion seem to have the upper hand these days over conflict and passion within the therapeutic process. Michael Vincent Miller, a psychotherapist and social critic, comments, ‘I have seen enough so-called therapeutic caring dished out on the fringes of my professional life to conclude that indiscriminate caring is just another kind of carelessness’ (1995, pp 196-197). Centre stage in contemporary American body-oriented and psychodynamic psychotherapies are versions of object relations and attachment-focused theories, feminist-theory, trauma and mutuality and connection, trauma and victim/perpetrator-centred theories and techniques, and New Age spirituality and mysticism. None of these models is overtly anti-sexual, but none values sexuality or emphasises sexual passion as a central and enduring aspect of human nature, personal maturation or therapeutic outcome. Often these theoretical paradigms suggest a none-too-subtle anxiety about and distancing from adult sexual desire, representing a domestication of erotic passion.

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Psychoanalysis? In it he raised a series of questions to his psychoanalytic colleagues regarding the goals and intentions of contemporary psychoanalysis:

We should ask: what is important? What has the greatest value? The price of life is attached to what all devote their own loves and longings for: the need to love, to enjoy life, to be a part of a relationship in its fullest expression. etc. Again, here we are confronted with our ideology of what psychoanalysis is for. What is its aim? Overcoming our primitive anxieties, to repair our objects damaged by our sinful evil? To ensure the need for security? To pursue the norms of adaptation? Or to be able to feel alive and to catch the many possibilities offered by the diversity of life, in spite of its inevitable disappointments, sources of unhappiness and loads of pain? (1996, p 874)

In this talk and subsequent writing Green challenges the lack of attention within contemporary psychoanalysis to sexuality in theory or technique. I would suggest that this is true not only of psychoanalysis, but also most contemporary psychotherapies, including those within the neo-Reichian, Object Relations, and bodywork traditions. It is as though sexual passions have quietly vanished from the therapeutic landscape, to be replaced by pre-epidem desiries, traumatic intrusions (in lieu of traumatising desires?), relational and empathic intrusions, and spiritual qualities therefore. Within the body-centred traditions of psychoanalysis, sexuality and pleasure were central premises in the foundation of Reichian and bioenergetic modalities but do not remain at the heart of our clinical theory and work today. In my thinking of much of the contemporary therapeutic literature, I see the effort to sanitise life and psychotherapy. All too often the role of the psychotherapist now seems to be that of buffering the client against the vicissitudes of psychic and relational life, rather than entering into these experiences as part of the therapeutic effort.

I think of how often my clients struggle with disappointments in an idealised fantasy of tender, romantic and selfless love. I see a version of this ideal in Judith Jordan’s perspective on adult sexual love:

Women are often attuned to and want sensitivity to feeling, while men tend to focus more on action... Often mutuality comes more easily for women in woman-to-woman relationships, which can provide wonderfully sustaining mutual empathy and care... in sexual engagement there is such a rich potential for expression of exquisite attentiveness and the possibility to give one’s attention in equilbance to self and other. There can be mutual surrender to a shared reality. It is the interaction, the exchange, the sensitivity to the other’s inner experience, the wish to please and to be pleased, the showing of one’s pleasure and vulnerability that implies which distinguishes the mature, full sexual interaction from the simple release of sexual tension. (pp 89-90)

This is a heady and subtly judgmental, one might even say coercive, perspective. Who, we might ask, can argue with a goal, a vision, of ‘exquisite attentiveness’? Here we seem to have Kohut and self psychology in the forefront, as an addition to the therapy session. To my ears, Jordan’s account of sexuality has the ring of an idealised, rather sentimentalised, vision of maternal tenderness and resonance. Where, I wonder, is the aggressive component of sexual passion, the capacity to excite and disturb, the desire to get to and under a lover’s skin, to get into the other in such a way that you will not be forgotten, to be taken over by one’s lover, to impose oneself upon the other, to penetrate and be penetrated?

We give the other, in our erotic bonds, the opportunity, the power to know us in the most essential ways, and in that knowing to unsettle, disappoint and sometimes hurt us. We struggle to come to know the other as different from us and in that differentiation find a friend or an object. Within the current culture, aggression and conflict are continually intertwined. The willingness and capacity for surrender to one’s own body, to one’s desires, in a passionate embrace of another (and the other’s otherness) is at the heart of the sexuality I believe to be the core of Reich’s work.

Anxiety

Reich came to understand the underpinnings of characterological and muscular armouring as the defensive effort to manage overwhelming childhood anxieties and the lifelong conflicts between anxiety and pleasure. Miller offers a particularly compelling description of the defensive tapestry woven through the relationships of erotic passion and erotic anxieties:

When passionate attraction or a sense of common purpose has dried up in a marriage, provoking one’s anxiety can serve to keep two people thoroughly engrossed in each other. Thus the manipulation of anxiety replaces love as the chief means of social cohesion (1995, p 37).

... I am convinced that the decline of so many modern relationships into ennui mostly has its roots in the anxieties that wind themselves around all love. ... Because anxiety drives people to attempt control over their anxiety and to persuade the other to shape his or her behavior and thoughts to fit the person’s own anxiety-laden expectations and to forestall the how of making things more predictable, it creates stasis, sameness, and fixation that cause a relationship to become clogged and rapidly winds. Anxiety- ridden intimacy turns into stale intimacy, life shared in a closet, and no one can any longer grow from it (1995, p 61).

Reich wrote often of the continual interplay of anxiety and sexuality. Miller’s words are a contemporary articulation of some of the most central and enduring concerns in Reich’s work. While Miller focuses on the drying up of marriages, I see the risk of similar dried up outcomes in therapeutic relationships in which therapist and client bond around the management of anxiety and the healing of disappointment while holding at bay the darker and more passionate forces that threaten to emerge in the therapeutic process.

Please and Undoing

We can see in Reich’s writings, especially those on the somatic relationship between mother and baby (Reich, 1983), that he sensed the crucial importance of the experience of pleasure for the mother with her infant’s body and of an erotic aliveness (‘orgonotic contact’) in the mother/infant culture. He never fully articulated a theory of sexuality and intimate connection, as in a position from Freud’s drive-reduction/catharsis model (Cornell, 1997). We now see in the infant research that the experience of pleasure is absolutely central in the baby’s organisation of a vital sense of self, not only in relation to the parent, but also in relation to its own body (Klein, 1972; Lichtenberg, 1989; Emde, 1988, 1999; Stern, 1990). Schore synthesises the implications of contemporary mother/infant research this way:

These data underscore an essential principle overlooked by many emotion theorists – affect regulation is not just the reduction of affective intensity, the dampening of negative emotion. It also involves an amplification and intensification of positive emotion, a condition necessary for more complex self-organization. Attachment is not just the reestablishment of security after a dysregulating experience and a stressful negative
state, it is also about the interactive amplification of positive affects, as in play states (in press, unpagd prepublication manuscript).

Just as the parents of an infant or growing child serve, amplify and delight in the vitality of this newly emerging and organising organism, so too is the therapeuthy, relationship a means of creating and strengthening the capacity for positive (and aggressive) affects, as well as the mitigation of distress and negative affect.

Poet Sharon Olds writes of maternal delight and eroticism:

Coming home from the woman-only bar, I go into my son’s room. He sleeps – fine, freckled face thrown back, the scarlet lining of his mouth shadowy and frail, his small teeth glowing dull and milky in the dark, opal eyelids quivering like insect wings, his hands closed in the middle of the night.

Let there be enough room for this life: the head, lips, throat, wrists, hips, cock, knees, feet, let. Let no part go unpraised. Into any new world we enter, let us take this man.

(1984, 68)

Poet Gary Snyder exquisitely extends the maternal dyad into an erotic triad of mother, father and infant:

The hidden place of seed
The veins net flow across the ribs, that gathers milk and peaks up in a nipple – fits our mouth –
The sucking milk from this body sends through jets of light; the son, the father, sharing mother’s joy
That brings a softness to the flower of the awesome open curling lotus gate I cup and kiss
As Kai gaughts at his mother’s breast he is now weaned from, we wash each other, this our body
These boys who love their mother who loves men, who passes on her sons to other women

(1999, p 469)

The eroticism conveyed in the words of Olds and Snyder propels the child forward into their bodies and into a future of the body. These are the early erotics that carry the child beyond the cocoon of infant/parent comfort and nurturance to lay the foundation for all of the intensities of adult relations.

The pleasure and eroticism Olds and Snyder convey are not the experiences that bring most of us into psychotherapy, especially not to body-centred psychotherapy. Clients often enter psychotherapy seeking compensation for their childhood and relational wounds, wishing for an idealised, healing relationship provided by an understanding and near-perfect parent substitute. There can be a place for such an arrangement, but I would argue that sweetness and idealisation in a therapeutic relationship are not sufficient if one seeks the capacity for passionate attachments.

Mature adult relations are not safe and predictable. Mann observes that ‘it is not in the nature of the erotic to be cozy’ (1997, p 18). The erotic is invasive, naked, contagious with the desire to be taken over. One wonders with the other, who is doing what to whom? Lucinda Williams (2000), in her song Essence, portrays this desire in straightforward language:

Baby, sweet baby, kiss me hard
Make me wonder who’s in charge

Baby, sweet baby, can’t get enough
Please come find me and help me get fucked up.

The erotic is often messy. A mature therapeutic relationship must also have the capacity to be messy.

In an essay on lust, Dizen exults in the ‘messiness’ of intimacy both in the psychoanalytic process and in sex: ‘...intimacy, utterness, and warmth as all at complexity, confusion, and the half-lights o’ bodied, and minds growing into and out of each other a viny, complicated mess ...’ (1999, p 430). Dizem continues:

Way down deep, Lust means not the conclusion of discharge but the penultimate moment of peak excitement when being excited is both enough and not enough, when each rise in excitement is, paradoxically, satisfying. Orgastic; I would not want to do without orgasm – catharsis – myself. But isn’t the pleasure of Lust equally central? A need calling for satisfaction, a satisfaction becoming a thrilling need? An excitement whose gratification is simultaneously exciting? (1999, p 431).

The Impassioned Body

In being taken to another, we are continually invited to undo ourselves and to revisit, undo and (hopefully) redo the history of our loves, desires, dependencies and moments of madness and fury. These undoings and fragile redodings are the source of profound hope and anxiety. Becoming undone and letting in, opening up and being penetrated, the ongoing interplay of vulnerability and aggression in adult sexuality, are rarely experienced without the accompaniment of anxiety and/or shame.

Erotic Contagion: Transference and Countertransference

The experience of erotic transference and countertransference is an undoing, the force and forms of adult desires emerging from the shadow of disowned, disavowed and disorganising longings.

When we enter the realms of the erotic with our clients, do we count disaster or invite possibility? Do we dance on a knife-edge between the two? Do we allow the forces of erotic desire and fantasy to push against the familiar, established order of therapeutic limits? What is the nature of erotic transference? What is there to be gained for the client? The erotic is inherently contagious. It creates the confusions of desire: ‘Whose feelings are these? Who started it? Who are you to me? Who am I to you? Where are the boundaries between desire and action?’ The erotic moves not only the client to the therapist into realms of ambiguity, ambivalence, excitement, anxiety and disgust. How can this be good for anyone? How do I contain and use my erotic countertransference as a source of information rather than a means of contagion?

Davies observes that ‘psychoanalysts have contorted themselves, their patients, and their understanding of the psychoanalytic process in an attempt to minimize, disavow, project and pathologize the sexual feelings that emerge between the analytic couple in the course of their emotionally powerful and most intimate encounters with each other’ (1998, p 747). She sees this anxiety as rooted in the fears and prohibitions of sexual acting out between therapist and client and as fostered by the lack of any intelligently articulated theory of the ‘nature of normal adult sexuality and its manifestations in clinical practice’ (p 751). She argues that a sexual (I would say erotic) aliveness is inherent and healthy in the later stages of an in-depth therapy. She argues that these concomitant feelings of aliveness and attraction are not to be avoided through interpretations about pre-oedipal realms, lived in silence, or eliminated through clinical consultation regarding one’s erotic countertransference, but are to be welcomed and examined.

Love, Life, and Loss

I return to Green’s words as he addresses the tendency to defend against yet another aspect of adult sexuality and genitality:

... it is most of the time because he has some unconscious awareness that giving sexuality and genitality their full importance would lead him to greater danger himself, such as the impossibility of accepting the slightest frustration, the torments of disappointment, the tortures of jealousy, the storms of having to admit that the object is different from the image projected by him, the disorganization of limitless destruction either of the object or the self in case of conflict, etc. And it is in order to avoid all these threats of breakdown that the patient will disengage himself from a full and total relationship, leaving the field to other regressions which happily enough for him do not involve the existence of another object and all the complications that he, or she, may cause. (1996, p 874)

Breakdown. Frustration. Disappointment. Loss. Each and all are elements of a full and total intimate relationship, coming truly to know and love another, who will inevitably prove to be different from what we have imagined. We cannot avoid the possibility of loss in our passionate attachments.

The first loss is for the infant that is of the constantly available, perpetually gratifying mother. As Winnicott emphasised, the mother must return to her own life and in so doing must ‘fail’ the infant, no longer being the perfect mother but now a ‘good enough’ mother. It is in the now suddenly and seemingly empty spaces left by the good enough mother and the baby that the baby has the opportunity to begin to discover and explore the liveliness, boundlessness, and activities of its own body. When all goes reasonably well, the baby learns that its body stays alive and has differing states of pleasure with and without the parent.

Loss continues as the toddler becomes upright and mobile, now able to leave the parent, as well as being left by the parent. The toddler’s vertical, walking body becomes its own source of excitement and exploration. Often in this stage the parent experience a loss of the baby. How do the parents negotiate this loss? Do they remain available for the toddler’s returns? Does the growing child remain an object of delight, love and sensuality for the parents as the child...
becomes more independent? If so, the child learns that rejection is not equivalent to loss and that this developing body can be a source of both independence and intimacy.

The intertwining of loss and sexuality is inherent in the passionate attachments of adult life such that we can sustain the love and excitement in the face of conflict, disappointment, and loss. Olshans, in his novel, *Nightswimmer*, provides an eloquent description of this deepening of erotic desire, this intertwining of one’s body/self with that of another, and the ever-present possibility of irrevocable loss.

That first feast of another man’s body is both joyful and confusing. I want to fill myself with everything, every apple and biceps and every inch of cock, but I want to savor it and that demands more than one occasion. When I know a man for a while, when the parts of his body become more familiar to me, as his own scent that I carry on my clothes, on my forearms, when he ceases to become just a name and becomes a familiar man, that’s when the real sex begins. By then he’s told me private things, and I know something of his story; and when I reach over to touch him in a bed that we’ve both slept in night after night, nothing casual, no matter how galvanic, can rive the power of that touch. For that touch is now encoded with the knowledge that I can lose everything, and movement by movement, as I make love, I’m more completely aware of what I stood to lose. (1994, p 64)

As adults we learn to sustain desire without the promise or certainty of gratification. We can sustain erotic desire and sexual arousal either in the arms of or in the absence of another. But we cannot avoid loss. Can we sustain or regain passionate desire after the loss of a loved one, be it through separation, divorce, conflict or death? I do not suggest that this is easy. Meadow describes her own struggle:

... I know that now, as a single woman who has lost a partner of many years, I must, to avoid the deadness, direct my longings to another human being with passion and love, and find a person who will return these longings to me. I am confronted with finding a person who wants the same kind of sex at the same time. For me this feels like a traumatic undertaking. (2000, p 175)

I think of my own struggle in leaving a 25-year long marriage to resume a life of passion, to open myself to another again. Sex was relatively easy to rekindle. Passion was not. Opening to someone new, unknown, was not. Such re-opening inevitably evoked the pains, failures and anxieties of the disintegration of my marriage, not to mention the losses of my childhood lying in dark shadows to be torn into the 283-page memory of my wife. Such opening was essential to realize a real life. It is a central and enduring task of psychotherapists to invite our clients to face their losses and failures and try again to embrace another, to embrace life.

**In Conclusion**

What happens when we do not celebrate the bodies of our clients, when we turn away from erotic fantasy and interplay? I think of the disservice we do our clients when we avert our gaze, our minds, our language and the attention of our clients from the realms of the erotic, be it the erotic aspects of the transference/countertransference interplay or the attention to the depth and pleasures of their sexual relationships and desires. How often, I want to know, do we offer our clients empathic relatedness, holding environments and spiritual quests so as to avoid the intensity, uncertainty and disturbance of sexual passion? I am not suggesting that we need to sedate our clients into realms of the erotic. Our bodies, given time and attention, will take us there perforce. Instead, we need to examine the many subtle and not-so-subtle ways that we may facilitate our clients avoiding these realms, perhaps even avoiding them away. We need to create an evocative and reflective space for our clients, a kind of erotically charged space, to sold for our clients as they investigate realms of passion in psychotherapy and out in the world. Our willingness to enter erotic realms of anguish, desire and delight with our clients offers the opportunity to reclaim the body in its full vitality from the deadness and distortion of parent/infant eroticism gone awry or the fears of passionate attachments and adult intimacies. Adrienne Rich writes that:

An honorable human relationship – that is, one in which two people have the right to use the word ‘love’ – is a process, delicate, violent, often terrifying to both persons involved, a process of refining the truths they can tell each other. It is important to do this because it breaks down human self-delusion and isolation. It is important to do this because in so doing we do justice to our own complexity. It is important to do this because we can count on so few to go that hard way with us. (1979, p 188)

It is in the nature of impassioned relations to excite, disturb, transgress. Sexual passion has to do with the capacity, the willingness, to be fully alive in one’s own body and with the body of another. Love and lust, at our best moments, when we do not turn away from the heat of passions, come together to move us more fully to each other and into life. Within our erotic passions are a multitude of desires – pleasant and unpleasant, regressive and progressive, soothing and demanding. Here is both the hard work and the excitement of love and of lovemaking.

In the heat of our erotic passions we need the other, we want the other, we wish to be wished, desired, to be taken up, to be tender, to be unrelenting. We face the other, we face ourselves, we hate the other, we overcome the other, we are overcome by the other, familiar gender roles and orientations begin to blur. We are simultaneously thrown backward and forward in time. We are excited and disturbed. Lust and love and...

**References**


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Beneath your feet I cast my dreams
The shadows of my longing
The most secret of my desires.

Tread carefully
And dance with wisdom and grace.¹

Even to begin to talk about the place of eros and passion in psychotherapy is fraught. Beset by concerns about the extent of sexual abuse within therapeutic relationships, complex questions regarding boundaries, concerns about what is and is not appropriate and the ever present fear of complaints, few writers have dared to argue for the importance of eros in clinical practice. For this reason alone, Cornell’s (2003) intriguing and provocative piece, The Impassioned Body, is a valuable addition to the literature.

He raises a number of important questions and challenges his readers to consider the cost of not creating a space where clients can investigate ‘the realms of passion in psychotherapy and out in the world’. But what does this mean in practice and how do we as therapists create and hold this space in a way that is both transformative and responsible? These issues are deserving of further attention. More particularly, what does it mean to bring a phenomenological, relational and field perspective to this matter of eros and its place in our practice as Gestalt psychotherapists?

Eros is a coming to life in beauty in relation to both body and soul (Plato).

In spite of its rich history of meaning in art and literature, eros, in my culture at least, is used to refer to sexual behaviour. It has come to be a descriptor of pornography that makes some pretence to sophistication. Think of an erotic film, or an erotic bookshop, usually heavily curtained with a door draped in red velvet. If you remain unconvinced, try typing ‘erotic’ into your internet search engine. It is not for the faint hearted! But what is lost in this reduction, and many would argue corruption, of the idea of eros?

Defining eros in sexual terms alone is problematic. It collapses the broader conceptualisation of eros and sexuality to sexual activity and behaviour that is genital in its focus. Eros understood in this way is relevant only to a narrow margin of life, and takes its place in psychotherapy as an issue or problem that clients need to discuss, or fix. As such it represents a significant contraction of the place that eros or even sexuality might occupy.

However, I see this definition as problematic in a more fundamental and troubling way in that it holds captive our understanding of sexuality in a dualistic, Cartesian worldview. From this perspective, sex is little more than an event, a behaviour, something you either do or do not do, have or do not have. Sex becomes a thing, a commodity to be purchased, traded, given or exploited. As such it is not just that eros is applicable to only a small part of life, but that our ways of thinking about and playing with the erotic are limited by our understanding and the meanings that we are able to make.

However, what changes and what else becomes possible if we move to a field-based or non-dualistic understanding of eros? Conceived of in this way, eros becomes an aspect of being and relating, a quality or dimension of the phenomenological field. Rather than it being an event or behaviour, eros and sexuality become a part of experience, always present in some sense, although in ways and degrees that differ according to circumstance (Wheeler, 1999).

Jung once commented that although we tend to think of eros as sex, ‘eros is relatedness’ (Moore, 1998, p 13). This comes closer to the understandings of eros more typically found in eastern traditions, where it is considered to be the energy or force that binds together the entire universe. Clearly, eros is something more than sex, but at the same time, sex becomes something more that an act and is understood as a profoundly important dimension of spirituality. Gathering up the psychological implications