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# Papers and Articles

## MOTHER NATURE AND FATHER TIME: Oedipal imbalance and the premature structuring of reality in the perversions

*Stephen Blumenthal*

*...I want to know if you can be with joy,  
mine or your own; if you can dance with  
wildness and let the ecstasy fill you to the  
tips of your fingers and toes without  
cautioning us to be careful, be realistic,  
remember the limitations of being  
human.*

From 'The Invitation' by Oriah Mountain  
Dreamer

### Introduction

Mother Nature and Father Time are ever present in the human story; they speak to us from our pre-history. They are the essence of the story of creation – the primordial wholeness of the Garden of Eden, pure Mother Nature, followed by expulsion by the father heralding the birth of shame, self-consciousness and culture. Even the 'objective' scientific account of the birth of the universe with the Big Bang has this narrative written into it – time and space, an ordered universe, is born from the primal unity of the singularity.

Mother equals nurture, symbiosis and is chaos. Father stands for separation, lore, structure and culture. Chaos and structure; we need them both, but they can be poisonous too. The toxic, Oedipal mother won't let go. She restricts freedom and maintains an anti-developmental symbiosis. At her worst, she devours her infant. The toxic father is violently intrusive. He violates the bond, he corrupts or he exerts no phallic power and abandons his off-spring. Psychoanalysis requires that we work between these prototypes: the maternal, the receptive, the chaos of free association and free floating attention; and the paternal, structuring, interpretive, masculine. Our 'cure' is based upon the restructuring of Oedipal imbalances within the early object world.

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The technical challenges of one particular area of psychopathology; that of perversion, is instructive both for the specific treatment of

such problems, as well as for psychoanalytic technique generally. In perversion, a series of compelling actions, an action narrative, is used by the person afflicted as a solution to anxiety. The mind is dominated by a sexual compulsion: every waking moment may be consumed with thinking about a sexual liaison with a stranger for example, or a fetishized ritual, such as being tied up and beaten. It might be highly specific: For instance, an evidently successful man lived his life for the next time he could expose his penis to two or more women he observed by watching their reflection in the window on the bus where he pursued his obsession. They had to think it accidental and be titillated, completely oblivious that he was watching them. The bliss obtained when this precise scene was realised was unbelievable: ordinary sexual intercourse left him cold, but when he found this exact scenario he would achieve ejaculation and temporary relief from his suffering. The consequence was utter dejection as he felt the intense shame and despair that inevitably followed.

People suffering with these afflictions provoke a visceral response in us. This can move the psychoanalyst from the focus on trying to understand the patient to evoking a maternal, id-like reaction of indulgence or turning a blind eye, or the paternal one of being judgemental. In both cases, our neutrality is compromised and it is these shifts, or countertransference enactments, that instruct us about the shape of the object world in the patient. The perverse behaviour communicates via a concrete form of symbolisation, primitive infantile needs and defences against anxiety caused by contact with the object.

I will argue for a broader notion of the superego, which is extended to include all aspects of our shared culture, not just the moral element described by Freud (Symington, 1983). Superego-to-superego contact is impersonal and relates to our shared culture and rituals; in the clinical context, the setting,

# Stephen Blumenthal

which includes the practical aspects such as the time and the place of meeting. This is different from the ego-to-ego contact associated with emotional connectedness, the hallmark of good mothering and ultimately the aim of psychoanalytic treatment. There are particular features of perversion which cause the superego to be less benign and to dominate object relating: The absence of a benevolent paternal figure in the early object world results in a greater degree of exposure and symbiosis with the maternal object and necessitates the erection of a certain defensive constellation described by Glasser (1979) in his notion of the *core complex*. The resulting superego which derives from the unfettered and terrifying maternal relationship has primitive and harsh qualities which differ from a paternally-derived superego, the heir of the Oedipus Complex, described by Freud.

## Clinical Material

Mr P was deeply troubled as he anticipated his 40<sup>th</sup> year. A late student, he was battling his way through a teacher training. He was disturbed by the content of his mind and the prospect of placing himself in a professional role. He had drastically underperformed in his life, had shown such promise, but could not manage to translate this, and so he had floundered, stuck in an eternal adolescence. Mr P suffered various addictions in his life: to alcohol and cannabis, from which he had abstained for many years; but his compulsion to seek out prostitutes persisted. In desperation, he was fortunate to meet a psychoanalyst at the student counselling service he attended who recommended the Clinic for a consultation. There he had a fraught meeting with the female consultant, who was concerned by Mr P's actions. He declared to her that after the first appointment he looked at internet sites to find prostitutes openly in a cafe near the clinic. She referred him to the Portman Clinic, where we have experience of treating sexual perversions.

The patient may enter the room in the first appointment leading with his hand as he comes through the door whilst holding the rest of his body back, or ask for a pen or a glass of water. One gets used to managing the enactment in working with perversion, the putting into

action of a conflict which cannot be represented in words, and the expression of this concretely in the interaction with you at this anxious moment of impending emotional contact, a potentially disturbing encounter when two internal worlds collide. The invitation is to be censorious, even humiliating, or on the other hand to indulge it and land up feeling victimised. One has to tread the fine line between staying still and resisting being drawn in, whilst not being persecuting. How would Mr P show me his symptom concretely in the transference? How would he try to provoke me with some action?

Mr P is tall and strikingly good looking. He fixes me with his doe eyes in a seductive, searching way, studying my face intently, which makes me feel uncomfortable, the projection of his anxiety about this first encounter. I wonder what will be the enactment and prepare myself for the handshake at the end, but it is his wish to use my dustbin to discard an empty cup on departure which I address, saying: 'I think it is important for you not to use my bin, even though you want to, because you come here with a problem of action, and our job is to try to understand what is underneath. I know this might be difficult for you, but we will try to see if we can think about it next week'. Mr P did not use my bin, but a host of other enactments characterise the therapy at entry or departure. His strong need to *do something* is clearly in evidence.

Mr P speaks to me of his tightly constructed action narrative, which provides temporary relief from the tyranny of his unbearable suffering. There are periods when he spends many hours on his motorbike driving around with frenzied urgency in search of the perfect hooker who gives him 'just the right look' of acceptance. He is expert at studying her eyes, much like he studies my face. This is followed by a ritual of undressing in which she strips him down to his underwear. He achieves a state of bliss when she gently pulls his pants down and comments with impressed delight that he is well endowed.

Mr P is dismissive of the significance psychotherapists ascribe to his primary relationship when I enquire about his mother, which alerts me to its importance. He claims to

## MOTHER NATURE AND FATHER TIME: Oedipal imbalance and the premature structuring of reality in the perversions

have been close to her in childhood, yet a series of fragmented screen memories which emerge slowly, along with me experiencing her in the transference, gives a different picture. The following memories surface gradually and roughly in the order in which they appear here. His historical narrative, like his mind, is fragmented and chaotic. Mr P's mother left father to marry a childhood friend and moved to another country when he was 21. Later, we piece together that it was shortly after this that he started his search for the ecstatic scene with the perfect prostitute.

At 18, Mr P suffered a drug induced psychotic episode and saw 'triangles in faces', composed of the two eyes and the mouth, which he experienced as menacing. The image still haunts him 20 years later, causing him an overwhelming visceral bodily chill in the pit of his stomach he describes as 'liquid fear' when he recalls it. Is this, I wonder, a reflection of a disturbed Oedipal triangle his mind is struggling to signify? He approached his mother in a panic, feeling he was going mad, and she told him to go to bed.

Mr P traces his problems with sex to age 8 when he was invited to compare his penis with a friend who laughed hysterically at his telling him he was deformed and he would not be able to have sex, which was unfounded. It seems that in his mind this stands in the place of his mother's rejection of his penis which he cannot think about directly, an *après coup* transformed into a fixed, concrete idea. Out of the blue memories occur which are not synchronous with the loving mother who now appears as depressed and frightening. She did not protect him from father's rejection of him and his relentless bullying and physical aggression, despite it being clearly evident. She grounded him for the entire holiday because he crawled through the fence into the neighbour's garden to retrieve a ball at age 8. On the other hand, he tells me of an at times emotionally intense and somewhat overinvolved relationship with her.

There is a fragment of a dream from early childhood in which she had 'the demonic look of a witch', which makes perfect sense to me

with regard to the tenacity with which he holds my face with his eyes. And he thinks spontaneously of one of his earliest memories from the age of 4 or 5 of leaning on the bottom ledge of the cupboard in his room whilst rhythmically wailing over and over: 'my mother doesn't love me, my father doesn't love me, my brothers don't love me; I just want to die, I just want to die'. This bottom ledge of the cupboard later became the secret hiding place where he kept his porn collection, the harbinger of his serious addiction later on.

Mr P is the third of three boys, and he doesn't recall what I feel instinctively: that his frightening mother was depressed about having another boy who she did not cherish. He is compelled to study faces to keep himself safe from an intrusive, engulfing, but abandoning mother, and he has dedicated his life to an infantile ritual which corrects for the imagined disappointing nappy change and reaffirms his manhood over and over again. When I put this formulation to Mr P, he denies it, declaring that she was delighted to have another boy. He then goes on to tell me that she has since told him that when he was one or two, she contracted a STD, which must have been from father. A neighbour apparently saw him kissing another woman at the time, but he denied it.

Mr P describes his preoccupation with a relationship with a woman who is desperate to have his baby. She provides nurturance and unconditional love, but he treats her with disdain. He feels intensely attached to her, but he finds it impossible to tolerate too much closeness with her. He becomes repelled by a particular look on her face which makes her seem 'old', maternal perhaps. He describes to me a feeling of horror deep in his belly, perhaps akin to the psychotic episode, which causes him to want to run away. But he finds he cannot be without her either, and after declaring his wish to separate and distancing himself from her, he inevitably returns to her because her absence provokes such powerful feelings of despair which only abate in her presence or in the periods of manic excitement when he is searching for sex.

# Stephen Blumenthal

## The Nature of Representation and the Core Complex in Perversion

We will return to the case in a moment, but first I want to consider some theoretical ideas which will provide the foundation for our later discussion of the Oedipal dynamics enacted in the perversion and in the transference. There is a vast literature on the subject, and my discussion is necessarily truncated.

Most dictionaries define 'perversion' as turning away from the truth, it connotes corruption. Such generic a definition risks dilution, and limits the utility of the derived conceptual framework. I use the term to denote the engagement in specific sexualised behavioural repertoires in the form of actions which are both compulsive and repetitive, and which function to manage anxiety (Rosen, 1979). Stoller (1976) refers to perversion as 'the eroticised form of hatred'. The notion of the sexualisation of aggression is an invaluable conceptual tool for understanding the transference. Later, I will focus on the particular superego dynamics which imbue the therapeutic relationship and which have the potential to derail treatment.

What then is the necessity for this peculiar solution, which perversion provides? In answering this question, we need to consider the developmental origins of perversion and the way in which the repressed is represented. The ego, Freud notably said, is 'first and foremost a body ego; it is not merely a surface entity but it is itself the projection of a surface' (1923, p 26). Underlying all forms of representation of the self is the representation of the body, we experience ourselves first through our bodily sensations and how we act upon the world and the world acts upon us is the most primitive level of our self-experience. The ego is principally a representation of our *libidinized* relationship with that bodily self (Lemma, 2015). As Green puts it: 'the figuration of the object combines with a mode of representation arising from the body's exigencies. The unconscious emerges from this conjunction, and it is the hazards of this encounter that shed light on its failures' (Green, 2000, p 31).

Similarly, Rey (1988) describes action as the most primitive language. We might call it our *mother tongue* (Perel, 2007). Action precedes thought, framing perception and sensation. Combinations of actions of the subject on his object and vice versa lead to the internalisation of *action schemas*. The way in which the mother acts upon the infant's body, the emotional tone of the relationship she has with her baby, are incorporated via the sensory and somatic realm, a domain which cannot be symbolised in the usual way. They distinctively lie outside the verbal domain and the psychoanalyst has to be particularly attuned to this in the analysis of perversion, like you would in the case of psychosomatic disorders. Some of these primitive action schemas can remain split off and unintegrated and function in an autonomous manner. Hence, Mr P does not recognise the links I attempt to make verbally, he is so immersed in his actions. He does not have a semantic framework within which the interpretation meets with a set of verbal schemas, rather his memories reside in a series of fragmented *après coups* and bodily actions.

The origins of perversion lie in this primitive world of action. They arise in the dyadic relationship with the mother. In his seminal work, *Towards a General Theory of Seduction*, Laplanche (1989) describes the infant's birth into a world of the mother's body and her sexuality, but without a sufficiently developed ego to manage the intense arousal associated with the proximity to a sexual mother. Father is characteristically a distant figure, who has not imposed himself sufficiently on the mother-child dyad (Perelberg, 1999), and staked his claim upon his (boy) child (Campbell, 1995). The infant is thereby exposed to an over-libidinized relationship with his mother in desperate need of dilution. In some cases, which doubtless arises from a combination of factors – the state of innate physical arousal, an over-invested or neglectful mother, the actual or experienced absence of a father, the presence of a corrupt father or perhaps the absence of a father imago in the mind of the mother – the boy may be particularly susceptible to the development of a perversion.

This particular Oedipal constellation is the subject of Glasser's (1979) notion of the *core*

# MOTHER NATURE AND FATHER TIME: Oedipal imbalance and the premature structuring of reality in the perversions

*complex*. He describes the sexualisation of aggression as a defence arising from the fantasy of fusion with an idealised mother, but the experience is of an avaricious object who is simultaneously engulfing, intrusive and annihilating, as well as indifferent and rejecting. Withdrawal in pursuit of safety portends unbearable loss, abandonment and disintegration, but self-preservative aggression threatens the destruction of the maternal object. Consequently, the aggression is sexualised in order that the object is preserved. The result is a profoundly agonising to-ing and fro-ing of sadomasochistic engagement; moving from outside-in induces feelings of being swallowed up and annihilated, and moving from inside-out is filled with the overwhelming fear of oblivion. This pattern is clearly evident with Mr P, who cannot tolerate being with his girlfriend and he cannot bear being away. I experience this directly with him - he conveys an urgent intense need of me, but equally so, he distances himself from emotional contact. What is both implicit and unstated in Glasser's formulation is the role of the paternal object in failing to mitigate core complex anxieties, resulting in the failure of the person to develop a triangular space within the mind to enable the capacity to relate. This necessitates the erection of the perverse defensive constellation, which represents a premature attempt to structure reality.

## A session

Let us look further at how Mr P manages the terror of contact via the sexualisation of aggression and thereby deals with the potential for chaos which constantly threatens. His attempt to structure reality is premature and reflects the particular Oedipal constellation in perversion: the absence of a paternal object to provide the containment to his (maternal) container, necessary for mental life. Here is an exchange:

On a hot day, Mr P enters the room in his full motorcycling regalia. In a slow deliberating manner, he removes his jacket first, his leather trousers and then his shoes before lying down on the couch. I am in a dilemma; I could raise it, I could wait, or I could talk to him about the

dilemma. I decide that the latter option risks an entanglement, and opt for something simpler by drawing attention to it.

I say: *The undressing ritual.*

He replies angrily: *That's utterly laughable... It's what I have to do, I have to wear leather trousers. It's for safety for the motorbike. Should I not wear them?*

I say: *It may seem laughable to you, but I think it is for safety here too, in a slightly different way though. I'm thinking of how you bring right into the room the undressing ritual; that is the very reason for you seeking my help.*

Mr P told me that it was 'a blind alley' and he did the same at Sex and Love Addicts Anonymous (SLAA) meetings, but then after a pause he concedes: ... *I suppose, to be honest, the thought has crossed my mind that there are women in the room at the Fellowship and I might have wondered if they feel turned on...*

As if surprised by his concession, he then reiterates for good measure: *But it's definitely not the case here*, before continuing to deride my observation, whilst simultaneously granting: *I suppose what happens here is a portal onto my life.*

Mr P then told me that he had had a 'slip' and used prostitutes. He felt deeply ashamed. He told me that I do not offer him 'kind words, reassurance and practical advice', which he got elsewhere, at the Fellowship.

After some further work in the session, I said: *I think that you know where to get reassurance. You do worry that I'm going to be critical, but you also hope that I'll be able to see beyond that and to see the pain that you're in, behind your addiction. How deeply troubled you are, how you are struggling to manage all your conflicting feelings: anger, wanting to hold on, with me, with M (his girlfriend), and to try at least to make sense of the chaos that's inside. I think that's why I draw attention at the beginning to your undressing ritual, because there's a ritual there that keeps you safe from*

# Stephen Blumenthal

*getting too involved with me and with the utter chaos that you feel yourself to be in.*

Following a silence, Mr P says:

*I was thinking yesterday when I left my friends in the City... I went to see them for a coffee and I thought: What do I do now? Where do I go? Where is home? ...*

*I literally wanted to lie down on the road and die. I didn't know what to do, I didn't know what to do with my body... I'm constantly moving around, going from here to there doing these different things like going to university, or having a coffee, but what do all these activities really mean? They're just actions, activities; it's like they're just a discharge of energy. They're meaningless. I don't want any of them, none of it is where I want to be. I just feel desperate... This loneliness, the pain... I've got to put myself somewhere, to put my body somewhere in space... With as little direction as this it's no wonder I place my body on a therapist's couch... I haven't got a fucking clue how to do things. I don't know how to do life. Silence...*

*...The attention that I get from girls stops me thinking about it for a bit. If I'm in one of my 24-7 acting out phases, I'm thinking about all the things I could be doing if I wasn't doing this. The life that I want; if I could only do some writing, or make some music or read a book. But then when I do stop, I can't do those things at all, it's just pain, it's sheer pain. It's like there's a fantasy that I could actually sit down and do these things. But the reality is that it's all loneliness and pain inside, and I can't. I can't do the things I want to be doing. I can't concentrate on anything.*

Mr P then backtracked and seemed to spend the rest of the session trying to repudiate the contact he had made with his troubled soul and with me.

## DISCUSSION

As patients ourselves, we know intimately the challenges of facing the ever-elusive realm of free association. Allowing oneself the full range of possibility of one's thought processes in the presence of someone else in its purest form can only really be an aspiration. As analysts we

know the struggle to allow unimpeded free floating attention. We know the constant search for structure in the form of narrow, focused thinking, as opposed to allowing free rein. Facing the chaos of the unconscious is frightening and it requires the structure of the frame to feel safe enough. In this context, Ogden (1989) remarks: 'Along with the sense of excitement, there is also an edge of anxiety. For both analyst and patient, the danger posed by the (first) meeting arises to a large extent from the prospect of a fresh encounter with one's own inner world and the internal world of another person. It is always dangerous business to stir up the depths of the unconscious mind' (p172).

If this is the case in a 'normal' analytic encounter, Mr P's fear is exponentially greater. He experiences disarray when he stops to reflect. His undressing ritual is a communication, but it is also an impediment to understanding. He exerts control, and thereby reduces his anxiety. He acknowledges his need to sexualise contact at Fellowship meetings, but disavows the erotic with me when I make the link. Herein lies one of the essences of the transference in working with such a person. It is not so much sexualised, as in the case of a transference neurosis. Rather the transference-countertransference is imbued with eroticised aggression - Mr P's undressing ritual represents both a seduction and an attack - and can therefore be more precisely described as a *transference perversion*. This enacted version of the psychopathology as represented in the room allows the possibility of apprehending it.

Mr P desires and dreads emotional closeness. Contact is tragically sought and is unbearable. He anticipates being colonised and ego resources are deployed in that direction, always attending to his safety, so that there is nothing left for ordinary ego activity. The undressing ritual is an attempt to bring order and structure to the chaos within him. This element of the transference relates to an ever present maternal object which represents a threat to his psychological self. There is failure of the triadic relationship, the benign presence of an Oedipal father, who can moderate this intensity.

# MOTHER NATURE AND FATHER TIME: Oedipal imbalance and the premature structuring of reality in the perversions

Mr P is able to articulate some of this. He is responsive to my interpretation about the threat of chaos and temporarily, he allows himself a contact with the troubled world inside and the pain and suffering he experiences. He feels his body is a thing, an empty shell without a purpose. One wonders whether these thoughts represent a deeper thought process, a screen memory of the lack of regard for his body, a regard he now seeks by hiring it.

## The Corruption of Truth and the Superego

Perversion literally means corruption of the truth and it is the superego element which is of particular significance to our discussion. Writing of patients who have experienced or perpetrated sexual abuse, Campbell (2014) says that whilst doubt is a natural element of analysis, the depth and persistence of a profound uncertainty is pronounced. There is a corruption at the core of existence. The act of sexual abuse, writes Campbell, breaches what he designates as the *shame shield* and leaves the child with no psychic refuge. To quote Campbell: 'The protective function of shame as an external signal depends for its success upon the object perceiving the external manifestation of shame as a shield between self and object which the object recognises as a signal of failure and respects enough to react sympathetically to the self' (2008; p 78). In other words, there has been an experience of a fundamental disregard of the self, and the damage to the personality runs deep. 'When there is no sanctuary for retreat', writes Campbell (2014), 'relief is sought by resorting to actions that project the confusion, passivity and disgust into others' (p448).

I would contend that this formulation applies to all perversions. There has been a breach of the shame shield in the pre-history in every case; that is the history before memory, it is written into the body. It is too literal to consider sexual abuse as an actual seduction, in much the same way as Laplanche considered Freud too literal when he gave up the Seduction Theory – there is a seduction, it's just that it's not necessarily genital. The perverse solution is a response to an atmosphere

associated with the way the mother cathects (or does not) her (boy) infant. Whilst it is impossible to say what happens in actuality, the internal world as represented within the analytic encounter indicates either an over-libidinated relationship with the mother, or one of neglect, which is compensated with eroticised aggression. In either case, the nature of the internal world of the patient signifies a disregard for the child self and the breach of the shame shield. Consider Mr P not knowing what to do with his body. A further element is the paternal object who, in Wood's (2014) words 'fails to embody the Oedipal authority but represents an abusive or corrupt object with which the superego then becomes identified' (p433). Limentani (1986) notes that the father is typically excluded in the transference, and there is a corresponding inducement for the analyst to reflect this in the countertransference.

Doubt and uncertainty is at the heart of Mr P's story about himself. If our personal narrative structure, the story we tell of ourselves, is the container for the self, which situates us psychically and provides the foundation for our being, Mr P does not have coherence. His is a disjointed story, only partly known in disavowed fragments and only available in action schemas. He inhabits a world of nameless dread (Bion, 1959). There is a kind of anti-knowing, a series of discharges through action and projective identification, so that others feel and experience elements in his mind which are lost to him.

His earliest memory of despair, drumming and wailing 'my mother doesn't love me, my father doesn't love me, my brother's don't love me; I just want to die, I just want to die', is covered up by the lie of sexual excitement and porn – he uses the same cupboard he drummed on to store his pornography. In the same way, in the session, the truth of his despair is concealed by spending his time in search of the perfect look, the perverse solution. This is the only structure he can create to ward off the chaos inside. Mr P does not know himself as a man with a past. He can only live in the now, but how can you live in the present when you don't have a coherent notion of your past? I find myself



# Stephen Blumenthal

doubting what I know about him and doubting the depth of the therapeutic alliance. Is it all a superficial cover up, and am I just a prostitute who keeps him together with a look? Such doubt can be engendered by what Glasser (1992) has described as *simulation*, which might be quite unconscious to the person themselves, but there is a deception about the true state of affairs within them. There is an appearance of engagement, but this represents an accommodation of the analyst, rather than a reality. In truth, I am left with so much uncertainty and doubt about Mr P, and I accept this as a basic reality of our transaction.

Mr P is fleetingly able to tell me and himself about the state of chaos which reins underneath. But his action rituals situate him, they engage me in a particular relation to him, in which I attend to the boundaries of the treatment, to reiterate the treatment frame, *by pointing out what he is doing rather than what he is saying*. My interventions are focused on his undressing ritual rather than his verbal utterances, and I am aware of his inducement to get me to behave in my interpretations by attending to these. He prods me to focus on structure rather than engaging in an intimate emotional contact.

## Formulating the Superego

I have found it helpful to use Symington's (1983) formulation of the analytic frame in the therapy of people suffering with perversion. Symington amplifies the concept of the superego, along the lines of the sociologist Talcott Parsons (1952) as representing not just the moral element described by Freud, but the relationship between the personality and the *total common culture*, which enables a stable system of social interaction. The superego within this formulation represents a pure culture of order. It is all the components of the common culture which are internalised. The moral element is that aspect which keeps an eye on the rest.

The patient and analyst are held together by a common culture, or superego. They both agree on certain rituals, such as agreement on the time and place of the meeting, the roles of patient and analyst they both assume. The superego is partially represented by the

analytic frame. It is the shared culture necessary for the conduct of analysis. This provides the structure which enables the decent into the chaotic world of the unconscious; the world of our instincts and our phantasy. The superego provides the containment to engage the id.

But superego connections between patient and analyst run deeper than this. Transference and countertransference are the emotional expression of the bond, in that they are based on illusions which relate to the imagos of the past. They represent a state of stasis, until interpretation frees the patient-analyst couple from the shared illusion which ties them into the locked, static situation. The transference-countertransference are in a sense false ideas. For example, Mr P expects my disapproval for his acting out, which is really a projection of his shame.

Such a relation with me maintains a static situation in which he is protected by a stern superego. This is utterly familiar, he knows intimately the censorious attitude. He complies or he may rebel. He may do so openly or covertly, concealing his pleasure, which itself provides gratification. What is avoided is a deeper connection between us, because that risks contact with chaos. Incidentally, the Fellowship approach (AA or SLAA) is run along superego lines and provides both the censoriousness and reassurance the patient does not get from the analyst. This approach is not at odds with psychoanalysis; sometimes it is the only way the patient has of restricting an activity which is so powerful a solution to anxiety. But one has to be vigilant to the invitation by the patient to provoke one into regarding it as an enemy, and so be set up in conflict with it.

Understanding and making an emotional connection, a connection with the chaos, through free association and through interpretation, is a deeply personal act, and is located in the ego and the id. The false ideas, or illusions, are located in the superego. This is because superego represents shared ritual and is impersonal. In that moment, and with the aid of interpretation, emotional contact is established between patient and analyst, akin to the emotional connection between mother

# MOTHER NATURE AND FATHER TIME: Oedipal imbalance and the premature structuring of reality in the perversions

and infant, which is the cradle of thought, and the essence of mental life. Connecting with chaos, with the primordial wholeness of that early moment, risking symbiosis, is the substance of the psychoanalytic cure. It is not an intellectual exercise, it is fundamentally an emotional one. It is the elusive elixir we wait patiently for, and it is what promotes change and enables psychic development.

At that moment, the false belief, which is the glue that bound the couple together, is banished. It no longer matters who we are to the patient as long as the transference is such that it allows for a sense of security that we will both come back from this potentially annihilatory experience, which is the meeting of souls and the contact with chaos. Being together in this relation is quite different from the being together that is based on ritual, illusion and the superego.

In order to treat perverse patients we need to be prepared both to hold the structure, but also allow for something deeply personal to take place. Mr P exemplifies a person who is fused at a superego-to-superego level and is in greatest need of emotional contact, but who is also at most danger from it. This is precisely why it is such a common experience in treating perverse patients that they become more disturbed as the work progresses, as the perverse defences are unravelled and emotional contact begins to be established. But it is only through this work that the patient can begin to separate himself from the analyst and from the symbiotic maternal object. All the time though, resistance in the form of the superego predominates and threatens to undo the work.

## The Superego in the Perversions

Another patient, Mr R, more disturbed than Mr P, felt himself to be living in a giant metaphorical condom, and I could poke him and try to reach him, but in a state of ecstatic triumph, any attempt at contact could never reach his centre, he stretched like rubber and was impenetrable, unreachable. Paradoxically, he was having sex with people who he knew were HIV+ without protection, and exposed

himself to infection. The only contact possible was like a sharp intrusive needle, penetrating him with something deadly. Concrete, infectious bodily fluids replaced the metaphorical milk I offered. He repeatedly neutered my interpretations of his destructiveness, his exposure to death, whilst simultaneously triumphing over me and protecting himself from the perceived toxicity of emotional contact by declaring with a kind of manic exultation that he was immune to infection and that in any event, HIV did not cause AIDS.

I bring the example of Mr R, because there are particular features of the superego which make the situation I have described more complicated in perversion, particularly when the psychopathology is more extreme. This causes the core complex anxieties to be stronger and can confound the therapeutic relationship.

The intensity of aggression and sexualisation of the relationship with the mother in the absence of a reliable paternal object results in the development of an abnormal superego governed by primitive elements (O'Shaughnessy, 1999). One important source for understanding perversion is Freud's description of *Fetishism*; the fetish itself is a token triumph over the threat of castration by the mother. This signifies the experience of a powerful superego, more primitive, visceral and harsh at a particularly early stage of development when nascent ego structures are tenuous. This is different from the paternal superego, which Freud described as being heir to the Oedipus Complex and comes later. Britton (2003) points out that the former view is associated with Klein (1958) and belongs to an earlier stage of development.

I believe this viewpoint to be vital in understanding the states of mind described here. The peril of castration by the mother is infinitely more disturbing and dangerous when compared to the threat wielded by the father, necessitating elusive measures to navigate around this dangerous object in the form of a premature structuring of reality via the illusion of the perversion. This maintains safety, but at

# Stephen Blumenthal

a huge cost in terms of the capacity for object relating. It is the transference version of this we encounter when we engage the person afflicted that is so challenging to work with in our attempts to make emotional contact. The reproduction of this in analysis results in a situation of underlying aggression, sexualisation and very often apparent compliance in a simulated therapy.

## CONCLUDING REMARKS

In Totem and Taboo the father, who imposes limits through his lore is killed and devoured, and through the act the sons realise that they cannot live without his prohibitions. Access to all the women is not the freedom they hoped for, chaos is frightening. Limitation is the source of meaning. The world of instinct, stimulated by mother, Mother Nature, requires the lore of the father, Father Time. Mr P had not devoured his father and he suffered with a lack of limits and a fear of being overwhelmed by his internal world. He lived with the delusion that there were no limits and his ritualistic enactment of the perverse scenario functioned to perpetuate this myth.

The absence of a benign paternal object and the presence of an overwhelming maternal object, can lead to the development of a harsh and vengeful superego. This represents the triumph of chaos over order. Enactment, in the form of perverse behaviour, provides temporary relief. A sadomasochistic dynamic can predominate, which has the character of the superego, dominated by ritual and procedure, but absent of emotional contact. This protects the psychological self from being taken over and colonised. The self can remain deeply buried and concealed for reasons of safety. Our purpose is to strengthen the character to withstand such pressures, so they no longer have to be so compelled by safety.

# MOTHER NATURE AND FATHER TIME: Oedipal imbalance and the premature structuring of reality in the perversions

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