unfortunately my father died and I am very sad. What would you say? What would be the point of writing that kind of a letter to you if you wouldn't answer and give me some interpretation about it?' I said that I felt that he was struggling very hard at acknowledging that he was going to miss me. But he said 'I suppose if I did want I could come back and see you, just for one session'. I agreed that this was possible. But he still felt very disappointed that he was unable to get psychotherapy at a distance, by post. He worried that maybe he would never change, i.e. by having a wife and family; but, on the other hand, he was aware now that being single had advantages, e.g. freedom and not being responsible to anybody. However, he did express his concern about being alone. I commented that he was becoming free of me but worried about losing his attachment to me. He said he had been very worried and frightened about what would happen if he became involved with a woman and she had 10 friends and he had no friends except her; then he would become unbearable in his demands. He then said he would be equally frightened if he had friends and his future wife didn't have any. She would be very dependent on him. And he would lose all his freedom. I commented about the old fear of either being isolated, with no friends, or being suffocated by too many. He would suffocate or be suffocated.

He left, feeling rather sad. I wished him well and was left wondering whether I should have been warmer, and given him some concrete reminder of therapy, e.g. a book, or something. But I thought that this would be far too dangerous, because it might have been interpreted as the act of a clinging mother wanting to keep him under her control, by providing a constant reminder of her presence.

References


Chapter 12

Destroying the knowledge of the need for love: narcissism and perversions

DAVID MORGAN

Since Freud originally wrote about perversions in the ‘Three essays’ (1905) the primary focus for this difficult area has moved from the Oedipal scenario to a pre-Oedipal one. A perversion can now be seen as a defence against a number of difficulties not necessarily related to a regression from the Oedipal conflict, but much more to the result of difficulties in the early years of life. It always takes as its object something representing the primary object, the mother. In this sense it is a defence against psychosis, an attempt to deal with destructiveness towards the object, which could lead to breakdown and disintegration. It is narcissistic in that the damaged or absent maternal object is replaced by a fantasy object that is felt to be entirely under the control of the subject.

For example, a patient’s memory of childhood was the rubber mattress that he used to turn to as a baby in his cot when he felt abandoned by his mother. This can be seen as defensive, in that his destructive feelings towards her were so great that he destroyed his knowledge of anything that she could provide him with and gave it to something over which he felt he had some control. Later, after he was married, this became a full rubber fetish and he would climb inside a rubber suit which would provide him with soothing comfort in any crisis. This autoerotic substitute with which to cope with anxiety at the same time forced his wife, who was described as frigid, into a subservient position vis-à-vis his sexual activity, putting her in the role of a voyeur. Thus he eliminated his own feelings of helplessness by sexualising a dead inanimate object, which was felt to be totally under his power, at the same time destroying any knowledge of his need for love by stripping his collusive wife of any comfort that she could offer him, putting her in the place of the redundant primary object, projecting the unwanted bad feelings into her, without realizing all the feelings of potency through owning the
source of his gratification. Thus, in the perversions, aggression and anxiety caused by early fears of disintegration become eroticised and powerful rather than disintegrating into a terrifying descent into psychosis.

If a part of one's own body becomes fetishised in this way, or some material such as rubber or leather closely resembling the skin, or clothing such as that used in transvestism, the accompanying unconscious phantasy is that the source of gratification is in the pursuit of this object. Other people are often involved but they play a secondary role which is very circumscribed and controlled. They become an 'accomplice' (Khan, 1979). For instance a transvestite is often married but, like the TV personality Edna Everidge and her stooge Madge, the real woman is turned into the impoverished object which is triumphed over. I have been impressed by how many partners of male transvestites have undergone early hysterectomies - the result of the destructive envious assaults on their real female qualities.

Heimann (1952) states:

... the essential difference between infantile and mature object relations is that, whereas the adult conceives of the object as existing independently of himself, for the infant it always refers in some way to itself.

This description of object-relations encompasses introjection in which objects become identified with a part of themselves; thus the infant sucks his thumb and feels himself to be in contact with the breast. This creates phantasies of having incorporated the breast and a feeling that he can produce his own gratification. Thus pathological narcissism is a state of autocratic gratification. In the perversions, we can often see that the form of the activity indulged in often contains a very accurate communication of the original breakdown or problem. They are by their very nature activities that precede symbolic functioning and therefore contain concrete forms of mental problems. This is the reason that narcissistic patients have great difficulty in symbolising. For example, a woman, who had been sexually abused by her own father for several years while a pre-pubescent child, felt driven to setting fires in her 8-year-old daughter's bedroom. In this way she projected the inflamed years while a pre-pubescent child, felt driven to setting fires in her 8-year-old daughter's bedroom. In this way she projected the inflamed years while a pre-pubescent child, felt driven to setting fires in her 8-year-old daughter's bedroom.

Phallic narcissism as manifested in the perversions occurs where the need to have absolute control over the object has been so great that the equivalent phantasy of the thumb, the rubber fetish, for instance, becomes idealised. The pervert has identified a part of the self, or invested an action or behaviour as the good object, i.e. the transvestite in phantasy becomes the mother and the bad parts are projected outside into the external objects. Sucking into the object, dressing up as a woman or as in the case of a transsexual 'becoming a woman' takes over all the primary object's qualities, enviously taking all the good so that the patient/infant becomes the source of gratification; any other object being the source of it has to be robbed and devalued as with the transvestite's wife or the arsonist's 8-year-old daughter. The victim is subjugated and forced to carry the unwanted aspects of the self.

There is enormous hostility against any awareness that life and goodness lie outside the self. Destructiveness therefore dominates, particularly in those whose early experience has been traumatic and impoverished. If a narcissistic patient was to become aware of his envy towards the object it would be tantamount to acknowledging that it was the source of gratification and was not a part of himself. This would be unbearable and the acknowledgement of separateness and dependency has to be defended against at all cost. In extreme pathological narcissism, as in the perversions, this knowledge has to be entirely avoided. This can mean absolute destruction of the other as an entity except as an object to have control over. Cruelty and hate have to dominate, e.g. a man who indulged in cottaging and cruising (that is, promiscuous homosexual sex in lavatories and public places), after 5 years of analysis, came to feel that something he was getting from me was useful. There had been considerable diminishment of his perversion to the point where he no longer felt the need to find violent 'rough trade' strangers with whom to be intimate. He was able to work without getting into fights and was developing a number of long-term friends whom he valued. Consequently his wish to deal with his destructive feelings through masochism intensified in the transference. After a weekend he came back to his Monday session and discovered to his 'surprise' that the chairs usually in the waiting area were not there. He took this to mean that I did not care about him anymore, so although it was raining heavily outside he decided to sit on the doorstep. I was surprised to discover that he was not in my new waiting room some few feet away from where the old waiting area had been. It was not until some time after I had found him on the step that he disclosed to me his reason for sitting outside.

We discovered that he had forgotten that I had told him I was making a change to my waiting area; he acknowledged that he had known and we were able to explore his reasons for forgetting. He angrily acknowledged his wish to set me up as a cruel uncaring analyst. His growing awareness of his need for me had led him to set things up so that I could be seen as entirely uncaring; his trust in me could then be proved to be unfounded and he could return to the inhuman environments he had previously frequented. At least he did not have expectations of any humanity there and would not be conned by unscrupulous analysts. This need to maintain a cruel and narrow-minded environment has been described by Freiman (1985) and Sohn (1985).
the need to destroy completely any goodness in the other is all powerful. For instance, a paedophile remembered his own abuse; while at a children's home he ran away to London at the age of 12 and was picked up by a man who, under the pretext of caring for him, brutally buggered him and abandoned him. He could remember these awful experiences with all the attendant pain and anger, but was unable in any way to associate his own abuse with the violent sexual abuse of his 12-year-old victims whom he would trap in a block of council flats. Thus he dealt with the memory of his own experience by negating the experience of the other. The other became merely a way of riding himself of what was painful and bad for him, which could be sadistically and physically put into the victim. He would describe how aggrieved he was with his victims when enacting this abuse, while at the same time, in another part of the session, feeling tearful at the reminder of his own abandonment at the hands of his erstwhile saviour who had abused him.

As Bolas (Edward Glover Lecture, 1993) has pointed out, those who have had to annihilate large parts of themselves to survive can only feel alive when they are annihilating the other. The serial killer will describe in detail the sense of relief and pleasure at having total power over his victim because, at that moment all the badness, the impoverishment is in the victim and not in himself. It is he who is in a position to annihilate other selves which gives him relief through the projection of his own psychic state into the other. It is this defence against the death instinct, which has primary envy at its source, that lies at the heart of all perverse activity.

This denial of the other as being the source of love and comfort leads the patient to act destructively. This destructiveness is a defence against the knowledge of the need for love. The more this knowledge has to be destroyed, the more the other has to be enslaved, marginalised and, in the final scenario, killed. The act of total destruction only occurs in extreme circumstances as the need for an object into whom to project the unwanted parts necessitates its survival. However, in the serial abuser or killer this has been circumvented.

As one object dies another can be used to replace it. This of course again reflects their own experience of negligence at the hands of others. Rosenfeld (1971) states:

... that in consideration of narcissism from the libidinal aspect one can see that the over evaluation of the self plays a central role in the development of narcissism. Self idealisation is maintained by omnipotenct (projective and projective) identifications with good objects and their qualities.

In this way the narcissist experiences all objects as part of himself or as omnipotently controlled by himself.

In the pervert, failure in the environment has been so great that there is a need to withdraw all sources of gratification from the external world and to give them to a part of the self. This denial of the other as being the source of love and comfort leads the patient to act destructively. This destructiveness is a defence against the knowledge of the need for love. The more this knowledge has to be destroyed, the more the other has to be enslaved, marginalised and, in the final scenario, killed. The act of total destruction only occurs in extreme circumstances as the need for an object into whom to project the unwanted parts necessitates its survival. However, in the serial abuser or killer this has been circumvented.

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had robbed him of the possibility of a heterosexual experience, although he admitted that he had himself lied about his background to facilitate a surgical treatment. Another case involved a woman who had surgery to become a man. She underwent a mastectomy and was given an artificial penis which never functioned properly. She was left feeling that she could not function phallically, was suicidal and depressed. Before surgery she had also felt suicidal and she related this to childhood sexual abuse at the hands of her father. She too had not mentioned these experiences at her diagnostic interview because she did not consider it relevant to her gender problem. Blanchard (1985) found that, to obtain surgical treatment, transsexuals often falsify their histories, so it would not be a surprise to discover that patients presenting are often unconsciously and sometimes consciously avoiding more complex problems.

Limentani (1979) states that transsexuality is a personality and character disaster that cannot be corrected by mutilating operations which are often carried out in response to threats of suicide amounting to blackmail. He says that the transsexual, in an attempt to provide relief from his symptoms, involves others in the phantasy.

At the Portman Clinic patients are seen both preoperatively and postoperatively for possible assessment for psychoanalytic psychotherapy. As a result of this we are in the position of exploring the patient’s mental state without the need for convincing proof for surgical intervention. Often a different picture emerges - that of a patient with profound narcissistic disturbances in the early years of life. This diverges from the view of Limentani (1979) who states that, in his view, these patients are not psychotic and as a result are quite aware of the bizarreness of their current life but would prefer not to have them explored. Brown (1990) agrees with this view that in spite of the fairly high rate of other usually minor psychiatric morbidity, transsexuals often appear to be psychologically and socially normal in all respects apart from their specific gender disturbance. The experience of patients at the Portman Clinic would suggest that we are, in fact, dealing with profound psychotic anxieties resulting from extremely early trauma such as child abuse or extreme violence in the early years of life; this is often gender specific and leads to a wish to disidentify from the offending gender.

In consideration of this, the patients’ problems should be explored by means other than physical in case we will be colluding with patients’ delusional beliefs that changing reality will change them. The pressure to alter thinking and collude with these patients, who often threaten suicide, is great. Yet, as with other forms of disturbance, physical treatment although at first appearing fashionable may be disproved later on. However, the case of the current fashion for surgical treatment is irreversible.

The following cases illustrate ongoing clinical work with some patients.

Mr D

In a first diagnostic interview with Mr D, there was an enormous pressure to collude with his view of reality. He was thin and effeminate looking, rather camp in manner, like a woman slightly older than his age - a sort of rag trade type. He was dressed as a man. In his letter to the Clinic he had signed himself ambiguously as Teri and had used a letter heading establishing that he was a director of an organisation that enabled professionals to deal with violence in their work. He came to the point in a straightforward way saying that he had come to terms with being a woman and had booked his appointment with the surgeon but wanted somewhere he could think about the important step that he was taking. He felt that the Gender Dysphoria Clinic was hooked on the idea that it was a straightforward gender question whereas he was aware that it could be that he was a woman in a man’s body or it could be to do with a problem with masculine figures. He had read the books and knew of the theories, and probably knew already where I stood in relation to all this. I said that it felt as if he were saying he was aware of differing perspectives, that he was even aware of what I already thought. I wondered if this certainty might have something to do with the problem of what my agenda might be in relation to him.

He had thought that he might be a woman. He put this down to the problem he has with masculine figures in general. He told me he was an only child and his mother was wonderful, totally accepting of him as he was, and had even entertained and enjoyed going out with his homosexual partners. In photos he was always next to mother whereas male figures were always distant. I mentioned his father and how distant he seemed; he grimaced saying father had been a cruel despot who had beaten both him and his mother and turned to alcohol. He was now totally cut off and estranged from his father and good riddance to him. He gave an idyllic account of how nice life had been between his mother and himself since father had left.

He moved quickly to the present and his work. He said that he had his own counselling practice although he had not done a training as such; previous therapy had always encouraged him to come out as himself and he now combined what he had learned there with gender questions about gay and lesbian issues. It created a picture of a transsexual presiding over a world of equal opportunity where all things were equal and with himself as the great egalitarian. Anyone who challenged this was a fascist. I was the unremitting analytic dictator. He had already let me know that he had thought Freud was a bit backward in relation to gender. He had a bizarre vision of a man leading a group on violence, gradually turning into a woman. He did not consider that this would present many difficulties.

I said that he seemed to have moved quite easily from talking about
his absent father to his position as a counsellor dealing with gender issues and violence, both issues that he had told me might be interesting in exploring with me here. I wondered if this was a common experience, that of not having something and with little pain actually trying to become or own it, meaning that one way of dealing with his own confusion was somehow to become an expert in helping other people with theirs. He was coming to see me for possible help in thinking about these issues but was telling me how good he was at advising others.

He then explained to me, in quite a different tone, various ideas on gender identity. I was an idiot and he was the expert. He said that he was and had always been gay even though he had also had heterosexual experiences. However, he was very aware that he did not want to grow up to be an old man. He had obvious thoughts about his wish to disidentify with his father, wanting to castrate himself as a way of getting rid of his old man. He felt that he was getting old and would be 40 soon and it would be too late. I thought that it was as if he was talking about the fact that he would be unable to have children, but what he thought he would give birth to would be a new him or her. He agreed that he knew he couldn't be a real woman, but even if he was he wouldn't have children anymore.

Throughout this I was made out to be the tough psychoanalyst dressed up in my theories. It was I who was 'skirting around the issue'. I was told that penis's could be got rid of without much problem or remorse. There was a lot of confusion in the session surrounding his identity; it was consistently felt to shift and the goal posts were moved on many occasions. He was himself a therapist counsellor who was advising others on gender problems and violence. The basic message seemed to be: if I castrate myself that is alright, but if you do not accept this then you are attacking, violating and mutilating my reality. Thus he dealt with his own confusion by projecting it.

I said to him that he had come here at one level to be able to think about things, but that this did not provide the certainty that he could get from other approaches to his problem. He described his experience of his previous therapist who had become pregnant after seeing him for one year. He thought he had been robbed and began a course of electrolysis. He saw this as the beginning of his move to become a woman leading on to contacting the Gender Dysphoria Trust. I said in a way he was letting me know that he had felt robbed and this had led him to run to other means of trying to help himself. He agreed and said that he felt that the Gender Dysphoria Trust had accepted the whole phantasy about cutting off parts of the self. I said he had been talking about how robbed confused he had felt and that he turned to electrolysis on his body to cope with these feelings. He was able, in the interview, to acknowledge that changing one's body was not necessarily a satisfactory way of changing one's mind or settling a problem.

The session was full of this type of thing. He told me that his phantasy of being with a man while masquerading as a woman was that the other person would not know he had a male friend who was a 'female' prostitute and his male clients did not know; thus he projected his confusion unknowingly, if that is possible, into the unconscious of the other person, reversing the confusing messages of his mother that he feels he has had to contain through identification. The other man becomes an unconscious participant in a homosexual act. Thus he has all the knowledge and the infantile position of not having knowledge is taken up by the man who is relating to a woman who is in reality male. His own confusion as a child, left in a world with his mother, with father absent, is reversed. He becomes the mother, getting inside her body and taking over all the primary object qualities, giving them to himself, and then he is in a position to seduce men. By enacting the seductive relationship that he felt he had had with his mother, he has dealt with his loss of father by becoming a woman (his mother) through emasculating himself, but gaining a man (his father) as a lover. This situation with all its attendant fears has forced him to give up all masculine identity.

He came into analysis five times a week. Mr D was a very young child when his father left home; he was left with his mother and an older brother. His mother became depressed; he felt that she turned to him at this time and he became an antidepressant factor in her life. She had also lost a sister when she was younger. He developed the idea around the age of 5 that he was in fact a woman and this grew until around the age of 18, so that he was convinced that he would have to undergo an operation to turn himself into a 'woman'. Thus he dealt with the loss of his father and the mentally absent mother by phantasising about turning himself into the primary object. This idea eventually developed until he was about to enact the crisis underlying the transsexual wish, that is, the cutting of and disposal of his penis - it becoming the cut-off unloved father. He imagined himself becoming the longed-for sexual phantasy of men who would want to come to him for sexual pleasure. So rather than losing anything, he had at once turned himself into the mother by becoming her in his phantasy. In this he could become a desirable figure for men, and through seducing them he could regain the father he had lost. The castrating father would be played by the surgeons who would cut off his penis, courtesy of the NHS. He was suicidal when he started treatment and adamant that if he was not allowed to have surgery he would enact this suicidal wish. Thus, in the transference, anything that I might have to say was instantly degraded and I had to subjugate my own thinking to his.

Two years later the following session occurred. The analytic work over this time had been very painful for him. He had used intellectual defences, destroying his knowledge of the need for love by making him into an examination, keeping at bay his pain and loneliness and depression. When his therapist left he changed there was a greater awareness...
of the life he got from his analysis. This had been accompanied by both a
fear of losing me and a hatred of my limitations. He would often feel as if
he has two analysts, a Friday one who helps him and a weekend one who
is so preoccupied with his own life that he no longer matters at all. He
then feels rescued on Monday by my returning. On a recent Monday he
reported a dream: he had been aware of the death of his mother and
there were very painful feelings and he felt that in the dream he was
crying for his dead mother. He then found himself walking in some
mountains away from it all, then terrifyingly he was on top of a very large
dirty hole and the whole structure begins to shake and threatened to
collapse under him. There is a man trying to save him. He takes a length
of rope and throws it to him and he just manages to hold on to it before
the hole seems to collapse under him, and he is saved. I said that he is
aware that on the weekend he gets inside his analysis and kills it off; he
then becomes terrified that he is going to be stuck inside a dead body of
an analysis that will crumble all around him. He then feels relieved on
returning to find that it and I are strong enough to survive his attacks.
This led to an anxiety that it was his murderous thoughts that had driven
away his father.

Ms P

In female homosexuality there is often a similar scenario. Ms P is a 38-
year-old Italian woman who is homosexual and has had a monogamous
relationship with a woman 8 years younger than herself for 15 years. She
was 4 years old when her father died; mother never remarried and was
felt by Ms P to make excessive demands on her, she eventually left home
and emigrated to this country. She met her girlfriend here and soon
became the dominant partner in the relationship. She works as a sheet
metal worker in a factory and adopts most of the roles in the relationship
which like a dream have to be enacted on others to enable the subject to
feel relief from their own fears of annihilation. This is often at the level of
total annihilation of the other as a separate person, so that they see in
the recipient the split-off unwanted parts of the self. This is therefore a
total expression of narcissism where the interest of survival of the self
comes before everything else and the other is therefore only important
as an adjunct to achieving this end.

Another example of this is in paedophilia, where the younger the victim
of child sexual abuse, the more psychotic is the underlying behavior.
The child becomes the 'container' of the adult's infantile self.

In the perversions we have a physical expression of severe pathologi-
ical narcissism where the aim of the behavior is to destroy any knowl-
edge of the need for the other. All love is taken out of the object and
attributed to something that stands for part of the self. The enactment is
often an accurate expression of events or traumas in the subject's life
which like a dream have to be enacted on others to enable the subject to
feel relief from their own fears of annihilation. This is often at the level of
full expression of narcissism where the interest of survival of the self
unhappiness is often quite bizarre; in fact the more extreme the anxiety,
the more traumatised and disturbed the patient.

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