

‘Michael and Batya Shoshani explore issues basic for our time, especially but not limited to the present historical moment. Among other things, they rescue the term “perverse” from its narrow sexual meaning and bring out a broader dynamic view linked to destructive narcissism. There is much to learn from and about our perverse psyche or, rather, perverse psychic organisations which play a role in important spectrums of psychic wounding and cruelty, where bad can become good and good can become bad. This book invites us to go deeper with ourselves, see ourselves from many angles, acknowledging difficulties that face us individually and as a human group.’

Michael Eigen, PhD, author of *The Psychotic Core, Madness and Murder, Contact with the Depths, and The Challenge of Being Human*

‘This volume breaks new ground on conceptualisations of pathological narcissism and its various species of perversion. With rare, rich case illustrations, the authors expose the many supple layers of primitive psychic organisation and tensions among ethics of responsibility in working authentically with profoundly disturbed patients. With our areas of agreement and areas of disagreement regarding Heidegger’s thinking, I find the Shoshani’s work to be both a challenge and an ally in the journey of understanding Heidegger’s ontology and integrating ideas from it into Freudian psychoanalysis. They bravely point the way towards a renewal in existential psychoanalysis that is sophisticated and long overdue.’

**Professor Jon Mills, PsyD, PhD, ABPP, postgraduate programs
in psychoanalysis and psychotherapy, Adelphi University**

‘The book explains and illustrates the importance of multidisciplinary spirit to psychoanalysis by showing how it expands the capability to deal with the dynamic nature of the human psyche; the associations from Borges and the conceptualisations from Heidegger are illuminating. It is undoubtedly a vital shacking to the dogmatic slumber of conservative psychoanalysis which closes itself behind scholastic walls.’

**Shai Frugel, professor of philosophy, dean of the humanistic
and social sciences faculty, Kibbutzim College**

‘In 1953, Anna Freud was involved in a discussion on “the widening scope of psychoanalysis”. She questioned if psychoanalysts should struggle with technical problems which arise during the treatment of a person who is severely disturbed. She stated that it would be a better use of time for psychoanalysts to treat six young people with mild neurosis rather than one severely disturbed person. Many individuals with severely disturbed psychic organisation have continued and will continue to seek psychoanalytic treatment. This book is an in-depth theoretical as well as clinical study of patients who exhibit a narcissistic–perverse psychic organization, as well as psychotic patients, all of whom are very difficult to reach. Such individuals’ exclusion from parental intimacy during their developmental years, intensification of their destructive narcissism, their impaired superegos and ego-ideals, their failure in capacity to think, mourn and love, their exhibiting pathological envy, their utilising deception, their “ontological insecurity”,

their other common experiences and characteristics and therapeutic responses to them are brilliantly examined and illustrated with clinical examples. The book ends illustrating how perverse narcissistic processes represented in films, literature and philosophical thoughts, expand our theory and praxis. I consider this volume a valuable textbook that psychoanalysts and psychotherapists should keep on their bookshelves.'

Vamik D. Volkan, professor emeritus of psychiatry, president emeritus of International Dialogue Initiative, and author of *Large-Group Psychology*

'This book by Batya and Michael Shoshani is a brilliant example of lucid and original four-handed writing which, all throughout the book, demonstrates various manifestations of the 'third party' in the analytic situation: from a spouse's insight to the involvement of diverse fields of knowledge. The proposed psychoanalytic conceptualisation of the perverse-psychotic spectrum draws on literature and philosophy, but not through the conventional and familiar interdisciplinary conjunction. The appeal to these texts is not scholarly or disciplinary in the narrow sense of the word. Rather, its motivation is an existential one: these texts, therefore, are gradually revealed as constituting the very possibility of analytic reverie.'

Dr Michal Ben-Naftali, writer, philosopher, translator, and lecturer

'Michael and Batya Shoshani have produced an important and timely book on the complex interrelationship between narcissism and perversion. The two authors use immense scholarship to bring together psychoanalysis, literature, and philosophy in a psychoanalytic/existential synthesis exploring the conceptual and clinical underpinnings of perverse phenomena. I especially enjoyed their close reading and informative comparison of the work of Freud and Heidegger. In addition, their clinical case examples are vivid, moving, and informative. I wholeheartedly recommend this book as an invaluable addition to the psychoanalytic literature.'

Dr Peter Shabad, psychoanalyst, writer, and professor in Northwestern's Feinberg School of Medicine

'It is often at the interface of different fields of inquiry that new ideas emerge. In this fascinating and lucid volume, Michael and Batya Shoshani have successfully explored the nexus of psychoanalysis, literature, film, and philosophy to discover new ways to understand and relate to psychoanalytic patients. They boldly take on problematic psychopathologies such as perversions and narcissism, bringing to light creative means to treat them by having in mind the wisdom of literary figures such as Jorge Luis Borges and philosophers like Martin Heidegger. This intellectual and clinical tour de force is truly a gift for psychoanalytic practitioners and theoreticians alike.'

Stanley B. Messer, PhD, distinguished professor emeritus and former dean, Graduate School of Applied and Professional Psychology, Rutgers University

TIMELESS GRANDIOSITY AND EROTICISED CONTEMPT

Technical Challenges
Posed by Narcissism
and Perversion

*Michael Shoshani
and
Batya Shoshani*



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firing the mind

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*To the memory of Steve Mitchell
A mentor and a friend who would
have revolutionised psychoanalysis*
—Michael Shoshani

*To the memory of Hedi
My one-of-a-kind sister*
—Batya Shoshani

A strong egoism is a protection against falling ill. But in the last resort we must begin to love in order not to fall ill, and we are bound to fall ill if, in consequence of frustration, we are unable to love.

—Freud, “On Narcissism” (1914c, p. 85)

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Foreword

Salman Akhtar

Let us begin by imagining the following scenarios:

- An elderly woman takes care of her orphaned grandson.
- A young man dies in the process of donating a kidney to his sister.
- A couple is engaged in passionate lovemaking.
- A father is playing basketball with his son on the driveway of their house.
- A young mother shyly offers her breast to her newborn baby.

And now, consider Sartre's cynical aphorism that "Hell is other people". Of course, an immediate objection to such juxtaposition would be that the philosopher was not talking about the pragmatic benefits one draws from others but of the fact that separateness, unfamiliarity, and difference can evoke the "hell" of anxiety, pain, shame, and anger. This is true. However, life without the novelty and freshness that other minds bring to us is no "heaven" either. Thought, creativity, and imagination of others invariably enrich our minds. While encounters with great works of the arts, science, literature, and music give testimony to this, ordinary conversations with friends and family also replenish our inner worlds.

These human connections are also the main consolation vis-à-vis our existential plight of our going towards death. In fact, without an active involvement with others, our lives become hollow, aimless, and condemned to the prison of narcissism. Object relatedness then gives way to auto-eroticism, humility is cast aside in favour of regressive omnipotence, and the lambent joy of mutuality is replaced by the brutal certainty of perversion.

It is at this point in life's theatre that Michael and Batya Shoshani's book enters the stage. Written in a theoretically grounded yet highly engaging style, their book seeks to broaden and deepen our understanding of pathological narcissism and its intricate links with the arrogant defiance of oedipal realities and with perversions. The authors are well aware of the tension that exists between the "classic" and contemporary, especially postmodern and social constructivist, viewpoints in this realm. They open their book by elucidating the range of opinions that stretch from the categorical edicts of Freud's *Three Essays*, through Stoller's proposal that eroticisation of hatred forms the basis of all perversions, to Dimen's warning that nosological distinctions along such lines restrict open-ended thinking and tend to take on judgemental overtones. The Shoshanis locate themselves at the midpoint of this continuum, respecting cultural trends but also mindful of clinical realities. Moreover, they find sexual aberration as but one pathway of the "perverse-psychotic" constellation centred upon destructive narcissism, mindlessness, envy, reality distortion, and overthrow of the tragic dimensions of the oedipal universe.

Deploying a dual track of evidence gathering, the Shoshanis divide their book into two parts. The first resolutely focuses upon the clinical situation. The second freely roams over the terrain of myth, literature, poetry, cinema, and philosophy. Chapters contained in the first section include the authors' engagement with Symington's perspective on narcissism, elucidation of the analytic process with a narcissistic and embittered man who was maternally seduced as a child (hence, betrayed as an adult), technical handling of malignant envy, hatred of thinking, incapacity to bear separateness and mourn the loss of perfection, denial of limitations, and legitimate fear. This section also addresses the spillage of perverse sexualisation in the crucible of transference and countertransference as well as in the triangulated space between the patient,

therapist, and his or her supervisor. In this context, the authors stress the vital need of meeting the therapist's own perverse and psychotic parts.

The authors' discourse is replete with lively and convincing clinical material and displays their earnest effort at helping patients advance from solipsism to mutuality, from thoughtless certainty to tolerance of ambiguity, and from the language of perversion to the language of love. Although the omission of Sharpe's important paper (1940) on libidinisation of speech is noticeable, one is nonetheless impressed by the authors' literature coverage which includes writings as wide-ranging as those of Freud, Klein, and Winnicott, through Bion, Green, and Chasseguet-Smirgel to Ogden, Britton, Loewald, Meltzer, and Bach.

The second part of the book approaches the issues raised in its clinical section by demonstrating their ubiquity in human imagination and creativity. The authors go on to show how immersing themselves in several distinct works of art had helped them to understand those very hard-to-reach patients and empathise with them. The dark pleasure of subjugation and sadomasochism are experienced via the writings of the Marquis de Sade and movies such as Polanski's *Bitter Moon* (one of my favourites, by the way) and Villeneuve's *Incendies*. The authors' discourse, while focused upon the literary and cinematic material at hand, never loses sight of their clinical counterpart on the one hand and their metapsychological foundation in the eternal war between life and death instincts on the other hand. The same spirit pervades their subsequent presentation and use of certain stories by Borges and their thought-provoking juxtaposition of Freud and Heidegger. This last essay tackles these two thinkers' perspectives on truth, anxiety, and death—all three being pertinent to the authors' main concern: narcissism, escape from reality, and undue sexualisation and aggressivisation of life. The authors thus open a window to the possibility of adding Heidegger's existential ontological dimension to the psychoanalytic paradigm.

All in all, this book by the Israeli husband-and-wife duo, Michael and Batya Shoshani, is a powerful testimony to how ontogenetic mishaps and misfortunes can trap human beings into the stifling, if mesmerising, jailhouse of false self-sufficiency. Fortunately, and to the authors' credit, the book also lays bare how the provision of psychoanalytic insights coupled with compassion, forbearance, and sustained empathy can melt the iron bars of this prison.

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The authors and publisher made every effort to trace the rights holder for the works of Borges to no avail. The quotations are all attributed appropriately.

About the authors

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Psychotherapy, and an active member of the American Psychoanalytic Association (APsaA) and the International Psychoanalytical Association (IPA). For three decades, he has treated patients, taught students, and supervised clinicians. He has lectured for many years at Tel Aviv University and Bar Illan University, in the postgraduate programs of psychoanalytic psychotherapy, and has run workshops for many groups of professionals in Israel, the USA, Turkey, and Romania. His main interest is the clinical theories relating to the therapy and analysis of narcissistic and perverse character pathology, as well as in interdisciplinary studies in psychoanalysis, weaving clinical knowledge with philosophy, literature, and art. He is the author of the book *Dare to be Human: A Psychoanalytic Journey* and has published numerous articles on these subjects. Michael is living and practising in Tel Aviv, Israel.

INTRODUCTION

Perversion and narcissism

Psycho-analysis stands firm on its philosophical foundations of belief in individuality, of the primacy of psychic reality, and therefore of the concreteness of responsibility. It is bound to view all statistical concepts of normality [...] as hypocritical or even cynical evasions of responsibility when they are put forward as causal explanation of human behavior. It must be equally suspicious of cosmic mysticism. But it has a mysticism of its own, as does all science which has not arrogantly left the rails, namely that the plumbing of the mysteries of the universe never intends to answer the ultimate question and destroy our awe and wonder.

—Meltzer, 1973

The difficulties and crises that kept resurfacing in our work with patients with perverse psychic organisation motivated us to write this book. Our project is an attempt to propose a clinical conceptualisation that would enhance our understanding of these lost and confused patients, whose narcissistic struggle against human fate defies reality and truth, challenging the analyst and the analytic situation.

These patients are extremely difficult to reach, often causing considerable turmoil and confusion in the consulting room, particularly in regard to countertransference. The analyst finds himself caught between their own perception of reality and truth, and the wish to be empathetic to their patient's experience and view of reality, often feeling torn and as if standing on quicksand. These patients are proof that our trusted analytic toolkit often lets us down. They confront the analyst with a challenge that sometimes becomes a real threat, undermining their capacity to think (Steiner, 2006). We hope that the clinical material and the conceptual formulations we propose might enrich the ongoing professional dialogue on these perplexing and illusive psychic phenomena.¹

Perversion: the term and the controversy

As a term, perversion is quite controversial. Throughout history, its connotations in psychoanalysis and in other contexts, have been quite volatile. Proponents of “cultural relativity” have pointed out that different times create different realities, claiming that the term “perversion” has often been used politically, as an instrument for condemning and excluding certain individuals. Analysts who support this approach, such as Muriel Dimen (2012), have criticised the use of this term in psychoanalysis, warning that it may prove dangerous. They claim, with a fair amount of merit, that using the term to set apart various categories of people perpetuates judgemental, moralistic, and exclusionary differentiations, and tips the scales towards the restrictive and regulatory aspects of psychoanalysis. Indeed, Freud himself objected to such use, stating that

No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach.
(Freud, 1905d, p. 160)

In contrast, other analysts, such as Stoller (1974), insist that psychoanalysis should learn to stand fast by its beliefs about human nature and

its commitment to the suffering individual. They warn against throwing the baby out with the bathwater by rushing to get rid of concepts and understandings that no longer coincide with the cultural zeitgeist. Theoretical changes must remain the result of theoretical or clinical developments rather than the consequences of political pressure. This perspective sees the current atmosphere of political correctness as curtailing the scientific liberty to think and express valid arguments.

Regarding this debate, we are of two minds. While we believe that psychoanalytic theory should remain connected to contemporary social and cultural theory and reality, we are also confident that certain intrinsic truths regarding specific unique psychic phenomena should be studied in an unbiased analytic environment. We are indeed keenly aware of the problematic nature of the term “perversion” and acknowledge with understanding the various objections to its use. We hope that a more appropriate less derogatory term would be found to describe these unique and illusive pathological entities as our understanding of them deepens. Still, while analytic thinkers continue debating the use of the term “perversion”, suffering patients cross our doorstep every day and we are often helplessly struggling to address their predicament. In order to help them, we need a concept to capture and illuminate certain psychic nuances that are overlooked by other overlapping conceptualisations of pathology (Filippini, 2005). In agreement with Chasseguet-Smirgel and Stein, we believe that perversions are distinct nosological entities (Chasseguet-Smirgel, 1986; Stein, 2005). However, it appears to us that the individual perverse psychic organisation may be located on a *perverse-psychotic continuum*.

The question of whether perversion is a neurosis or a psychosis has been debated for years, and has yet to be resolved. However, Freud (1940e) calls attention to the defences of disavowal and splitting of the ego in perverse organisations, which necessarily draws this entity closer to the psychotic pole.

We are quite convinced that the anxieties of a perverse mind are psychotic in nature, and that “psychotic breakdowns” will occur at the far end of the perverse-psychotic continuum.² As long as the perverse nucleus is encapsulated, a psychotic break will usually be avoided (P. Malcolm, 1970).

Perversion and narcissism

Our purpose in this book is to formulate a clinical concept of perversion. We do not presume to pioneer this endeavour. Rather, we go in the footsteps of a long line of theoreticians, from Freud (1919e, 1927e, 1940e) to the more contemporary Bach (1999), Chasseguet-Smirgel (1986), Etchegoyen (1978), A. Goldberg (1977), Joseph (1971), M. M. R. Khan (1979), Lemma & Lynch (2015), Meltzer (1973), Ogden (1997), Stein (2005), and Stoller (1975), many of whose observations we share. While we often find that perverse constellations express themselves in sexual terms, and although we see sexual aberration as significant, we do not see it as the core of this clinical entity. Rather, we understand the core of this unique pathology as *an intensification of destructive narcissism, where the death instinct predominates over the life instinct. This reveals itself in pathological internal and external object-relations, coloured by massive sexualisation, aggressivisation, and deception.*

It is important to say that while perverse elements often *spice-up* love and intimate relations, in perverse organisations, perversion is the *essence* of those relations (as we show in Chapter Seven).

Our understanding of perversion leans on our understanding of the concept of destructive narcissism. Narcissism is a fundamental building block in the development of the psyche and of the personality as a whole. To understand perversion, a clear-cut distinction must be made between narcissism as a vital psychic reservoir, and pathological destructive narcissism. We find André Green's description of the importance of fundamental narcissism and the difference between healthy vital narcissism and the destructive narcissism that underlies perversion highly enlightening. His words resonate with our perception of this complicated subject:

[Narcissism as ...] the cement which preserves the ego's constituted unity has bound together its component parts, giving it a formal identity which is vital both to its sense of existence and to the way in which it apprehends its own being. In this respect, narcissism is one of the fiercest forms of resistance to analysis. (Green, 2001, p. ix)

Narcissism may be described as the material of which the ego or the self is made. This important quotation implies that narcissism is the

solution. However, it is clearly also the problem, since in the process of development one must move from narcissism based on a connection to primal objects to narcissism based on independence. This process arouses anxieties of being (Heidegger, 1927a). One might compare it to a child who first lets go of their support while standing up—it is a separation accompanied by anxiety, but one that leads on to independence.

Of the two seemingly most significant threats, the first is the inability of a subject to be the “Other”, and accepting the fact that the Other is not him, and that otherness and separateness are facts to be contended with. The second threat springs from the fact that our wishes can never be fully satisfied. A gap will always exist between what we need and expect from the Other in love or in other relationships, and the fulfilment of those expectations. The primal threat lies in discovering the gap between the breast and the mouth.

Two literary giants, Borges and Tolstoy, understood in depth the human tragedy caused by one’s inability to be the Other. In Green’s words: “More than any psychoanalyst, Borges was the one who understood best the nature of the wound [that] the impossibility of being the Other inflicts” (Green, 2001, p. xxiii). (See Chapter Three.) Tolstoy, in his *Kreutzer Sonata*, expresses deep understanding of the narcissistic wound caused by the impossibility to be or to own the Other:

Horrible! I claimed an absolute right to her body just as if it had been my own body; at the same time I was aware that I could not control that body of hers, that it was not mine, that she had the power to dispose of it as she chose, and that she did not choose to dispose of it as I wished.

(Tolstoy, *The Kreutzer Sonata*, 1889, p. 102)

Green’s term “death narcissism” suits the dynamics of the relationship and its tragic end, where the husband murders his wife. Wherever there is a gap that creates a narcissistic wound, there is danger that a destructive narcissistic solution will ensue. From the moment of birth, we are confronted with the experience of need. We react to this experience in two ways that are both invariably present in all of us in varying proportions.

One could formulate the conflict between the life and death instinct in purely psychological terms. Birth confronts us with

the experience of needs. In relation to that experience there can be two reactions, and both, I think, are invariably present in all of us, though in varying proportions. One, to seek satisfaction for the needs: that is life-promoting and leads to object seeking, love, and eventually object concern. The other is the drive to annihilate the need, to annihilate the perceiving experiencing self, as well as anything that is perceived. (Segal, 1993, p. 55)

It would appear that the aetiology of perversion is also controversial. Theoreticians are roughly divided into two main groups. Some—such as Freud, Klein, Rosenfeld, and Dorey—underscore the structural explanation, according to which, the intensity of the death instinct is at the foundation of the perverse organisation. Others, such as Ferenczi, Balint, Kohut, and Ogden see trauma and defences as underlying this organisation. In our experience, this theoretical split obscures the complexity of those patients (and of the psyche in general), narrowing down our paths to understanding them and consequently treating them. To comprehend the full range of these patients' complexities, we must rely in our work with them on both these theoretical approaches. In the same vein, we believe that the division between the life instinct and the death instinct is inaccurate (as we show in Chapter Seven). Just like Kristeva (1988), we believe that the life instinct and the death instinct are woven inseparably into each molecule of human life. The death instinct is often summoned in the process of creating perverse defences against trauma, pain, and anxiety. Moreover, we often find the death instinct and the life instinct impersonating each other.

Freud (1905d) noted that the root from which perverse organisation develops is a failed attempt to cope with the primal scene. He depicted the child's experience of the primal scene as a traumatic, sadomasochistic event, where the parents attack and hurt each other, while the child identifies with each parent in turn. If the child fails to identify with neither parent, a door opens wide for the development of perversion.

In the beginning, Freud placed coping with sexuality rather than narcissism as the focus of psychic development. He did not come up with the insight that narcissism was the key to understanding psychic and pathological development—especially psychoses and perversions—until he had written his article “On Narcissism” in 1914.

In his major work *Beyond the Pleasure Principle* (1920g), Freud finalised the formulation of his theory of instincts, dramatically changing the way he understood human motivation. He developed the dual theory of instincts—Eros and Thanatos. We believe that once Freud included the idea of the death instinct in his theory, he had better tools to understand the basis for perversion. Admittedly, however, the multidimensional theory of narcissism and the complicated theory of the death instinct have both developed after Freud's death. Melanie Klein's creative theoretical developments (1928, 1929, 1957), emphasised the dominance of the child curiosity factor, and the desire to penetrate the mother in the oedipal situation, even by being her "penis-self". However, she noted that in the oedipal situation, the child experiences, in addition to curiosity and sexual desire, intense feelings of exclusion and acute envy towards the unified parental couple, from whose intimacy they are barred. Other than the destructive and traumatic elements the child attributes to the primal scene, Klein also highlighted the nurturing and loving aspects of the parents' relationship in this same context.

The same perspective leads us to believe that the perverse psychic organisation of a patient springs from their inability to cope with the pathological envy resulting from their exclusion from parental intimacy. Nor is the child able to cope with their profound frustration over their own smallness vis-à-vis the parents' bigness, which also means that they cannot be an adequate partner for the mother (see Chapters Three and Four).

In 1932, a significant shift occurred in Klein's theoretical thought. She developed the idea that from the beginning of development, destructive drives mainly originated from the death instinct. By this, she underscored the active destructive dimension of the death instinct, departing from Freud's approach, which underlined the passive element in the death instinct, seeking nirvana, zero stress, and the return to an inorganic state. Klein maintained that the most significant determinants in the development of a baby's personality are the nature of the conflict between the life and death instincts and the external environment's support or frustration of the life instinct. When the death instinct predominates, narrow-mindedness, pathological envy, masochism, and other perverse pathologies will prevail.

Klein detected infantile perversions in the games of the children she worked with, but never dedicated much attention to grown-up perversions. Her successors, however, gave great attention to this issue in their writings, pointing out that perversion was a much broader phenomenon than merely a sexual perversion. They strongly emphasised the denial of truth and distortion of reality as typical elements of perversion. Over the past fifty years, following Freud and Klein, those analysts have focused their investigations on destructive narcissism in the context of perversions and psychoses. The most prominent among them is Rosenfeld, who wrote two groundbreaking articles (1964, 1971) on the connection between narcissism and perversion, laying the foundation for further theoretical elaboration of this topic.

The narcissistic perverse patient

Patients with a perverse psychic organisation wage war against the “oedipal universe”, the natural order of things, or what Harold Bloom (1973) calls “Father Time”. They yield to the temptation to “push forward the frontiers of what is possible and to unsettle reality” (Chasseguet-Smirgel, 1989, p. 177).³ Underlying the refusal to accept the order inherent in the oedipal universe is the attempt to degrade and break off the combined mother–father object and to undermine the basic differences between sexes and generations, *thus falsifying reality and destroying truth in favour of absolute interchangeability*. Acknowledging these basic differences and boundaries confronts us with psychic pains, such as the pain of *loss, castration, separateness, and death*, that are intolerable to the perverse patient. Those aspects of reality that a perverse patient has difficulty accepting are described by Steiner (after Money-Kyrle) as “the three basic facts of life” (2018). They are: 1) “the reality of dependence on an external good object”, 2) “the reality of the parents’ sexual relationship”, and 3) “the recognition of the inevitability of time and ultimately death” (Steiner, 2018, p. 1279). In this sense, perversion could be seen as distortions and misconceptions of these basic facts, intended to avoid intolerable psychic pain. These misconceptions adhere solely to the pleasure principle, that is, to immediate satisfaction, evading any need to wait or delay, and thus losing every sense of future or past, and living in an everlasting present (Ogden, 1986).

Adhering to the pleasure principle means having no capability to grow and contain delays and suspensions, which are at the basis of adjusting to reality. No perspective of the future can develop, which entails concepts such as gradual growth, development, planning, hope, and promise. Accepting all these concepts means taking the “*long way*”, which requires time and effort, rather than the “*short way*” that holds fast to the pleasure principle. It means giving preference to the reality principle (truth) over the pleasure principle. A painful but accurate description of the “*long way*” is: “we become what we agree to suffer”, as phrased by Grotstein in his attempt to sum up Bion’s point of view (Grotstein, 2007, p. 328).

The child’s environment, primarily the parents, are expected to act as mediators, assist the child in choosing the long way, and support them during a painful growth process with its frustrations, disappointments, and compromises due to the need to yield to the dictations of reality. Clinical examples reveal failures in this parental task, which over time lead to perverse psychic organisations. One such example is a patient whose mother used to share with him her love affairs and betrayals of his father, thus marginalising the father, causing an excitation that the child was unable to contain, and creating *a confusion of generations and times* (Meltzer, 1973; Rosenfeld, 1950). The mother of another patient breast-fed him and allowed him to play with her nipples until he was nine years old. As an adult, this man maintained the façade that he has been grown up since the age of nine, and need not grow any further. He lived as an imposter, misrepresenting himself, turning truth and reality into his enemies, thus developing a perverse psychic organisation. In both these examples, the mothers clearly did not offer help in overcoming the difficulties of growing up and developing. On the contrary, they coaxed their sons into avoiding these difficulties, cheating time, processive growth, and the oedipal reality.

The seducing mother who scorns the father demonstrates her contempt for him and creates an alliance with her son, discourages her son from transferring his primal narcissism, his ideal ego, to his father, and accepting him as a model for identification, an ego ideal (the solution for an Oedipus complex) (Britton, Feldman, & O’Shaughnessy, 1989).

It should be borne in mind that in some cases, the father is the cause of the child’s failure and not the mother. One such example is a

five-year-old patient of Dr B. Shoshani's, whose father was unable to handle any competition with his son due to severe narcissistic vulnerability and grandiose defences. Whenever he played with the child—be it draughts, chess, or football—he made sure to defeat him, boasting his power and achievements, and leaving the child humiliated, angry, and discouraged. This dynamic undermined the child's development. He did not develop a sense of ability, psychological resilience, and hope, developing instead perverse manic defences to protect himself, which took the form of arrogance and cruelty towards other children and animals around him. Obviously, this child could not identify with his father and internalise him as an ego ideal, nor was there any hope that he would eventually grow up to resemble his father.

In all the above cases, the development of the child's superego and ego ideal were significantly impaired. In the case of the enticing mother, the message received by the child was that he was big and did not have to grow any further. The mother raised and nurtured him as if he was his father's equal, or even bigger and stronger. Instead of developing an *ego ideal*, the child developed an *ideal ego*, which gave rise to the internal formula "blown-up equals grown-up" (see Chapter Two). This internal formula continued to exist in the child's psyche, resulting in a completely false and external development (involving social status, degrees, possessions, and other external attributes), that lacked the dimension of internal psychic development. As already mentioned, a person with a perverse organisation strives to evade the inevitable human fate in countless ways, to avoid a psychic pain they are unable to bear. Accepting reality is difficult for all, but most of us succeed in negotiating reality and reaching a reasonable compromise between reality and our drives. A person with a perverse organisation suffers from a severe narcissistic vulnerability, or, in a nutshell, is unable to tolerate the *existential condition of incompleteness, limitations, and finitude*⁴ (as will be seen in Chapter Ten, Heidegger profoundly developed these anxieties of being). He uses his defence system to wage an all-out war against reality, developing endless ways to bypass and evade it, and living a life of false pretences. The drive seems to be master, while the subservient ego is intent only on satisfying the drive.

To illustrate this point, let us bring a clinical example taken from Dr B. Shoshani's clinic, that would introduce us to the fragile world of

perverse grandiosity, and the ongoing anxieties and suffering it entails. Mr D arrived at the clinic due to severe anxiety attacks. Analysis revealed that in his childhood, Mr D's father used to take him along when he visited his lady lover. The child served as an alibi for the father, who pretended to take him out for "father-son" time together. Mr D revealed that he was at a dead end after years of pretending and lying to his wife, her family, and later to his own children, to be an extraordinary and admirable man with a glorious military history. He described how he impersonated a senior officer in an elite commando unit, while the truth was that in the army he served as a driver, having been rejected from every other position. Over the years, he kept manoeuvring acrobatically to prevent his wife meeting someone who might expose him and reveal the truth. This included moving his family twice to another city. His anxiety attacks began after his son was accepted to serve in the same commando unit where he himself pretended to have served.

All of us are open to perverse solutions, which constitute remedy for our wounded narcissism and diffuse our feeling of smallness and inadequacy, however the side effect of such 'solution' is the loss of love for truth, replacing it with a taste for sham. (Chasseguet-Smirgel, 1985, p. 139)⁵

As we have already shown, differences and categories are eliminated to prevent mental suffering at all levels: gone are sensations of inadequacy, castration, loss, and death, as are separateness and abandonment.

This elimination of differences *makes thinking the ultimate enemy* of the perverse person (Bion—"minus K", Meltzer—"mindlessness"), since human thinking *is based on differences*, as is language. In contrast to normal-neurotic thinking that necessarily leans on differences, which are its building blocks, perverse thinking stands for the inability to conceive of "thought" as we understand it. Perverse thinking does not distinguish "*before*" from "*after*", and disregards the *causes* of various occurrences, as well as history as a whole. Similarly, a perverse person wishes to call off "dilatatory time";⁶ and this makes him believe in magic. *Quantities* alone are taken into consideration, as in the case of a fetishist who told Chasseguet-Smirgel, "I can't understand why the Jews complain so much, when only six million of them were killed, as against

twenty million Russians” (1985, p. 129). This example illustrates all the characteristics listed above. If the “*why*” and “*how*” are ignored in contemplating a situation, namely, the event is taken out of context and perspective—the perverse way of thinking that we have characterised and described seems to be at play. It is a *one-dimensional, ahistorical* way of thinking. Words deviate from their original sense, and content deviates from its original meaning. Once the anchor of an idea vanishes, ideas, objects, words, and entities float in the air. In such a situation anything may happen, everything is possible (Winnicott, 1960).

An example epitomising the characteristics of perverse thinking appears in the Marquis de Sade’s words:

... and what after all is murder:
 A small rearrangement of matter,
 some changes in its disposition,
 some molecules that are disassembled and plunged back
 into the cauldron of nature,
 whence they emerge sometime later,
 assuming another form on earth;
 and where is the harm in all that?

(de Sade, *The 120 Days of Sodom*, 1785,
 in Bach & Schwartz, 1972, p. 469)

De Sade’s perversion is apparent in the way he constructs his argument. His absurd conclusion is devoid of any human, social, or moral context, making anything justifiable and possible.

We sometimes come across patients with extremely severe perverse organisations, and an archaic mind structure, where perversion fails to function as a last defence line against psychotic disintegration. The self experience of such patients is of dispersed fragments, dissolving and in constant danger of collapsing and emptying out. These psychic conditions are ones of extreme anxiety, defined by Heidegger as anxieties of nothingness and nowhere-ness (Heidegger, 1927a). Durban (2002, 2017, 2018) maintains that patients who suffer from “anxieties of being” are on the *autistic-psychotic continuum*, and their basic experience moves between “homelessness” and “nowhere-ness” (see also Tustin, 1988). They have no sense of home in the world, within their families or within

themselves, and in extreme situations they are nowhere, namely, they cease existing mentally. In such cases, perverse behaviours represent desperate attempts to exist, to feel alive, to anchor themselves and to belong (as is the case with the bottle man discussed in Chapter Nine).

In our experience, when perversion fails to avoid psychic disaster, sexual expressions become rarer, and the destructive effects of the death drive gradually increase. Such patients fight their death anxiety by owning it, as does the man who, under heavy enemy fire, stands up and shouts “Nothing will happen to me, they cannot get me,” only to be shot and killed a few minutes later (see also Chapters Five and Seven). These severe cases are on the *perverse-psychotic spectrum, towards the psychotic pole*.

Ann Michaels succeeds in describing in a few lines the depth of anxiety and heartbreak resulting from the absence of a good object, which push a child to the brink of the perverse psychotic abyss:

No one is born just once. If you're lucky, you'll emerge again in someone's arms; or unlucky, wake when the long tail of terror brushes the inside of your skull. (Michaels, 1996, p. 10)

In the last section of this introduction, we will present a synopsis of each chapter in the book. In the first part of the book (Chapters One to Six) the theoretic discussion is based on clinical examples. The second part (Chapters Seven to Ten), offers an interdisciplinary discussion that combines psychoanalytic thinking with literary, cinematic, and philosophical works.

The two central ideas presented for discussion in Chapter One are the concept of the lifegiver object and the ontology of psychic survival versus psychic freedom. These ideas are first elaborated on and demonstrated through a detailed clinical example, which displays their significance and contribution to clinical theory and technique. In the second part of the chapter, we raise some questions about Symington's theory of narcissism and propose an alternative view, challenging the philosophical assumption that a sharp antithesis exists between the ontology of survival and the ontology of freedom as a human motivating force. A dialectic between survival and freedom (separation and union) is presented as an alternative ontology. The discussion deals with the

implications of this idea for the Theory of Development, Theory of Cure, and the Theory of Technique.

Chapter Two relates and discusses four sessions with a difficult-to-reach patient, who exhibits a narcissistic–perverse constellation. Perversion is conceptualised as the result of a twisted primal scene, which hindered the patient from establishing clear boundaries and delaying satisfaction. In his childhood, he was treated as an adult: he was narcissistically inflated and granted the privileged status of the mother’s spouse. This led to the semi-psychotic symbolic equation between being grown-up and “blown up”. This deforming coalition of mother and son, in which the father was marginalised, stemmed from the mother’s disappointment in the father and resulted in a seductive attitude towards her son, which made him unable to negotiate the oedipal universe.

Malignant envy is among the main emotions that incite the development of perversion. We therefore devote Chapter Three to delineating and elaborating a tentative typology of three forms of envy—neediness, separateness, and narcissistic—alongside the implications of working through them in analysis. We present a detailed clinical manifestation of neediness-type envy and the malignant potential of envy in pathologically perverse development and in the therapeutic relationship. We use this scenario to demonstrate how patients manage to regain disowned and dissociated parts of themselves while restoring the link with the analyst, in a way that revitalises and expands the patient’s mind and the therapeutic dyad’s capacity to contain envy.

In Chapter Four, we characterise the formation of perversity in terms of failure to develop the key capacities to think, mourn, and love. The outcomes of these failures are elimination of thinking and repudiation of separateness, and a consequent inability to create a mind of one’s own. Patients with this condition tend to create different kinds of twisted coalitions, which shape the transference–countertransference matrix. Our characterisations are illustrated by clinical material, including a detailed analytic session, demonstrating the perverse aggressivisation and sexualisation of the analytic relationship. The role of the analyst is to neutralise violence and destruction and translate the language of perversion into a language of love.

Chapter Five focuses on the ever-present threat of a break in the analytic frame in times of war, illustrated in two cases, where fear and

shame bring the psychotherapeutic process to an impasse. The analyst is reminded of his active combat duty in war, which creates complex countertransference reactions.

As illustrated, maintaining an omnipotent narcissistic position leads to dissociation and denial of fear, shame, and helplessness, while the psyche's antidote to mental breakdown, malignant narcissism, and perverse psychic organisation is the ability to experience and contain those feelings. Following discussion of the two case studies, this chapter seeks to demonstrate how the very structure of a society, in this case the Israeli one, can codify societal defence mechanisms against emotions such as fear and shame, exacerbating the very problems it seeks to tone down.

Our main argument is that it is not possible to treat or supervise the treatment of patients with perverse character formation unless both therapist and supervisor are willing to acknowledge and own the perverse parts that arise in them over the encounter with the patient's perverse material (Ogden, 1997). The final chapter in Part I, Chapter Six, explores the oedipal triangle that emerges between patient, therapist, and supervisor. This intricate dynamic involves perverse elements of seduction, omnipotence, and separation anxiety. These perverse elements are the basis for analysing the experiences of the three protagonists as they exchange and develop the roles of observer/participant and insider/outsider.

The first part of the opening chapter to Part II, Chapter Seven, is a theoretical review of sadomasochistic organisations featuring variations of the life instinct, mastery, perverse relationships, and the death instinct. In the second part, a dialogue is developed with Roman Polanski's film *Bitter Moon* (1992), based on the theoretical insights presented earlier. Polanski brings to life the theory of sadomasochistic relations through the multidimensional aesthetic medium of cinema. This cinematic oeuvre conveys the essence of the difficult and complex experience of perverse relations, where the life and death instincts and their transformations come to expression.

In Chapter Eight, we discuss the intricacies of the pursuit of knowledge and truth, mediated by love and hate, as epitomised in the myth of Oedipus and the film *Incendies* (Villeneuve, 2010). The film resonates deeply with the psychoanalytic experiences of patients who struggle

with the existential plight of searching for the truth of themselves and their pasts, in the process of becoming subjects; while on the other hand, being seduced by blindness and deceit. The protagonists have experienced disastrous traumas, and as the film unfolds, the viewers are able to trace the development of severe traumatic experiences into perverse defence organisations. It is argued that those who will not or cannot acknowledge the painful truth, are in danger of eventually deteriorating into destructive narcissism, which opens wide the door for diverse perverse constellations. The intriguing relationship between the myth of Oedipus and the film is depicted from several theoretical perspectives (Bion's, Bach's, and Benjamin's), as well as through a literary lens that tracks the development from object to subject as depicted in the history of literature.

Chapter Nine weaves together two threads: the intricate analysis of an extraordinary if difficult-to-reach patient, who implements perverse solutions, and the literary works of Luis Borges. Borges was a significant source of inspiration in the analysis, enriching the analyst's vision and opening up new psychic spaces. We demonstrate how the analyst turns to Borges' stories to enrich his own inner world and better understand his analysand. Some of these stories are briefly revealed through the analyst's dialogue with them, and a discussion follows of their part in facilitating the process of working through issues of time, memory, mortality, and identity, and enhancing the patient's ability to face the unbearable, split-off parts of his self and of reality.

This last chapter of the book offers a brief discussion of the concepts of truth, anxiety, and death. It contains an overview of the basic principles of Heidegger's and Freud's schools of thought.

We wish the reader a thought-provoking and enjoyable journey through these way stations, which unfold the key processes, patients, problems, and sources of inspiration that have accompanied our clinical and theoretical experiences for the better part of two decades.