

Meyer, J. (2011). The Development and Organizing Function of Perversion: The Example of Transvestism. *Int. J. Psycho-Anal.*, 92:311-332.



The International Journal of Psychoanalysis

(2011). *International Journal of Psycho-Analysis*, 92:311-332

The Development and Organizing Function of Perversion: The Example of Transvestism

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(Final version accepted 20 September 2010)

Perversion had been viewed as oedipally determined and in a reciprocal relationship with neurosis. In our widening scope, however, pre-oedipal and traumatic contributions have been increasingly emphasized. While both perspectives represent aspects of clinical reality, the tendency has been to overlook sexual and aggressive drive derivatives, with their related conflicts, object representations, and symbolic enactments, even though they may make significant contributions to the analytic situation. These latter, 'classical' patients have what I consider 'organized' perversions: complex, evolved, neurotic-level, stable psychopathological formations that may be distinguished from borderline or near psychotic syndromes enlisting perverse mechanisms to ward off disorganization. This paper will review Freud's work, briefly consider some recent trends in conceptualizing perversion and perverse mechanisms, characterize organized perversion, and present clinical material to illustrate its evolution, clinical manifestations, and analysis. Transsexualism, overtly similar to transvestism but not functioning as an organized perversion, will serve as a point of contrast.

Depend upon it, Sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully.

(*Boswell's Life of Johnson*)

Introduction

In an early comment on fetishism, Freud observed: "No other variation of the sexual instinct that borders on the pathological can lay so much claim to our interest ..." (1905, p. 153). That may be particularly so for transvestitic perversions in which men clothe themselves in women's garments. Interest has perhaps increased although the waters have been muddied by the recognition of transsexual syndromes in which superficially similar cross-dressing is accompanied by the wish, sometimes converted to action, to actually be a woman.

I have had the good fortune to work with patients representing a spectrum of perverse syndromes. In presenting material from the analysis of a transvestite (Panel: 'Current views of paraphilia,' American Psychoanalytic Association annual meeting, Chicago, May 1987), I was surprised by the discussion in which it was suggested that my case was not perverse because he was 'too neurotic,' i.e. too healthy. While neither the patient's psychology nor his defenses were primitive, and he was being analyzed without parameters, he

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did have typical transvestitic fantasies which were central to arousal and dramatized in erotic cross-dressing. Nevertheless, this patient was different from others - accepted as perverse without question - with psychic instability, primitive defenses, early traumata, and liabilities to severe regression. Things have not changed. I recently heard clinical material from a boy who had split-off and sadistically-attacked female self representations. I mused that a fetish might partially integrate that disavowed part of himself but my study group colleagues were far from seeing a fetish as a possible useful compromise.

Those discussants and my colleagues were not unique in reflecting what has become almost a redefinition of perversion. Concrete, repetitive, sexualized behaviors, with connections to trauma and representing primitive character structures, are considered part of perversion but compromise formations, involving erotic fantasies scripting a perverse drama, may not be. Like so much in our field, that bifurcation of perspectives began with Freud who, in addition to exploring oedipal contributions, also introduced the concepts of disavowal and ego splitting. In thinking about perversion, Freud emphasized the pivotal nature of oedipal integrations but, never one to avoid clinical complexities, also explored perverse splits as difficulties in relation to reality.

I have come to regard some of my patients as representing what might be called 'organized' perversions. Organized perversions are structured like a neurosis but show the typical components of perversion: preoccupying, elaborate, and conscious erotic fantasies central to sexual arousal and orgasm; erotic behaviors expressing the text of the fantasy; feelings that perverse eroticism is superior to other more pedestrian sexuality; heightened preoccupation with the fantasy at times of stress; and adjustment of life and career to the perversion. Such patients are less liable to regression, have oedipal as well as pre-oedipal conflicts, and manifest symptoms and behaviors which contain complex self and object representations.

Freud's contributions

Before Freud, perversion had been regarded as a product of degeneracy and used as a term of reproach, but he dismissed such prejudices, elaborated a developmental context, and demonstrated unconscious meanings in its fantasies and behaviors.

Freud (1905) recognized that perverse fantasies were similar to the sexual speculations and preoccupations of children. Furthermore, he discovered that wishes and fantasies conscious in the perversions were unconscious in the neuroses, which repressed more than normative sexual drives. His aphorism that “neuroses are ... the negative of perversions” recognized that neurotic symptoms gave disguised expression to repressed perverse sexuality (1905, pp. 165-6). Taken seriously, the reciprocal relationship between neurosis and perversion implied that perversion was a condition understandable within the same dynamic principles as neurosis and suggested a shared complexity beyond simple reciprocity (**Rank, 1923**).

Developmentally, Freud first hypothesized that perversion was the direct extension of childish libido into adult life, having failed to succumb to

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repressive forces that would convert it into neurotic symptoms. Freud's revision of his etiological theories from the seduction model to the motive force of unconscious fantasy (reviewed by **Litowitz, 2007**) revolutionized formulations of perversion. He realized that infantile libido did not pass directly into adult perversion but was modified by passage through the Oedipus, inheriting its sexual charge and sense of guilt (Freud, 1919, p. 192). Within that framework, **Sachs (1923)** outlined an important element of perverse defensive strategy: a token piece of pregenital sexuality with access to consciousness functioned to repress other phallic and genital strivings (see also **Compton, 1986**). That mechanism was only slightly different in principle from repression in neurosis but created a significant difference in the clinical picture.

Freud had used the concept of disavowal for some years but in 1923 and 1925, respectively, related it specifically to reactions to anatomical distinctions between the sexes in boys and in girls. He also considered disavowal as contributing to the loss of reality testing in psychosis (**Freud, 1924**). Coming at perversion from a different perspective, in 1927 he recognized the importance of disavowal in fetishism. He noted that castration anxiety might result in an aversion to female genitalia and a compensatory belief in a female phallus. **Freud (1940b)** observed that disavowal resulted in a defensive split in the ego segregating related but opposite ideas: both knowing that women possessed no penis and yet believing they did. A fetish bolstered this disavowal by substituting for the ‘missing’ penis. Freud spoke with specific reference to fetishism, but the paradigmatic nature of fetishism made those formulations relevant to all perversions (**Bak, 1968; Fenichel, 1930; Goldberg, 1995; Jucovy, 1976**).

While I have suggested that Freud's work to explicate disavowal and consequent ego splitting was the starting point for a subsequent split view of perversion, Freud himself felt those mechanisms were less than definitive. He commented:

It must not be thought that fetishism presents an exceptional case as regards splitting of the ego; it is merely a ... favourable subject for studying the question ... Disavowals of this kind occur very often and not only with fetishists; ... It is indeed a universal characteristic of neurosis ...

(Freud, 1940a, p. 204)

In other words, while fetishists were favorable subjects, they were far from unique. Furthermore, in Freud's view, disavowals were not simple: “They turn out to be half-measures, incomplete attempts at detachment from reality. The disavowal is always supplemented by an acknowledgement ...” so that reality was both disavowed and reaffirmed. In other words, what was disavowed on the one hand was avowed on the other. Even so, “... two contrary and independent attitudes arise and result in ... a splitting of the ego...” (Freud, 1940a, pp. 203-4) which treatment must bridge. Although disavowals characterized both neurosis and perversion, the fate of the troublesome disavowed facts and the fantasies that marked their disappearance was different. In neurosis they were repressed and expressed in derivative symptoms while in perversion they were disavowed but expressed in derivative behavior (p. 204).

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Despite his clinical insights, Freud acknowledged that the elements favoring perversion as a serviceable defensive structure were less than certain: “Probably no male ... is spared the fright of castration at the sight of a female genital. Why some ... become homosexual ... while others fend it off by creating a fetish, and the great majority surmount it, we are frankly not able to explain” (Freud, 1927, p. 154). Interestingly, Freud omitted one other important possibility. Since neurosis, as the negative of perversion, expressed unconscious perverse sexuality in derivative form and readily employed splitting and disavowal, there was the implicit possibility of a neurotic outcome.

Some more recent trends

Freud had referred to sexual drives as “... the most unruly of all the instincts ...” (1905, p. 161), a theme recently elaborated by **Fonagy (2008)**. Attempts to deal with the perverse expression of that unruly drive have given rise to a literature so vast that there is no choice but to be selective. In that regard, I have briefly reviewed a few trends illustrating the tension between different views of perversion. One set of trends reflects perversion's integration within (1) the structural model with an appreciation of the contributions of all the psychic agencies and (2) within concepts of developmentally related levels of personality organization. The other set represents countervailing emphases on (1) pre-oedipally derived perverse mechanisms and (2) the early, fixating effects of trauma.

After Freud's elaboration of the tripartite model it was necessary to rethink perversion in structural terms. In that process, **Glover (1933), Fenichel (1945)**, Gillespie (1952, 1956, 1964), **Bak (1974), Freedman (1978)**, and **Coen (1985)** have all observed that perversion is not simply primitive but has contributions from all structural elements, developmental phases, and levels of conflict. In particular, it was noted that the superego was not defective in perversion but rather a major force in its construction and function.

An important step in the integration of perversion into broader considerations of psychic organization was the recognition that perverse manifestations are a function of personality organization. As Kernberg noted:

The psychodynamic meanings of perverse fantasies and actions lie on a continuum ... [and] characteristics of the different clinical types vary ... according to whether they are associated with an integrated tripartite structure of ... neurosis, at one extreme, a borderline and narcissistic personality structure in the intermediate realm, or with ... malignant narcissism, antisocial personality ... and ... psychosis, at the other extreme.

(1991, p. 334)

This concept can help sort out dynamic and diagnostic confusion since it suggests that different manifestations of perversion, as described by different authors, may be descriptively related but may vary unconsciously, dynamically, and prognostically. For example, cross-dressing in the stable, neurotic transvestite may superficially look the same as cross-dressing in the borderline transvestite but may only be analogous in a descriptive sense. In other words, without this distinction there may be conflation between organized transvestism, which functions in many ways like a neurosis and is accessible

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to analytic treatment, and less organized, unstable, more borderline fetishistic cross-dressing, which tends to decay into transsexualism under the pressure of developmental and other challenges (Meyer, 1974, 1982).

In what I consider to be an illustration of such regressive processes, **Goldberg (1995)** commented: "There exists ... a significant temporal dimension to the appearance of either perverse sexuality or sexualization..." (1995, p. 35). In the context of discussing such "sexualization," Goldberg used as an illustration one of his male cases for whom there was a sudden appearance of sexualized longings with disruption in the treatment while the behavior disappeared "as if by magic" when the patient re-engaged in treatment (Goldberg, 1995, pp. 35-41). He also described a patient whose "... behavior qualified as perversion since it was episodic ..." (Goldberg, 1995, p. 86). The temporal and episodic nature of the 'perversions' in his patients, and the magical disappearance of symptoms in one of them, suggests that those patients were employing *ad hoc* perverse mechanisms to ward off loss, overwhelming anxiety, or fragmentation. While regressions may occur in organized patients, those exacerbations are within the context of an ongoing perversion and do not represent the *de novo* creation of a perversion. In other words, I believe that Goldberg's patients were making use of 'perverse mechanisms' as distinct from an 'organized' perversion.

In fact, one of the most significant recent trends has been an increased interest in what I view as perverse mechanisms (**Jureidini, 2001; Richards, 2003; Wurmser, 2003**). For example, Wurmser's illustrative female case was a victim of "... chronic severe trauma ..." (2003, p. 229), "lovelessness" (p. 231), and threatened psychotic fragmentation. Wurmser notes that in "... patients ... with severe neurosis or borderline patients, especially those with severe forms of character perversion ..." (2003, p. 215), there may be fetishization of the analyst's responses, person, and functions (p. 230), a sexualizing defense against "deeper affects of anxiety, mourning, and pain" (p. 231), and the dehumanization of sexuality in the service of "aggression, ... contempt, and hate" (p. 231). Richards's (2003) cases, also female, made use of actions often viewed as perverse - eroticized telephoning, exhibitionism, and sexualized provocations - but none had a coherent perversion. Since the forgoing patients are females, it might be thought that they merely represent differences between male and female perversion, but more elaborated examples of organized female perversions have been reported by **Zavitzianos (1982)** and **Raphling (1989)**. Rather than being illustrative of female perversion, I believe Wurmser's and Richards's cases are examples of the employment of perverse mechanisms in severe psychopathologies.

In one of the best illustrations of what I consider to be perverse mechanisms, **Renik (1992)** detailed the use of the analyst *per se* as a fetish by intractable patients for whom there was "... an unusual degree of conviction about the reality of a reassuring idea ... achieved when a particular material object ... [the analyst]... is actually present" (p. 545). In relation to that "conviction," he argued that "fetishism" is intermediate in its relationship to reality between its loss in psychosis and preservation in neurosis (p. 547) because, in fetishism, there was "... a perpetual avoidance of clear thinking ..." (p. 549). While not wishing to consider this avoidance a "moral failure"

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(p. 552), he, nonetheless, described the patient's "sham analytic activity" (p. 552), "'dishonesty,'" and "'cowardice'" (p. 554) in the context of "... specific failures in conscience function ..." (p. 554). Furthermore, he cited the patient's failure to establish "... for him/herself consistent moral standards ..." allowing for "... the construction of his/her own reliable and adaptive world view" (pp. 551-2). Given his concerns, it is perhaps not surprising that Renik proposed a "'heroic,'" "atypical technical measure" (p. 558), seeking to bring analytic issues to a head by setting a definite termination date. Renik offered assurance that this maneuver was undertaken to facilitate transference analysis by avoiding enactments.

In 2006, Smith commented on Renik's study of disavowal "... as one of the so-called perverse defenses ..." (p. 714), appearing dubious about whether such patients were on a continuum with frank sexual perversions or resembled them "... only by analogy ..." (p. 714). In his view, use of the analyst to gratifyingly blur reality is ubiquitous: "... all patients blur the distinction between fantasy and reality in precisely the way he [Renik] describes, not just occasionally but continuously ... [it is] a basic feature of mental life ..." (p. 715). Smith commented: "Analysts and patients are engaged continuously in ... disavowal ... if we think of this act of disavowal as perverse, we must consider the possibility that analysis itself rests on a foundation of perversion" (2006, p. 716). Suggesting that enactments are impossible to avoid by heroic or other means, Smith came to a position not so far different from Freud when he observed

that, as far as defensive disavowal and splitting are concerned, everybody does it.

In my view, analysts who try our patience may use perverse mechanisms to do it, but they are not necessarily perverse. Or, to put it a different way, if fetishism is used so broadly as to mean any use of disavowal in maintaining separate versions of reality, then perversion tends to lose its meaning and we risk losing sight of actual fetishistic, erotic defensive structures.

While perverse mechanisms, as narrow but broadly applicable constructions, have the temporal characteristic of being applied intermittently under situations of duress to stabilize threatened fragmentation, such mechanisms do not by themselves define perversion. In particular, they do not define *organized* perversion which contains anxiety, stabilizes conflicts, and shows continuity over time as an evolved means of dealing with central developmental issues. Such organized conditions do not tend to fluctuate widely, do not disappear easily, respond reasonably well to analytic inquiry, do not tend to require parameters and, like all organized conflictual structures, are worked through only with considerable effort.

Perhaps complementary to the emphasis on perverse mechanisms, there is a tendency toward the concretization of perverse development and symptoms. Freud never entirely abandoned his seduction model, always leaving room for the effects of traumatic experience as an etiological force in conflicts and symptoms. Along with the increased interest in pre-oedipal elements in our expanding view of perversion there has been a complementary interest in the degree to which the perverse syndromes not only directly reflect traumatic experience but also derive their characteristics from that

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exposure. For example, Greenacre proposed that the concrete quality of perversions testified to "... the actuality of the original traumas" (1960, p. 169). Ostow described perversion as "a repetitive reliving of the transformed expression of an infantile experience" in contrast with neurosis in which there was a "symbolic compromise expression of conflict among id, ego, and superego forces" (1974, p. 27). Stoller (1975, 1979) suggested that sadomasochism reflected actual cruelty inflicted in childhood. It has also been felt that traumatic experience and pre-oedipal dynamics confer a primitive concreteness to the quality of mind in perversions. McDougall (1980) commented that a deficient capacity to symbolize enhanced action tendencies, since what could not be established in fantasy must be endlessly enacted. In general, Greenacre (1953, 1955, 1960), Bak (1953, 1956), McDougall (1974, 1980), Stoller (1975), Taylor (1980), and Chasseguet-Smirgel (1985) have emphasized pre-oedipal and traumatic etiological factors.

Along those lines, there has been a particular tendency to concretize transvestism. Fenichel (1930) felt his patient's transvestism was based in historical events. Stoller (1975) believed that transvestites have "... psychodynamics ... different from those of other people" (p. 66) and their practices "... are based upon historical reality" (pp. 71-3, 78). He went on to say:

...in fetishistic cross-dressing the denied threat of castration and the phallic women imagined are based upon historical reality ... it really did happen that the boy was threatened with loss of masculinity and humiliated by females more powerful than he, not just in a general way, but very precisely by being put into women's clothes.

(Stoller, 1975, p. 78)

It is interesting to speculate about just how much of the attributed concretization may be related to a conceptual overlapping with transsexualism and its reification of the wish to be of the opposite sex.

I have chosen to write about transvestitic perversions not only because, as fetishistic perversions, they are paradigmatic but also precisely because they are considered to be based upon historical reality, determined preoedipally, demonstrating behaviors with manifest rather than symbolic value, and having dynamics different from neurosis. While such patients exist, I believe a categorical emphasis on them overlooks the complexity of organized perversion. I will present material to illustrate the dynamics of a patient with an organized perversion and will include some comparisons and contrasts to more disturbed transvestites and transsexuals who might be considered in the transvestism 'spectrum.' Although the two ends of the spectrum may appear similar, organized transvestism - unlike borderline 'look-alikes' - does not regress to concrete wishes or steps to become female.

Clinical findings

To illustrate the higher functioning part of the transvestism spectrum, I will present material from the analysis of Mr. A, a middle-aged businessman, who was seen in initial psychotherapy at once and then twice a week and ultimately on the couch at a frequency of four or five times a week.

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A developmental sketch

It has been suggested that transvestitic perversions are based upon historical reality but in my experience that is more common in transsexuals. In *organized* transvestism such a correspondence was neither frequent nor necessary. Specifically, and unlike the histories of gender-disturbed children (Meyer and Dupkin, 1985) and adults (Meyer, 1982), I found no history of a patient with organized transvestism having been cross-dressed by his mother. Furthermore, I have not seen grossly traumatic exposures, such as reported by Greenacre (1953), but have seen exposures to conflicts, losses, and illnesses as may occur in any family. Memories of being bathed with sisters, birth of siblings, or enduring parental illness were associated with dream elements depicting women as castrated. For example, after associating to bathing with his sister, Mr. A dreamed of *trying to feel the legs of a 'deformed' woman 'to see if they were there.'*

Rather than a direct line from childhood experience to adult practice, organized perversion first exists in a larval form, only showing adult morphology after metamorphosis. In my experience, organized perversion may begin with childhood struggles around ego integrity. Mr. A recalled being frightened of his daydreams as a child, even though he could not remember their content. He also had terrifying childhood memories of feeling trapped in his dreams. The content of those dreams or daydreams was never recovered but what seemed to be a similar affect of terror was experienced by Mr. A in a dream in which *the sudden appearance of a 'ghastly' baby next to a woman* left him feeling as though he were 'going insane.' In fact, there was no real change in his mental status but he had not been flooded with anxiety or concerned about his grip on reality under other circumstances. His associations were to his mother's pregnancy, the birth of his brother, and his mother's 'mutilation' from cancer surgery.

Whatever the source of childhood distress, an important consequence of it was that its anxiety and Tearfulness were conveyed to others, particularly other boys. Mr. A was teased, picked on and, in one case, even tied up. He was furious but did not fight back and harbored fantasies of vengeance. On one occasion, Mr. A was threatened with being hanged as a 'traitor' by boys with whom he was playing 'war' and his compensatory fantasy was that older women would overwhelm his tormentors and dress them up like little girls - the most humiliating revenge he could imagine. In other words, he had created a punishment for aggressive, sadistic boys which ultimately became a part of his perversion. In his unconscious, of course, he was precisely an aggressive, sadistic boy.

The struggles with aggression and fear that threatened to be ego splitting led to the creation of safe, ego-containing spaces. Mr. A discovered that, if he placed boxes around himself in the corner of his room, it became his 'fortress.' Eventually, those location-specific security operations evolved into more portable methods. Experimenting outside his 'fort,' Mr. A wrapped himself in his mother's scarf and shawl and noticed that he felt secure as well as excited. Mr. A preferred to take his mother's shawl, roll it until it was 'like a rope,' tie it around his hips, and attach the other end to a chair

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so that he could feel restrained or even tied down. He felt particularly restrained and secure if he could also maneuver to bind his arms, the clothes functioning like bondage ropes. While restraining aggression was one function of the quasi-bondage in childhood, other functions included containment and merger through objects representing the mother. In other words, soft and pliable childhood items served as transitional objects but, even from the beginning, had the ego and aggression-binding functions characteristic of a fetish (**Greenacre, 1969**).

Mr. A did not feel he was the only one who needed containment and control. He became interested in restraint, control, and containment for women as represented by pictures of women in tight-fitting garments, particularly old-fashioned corsets. As a boy, he pored through mail-order catalogues searching for those images. The need to bind and control women was closely related to what he felt was a special, almost exclusive relationship with his angry mother. Mr. A described himself as mother's confidant, the one to whom she turned with her frustrations and complaints about her husband, toward whom she was bitter and vindictive. Binding her symbolically represented their closeness but also his need to control her rage. To the extent that he later identified with phallic women, the constraint directed toward angry women served as another source of the restraint applied to him.

In all this, his father was depicted of no help and Mr. A spoke as though he was virtually non-existent. It seemed beyond question that his mother loved him rather than his father and he was inclined to view himself as head of the family. While he disavowed the parental relationship, disavowal and avowal went hand in hand (Freud, **1940a**, pp. 203-4) since Mr. A had a troubled awareness that something about his being head of the household was doomed to failure.

In latency, Mr. A's activities escalated becoming more sexually-charged, furtive, and guilty. He was less interested in non-sexual garments - shawls, scarves and belts - and more interested in undergarments. He found 'sneaky' ways to obtain his mother's, sister's, or girl neighbor's panties. While playing with them, he felt so excited that he had urethral contractions even when too young to have semen. He stimulated himself by rubbing his genitals with mother's panties or against her side of the bed, beginning the lifelong practice of never actually touching his penis while masturbating. As evidenced by the excitement and masturbation, there was a clear sexual charge in the delicious violation of mother's garments and the parental bedroom but, unlike more borderline transvestites or transsexuals, there was never the sense that playing with or putting on the clothes reflected a female 'true self.' Although for Mr. A there was guilt, and sometimes panicked action to avoid being caught, he could not resist the neurotic temptation to leave behind evidence of his intrusions. He took pride in the fact that he could leave evidence behind and still not be caught.

Adult versions of the perversion made their appearance in adolescence with more organized, fantasy-driven cross-dressing. In adolescent fashion, Mr. A was preoccupied with his fantasies and impulses to try risky cross-dressing. Although Mr. A's practices were well developed and pressured in high school, they were less pre-emptive in college. The absence of behavior

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was not based on lack of opportunity or disappearance of the fantasy, but rather on the fact that he attended a military school. With the drills, firearms, uniforms, and insignia, he did not feel the need for the behavior. Symbolic bolsters of his masculinity made perverse actions temporarily superfluous even though his fantasy was always present.

In less integrated perversions with borderline splitting, the boost to masculinity from military service may translate into frank sadism. One such individual tortured and castrated captured enemy combatants. That same man, who was unable to bind sadism in fantasy even to protect bodily integrity, ultimately sought his own castration as a transsexual. The torturer who sought his own castration illustrates the importance of binding aggression in organized perversion and I will emphasize those conflicts and their place in the transference and

countertransference.

The clinical course

As observed by **Goldberg (1975)**, difficulties in love and around discovery are often the proximal causes for seeking treatment. In Mr. A's relationships, he fantasized about cross-dressing while making love in order to maintain his erection. Unfortunately, this expedient was characterized by habituation, gradually losing its 'potency' and leaving him trapped by fears of impotence, impulses toward dressing, and dread about revealing his props. Eventually, anxiety overcame caution and he broached the idea of cross-dressing with his lover. Although there are women who do welcome lovers' interests in cross-dressing, she was not one of them and that relationship ended. Mr. A was left depressed, lost, and hopeless.

Mr. A began treatment sitting up at a frequency of once a week and very much appreciated a sympathetic ear. Having begun to work with his dreams after about a year, he readily accepted my suggestion of twice a week work. With the increase in frequency, his dreams took on a more aggressive cast, for example, seeing himself as a hunting tiger on the prowl in the jungle.

Although compromised love life had brought him to treatment, he was not the simple victim of an unsympathetic woman. Behind the longing to be feminized, controlled and subjugated was a sexual hauteur. Mr. A felt that he had discovered Olympian sexual thunder and lightning by contrast to the rest of us, who - sexually speaking - lived on a dry and dusty plain (**Joseph, 1971**). Anyone who did not understand that, including sexual partners, deserved contempt. In that way, and others, he was above it all such that the usual and commonplace did not apply to him. The condescension and entitlement that were integral to his sexuality also created friction with employers. There was a kind of 'picking fights,' especially at the point at which promotion might be imminent. It was as though the old saying was reversed and defeat was neurotically snatched from the very jaws of victory.

Mr. A did not cross-dress for a while after beginning psychotherapy but that behavior soon became part of the narrative as he enacted his fantasy in elaborate private scenarios. Elaborated in both fantasy and behavior, Mr. A's sexual script was as follows: through no fault of his own, wrong had been done to someone. Despite his innocence, he was apprehended and

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taken before a tribunal of females who decided to punish him. His punishment was to be made to wear women's clothes, look like a woman, and live as a captive woman. His captors took pleasure in making him as feminine as possible, thereby humiliating him as much as possible. The patient was dressed, made up, coiffed, cinched at the waist with the tightest possible sash or belt, and given a choker so tight he could scarcely breathe. At the point of abject subjugation, he ejaculated.

I considered his cross-dressing an expression of an elaborated fantasy - as distinct from concrete, asymbolic behavior - and analogous to the manifest content of a dream. If it was reported, or happened in my presence, I dealt with it like any other psychic production in that I was interested in the patient's timing, associations, and the transference implications. Such an analytic stance was possible because of Mr. A's ego strengths. The patient had a responsible position, was not in the habit of violating social conventions, and was unlikely to put himself in jeopardy.¹

After two years or so, I suggested analysis to Mr. A since I felt we were already doing analytic work. The prospect of analysis, however, made him hesitate and the next six months were filled with questions about why analysis and why would it be good for him. After I had been asked the question for what seemed like the 1000th time, I said with obvious frustration: "Because you need it and you can do it." He was silent for a long time but then said: "OK, I'll do it."

Mr. A felt 'reduced' by being on the couch and, while it would have been erotic to be reduced with a woman analyst, with a man it was threatening. The couch's passivity stirred up longings for guidance, fears of being dominated, and, at the same time, more open aggression. He had dreams of passively accepting guidance from me yet he was fearful of his own impulses because, as angry as he had been before, now he felt 'like a raging maniac.' No matter how erotic in fantasy, in 'real life' to be treated like a girl - like being supine on a couch - was the most infuriating thing he could imagine. While doubtful that he would be directly harmful to me, Mr. A felt certain he would find a way to 'subvert' my 'authority.' He warned me, in all sincerity, that I needed to be careful of him.

I was inclined to be precisely that because, while I had no doubt about his powerful rage, I had some doubt about just how well it was bound. Sometime later he let me know that he had secretly been wearing panties in delivering that warning. We came to understand that action as an effort to protect me from his rage - women do not attack like men - and himself from retaliation - you do not hit a woman. For Mr. A, the clothes both protected his genitals and '... saved someone from attack by them.'

Sexual fantasies and cross-dressing occurred throughout treatment serving multiple functions: to control rage, moderate tension, relieve anxiety, provide narcissistic gratification, ameliorate loneliness, represent himself as a woman

¹ Advice and reality checks are indicated for some patients. One transvestitic patient with a borderline personality organization went out in the daylight cross-dressed with toothpaste spread over his moustache as camouflage and wondered why people were staring at him. With that patient, I had to serve a reality function unnecessary with Mr. A.

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with a secret penis, etc. As with his childhood transitional object-fetishes, merger was one function of the cross-dressing. As Mr. A put it: "[It's] a reunion with my mother. *It's becoming closely intimate with a woman without becoming a woman.* Very close ... Very close ..." [Emphasis added.] But merger fantasies could not escape aggressive coloration and Mr. A's associations also ran to his mother's 'biting

sarcasm' and his cannibalistic dreams of devouring a woman. There was an increasing awareness of the paradoxical nature of psychic life in that the constraint, subjugation, feminization, and humiliation that were so erotic in sexual fantasies were infuriating everywhere else. Concurrently, there was a dawning recognition that anger was in some way connected with excitement and orgasm at the depth of submission.

His anger was sufficiently powerful that it was often expressed only if he could also suffer. Mr. A characteristically felt uncomfortable with males but noticed that, if a man were injurious to him to the point of apologizing, as I did if I missed a session, he had a feeling of 'being even.' If I missed a session and he cancelled the following one, he could not experience his cancellation as retaliation but only as having 'lost' two sessions instead of one. Suffering such a further injury, however, was a type of triumph because it put me in his debt as the one who had injured him first. Disavowed aggression was reaffirmed in a moral superiority, which felt in the analysis much like the condescension and entitlement he had described in his love and work lives.

A fear of being violent was associated to childhood preoccupations with restraint. The patient had to be helpless, reduced, and humiliated in order to guard against being savage. Mr. A wanted to be his own man 'without offending anyone.' It was hard for him to even assume that he was male and adult. In the reversals so impressive in the perversion, however, he also had dreams of guns, of winning against tremendous odds, and of having an awesome penis. He recalled that his mother sneered at men and their too aggressive sexual appetites. He felt no direct anger toward her but the memories of being picked on by boys were associated to fantasies of doing violence to girls. For Mr. A, 'the revenge of the older women,' which consciously undid humiliation by males, covered a rage at the 'fair sex,' a term uttered with some sarcasm.

The fact that in the countertransference I had been inclined to be careful of Mr. A, however, suggested that anger at the 'fair sex' was not the only issue. Alongside persistent wishes to be dominated and feminized by women, he reported fantasies of murdering men who might be threatening or restrict his freedom. In fact, killing often seemed too simple for such men: torture and maiming seemed more fitting.

Mr. A's complicated pathways of attachment and aggression in male relationships began with a vaguely remembered outburst at his father. The anger became rapidly detached from his father, however, and was then controlled by obsessive thoughts and compulsive rituals, in some ways the psychic equivalents of the constricting, rope-like, rolled-up shawls and the binding corsets. While Mr. A's relationship with his father was denied and displaced onto other powerful males, it became obvious that there were two virtually unconnected sets of fantasies which accomplished both a disavowal and

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reaffirmation of his masculinity. In one, the patient was dominated by women, disavowing his masculinity; in the other, he had a special relationship with a male that affirmed it and made him powerful. There was no such relationship with me. Mr. A considered me 'a wimp' because 'analysts just sit around and listen to people complain ...' Generally, I suffered his father's fate. As Mr. A said: "Most of the time when I'm talking, I feel like you're not even there." Nonetheless, not only was there a wish for a relationship with me but also fears of seduction. He became anxious that the phallic women in his fantasy might really be men, and, thus, the attraction to them a homosexual one. He had a dream of a woman with a penis that was 'long and supple' from which he awoke in high anxiety - and with an erection.

With symbolic action as a preferred mode of expression, it is not surprising that there were enactments in the transference. In fact, the most dramatic enactment I have known in my practice came one morning when I found Mr. A in my office rummaging through my papers. With considerable heat I said: "You can't do that! You must wait in the waiting room until I invite you to come in. Respect for me, and respect for confidential materials in my office, requires it." If Bollas (1997, p. 365) is correct that analysts are "affectionate" when they communicate with affect, then I was affectionate. The patient grumbled about my 'rigidity' and then talked about other things. I did not consider my comments very 'analytic' and, were it not for the subsequent work on both our parts, would have consigned them to my scrapbook of mistakes.

As I put together what he had done and my response, I realized that I had, of course, long known that Mr. A had only contempt for his father who was of 'no consequence.' As a child, he had gone into his parents' bedroom to touch, feel, and masturbate with his mother's panties. He always left behind ample evidence of his incursions, but 'was never caught' because he was 'like Zorro,' leaving his mark with impunity. He had caught me off-guard but I had made it clear that my space was off limits. In fact, following that confrontation I noticed that I heard less about getting away with it in the parental bedroom and more about how, despite the mess he left behind, nobody noticed. I had understood that the 'wrong' done to someone in his fantasy had, in part, represented his incursions into his parents' bedroom. But I now had an inkling of an unconscious longing behind the fantasy: that someone would care enough to confront him. As we worked to understand what had happened, his affect was not so much contempt but sadness. He was not so much Zorro as a lonely, ignored boy who longed for a relationship with his father, feared that that longing was homosexual, and had an almost painful, genuine desire for a real, feminine woman.

As I thought about it, I came to feel that the incident in my office was the culmination of mutual role responsiveness (Sandler, 1976; Sandler and Sandler, 1998) played out in a series of unrecognized and unanalyzed enactments. As McLaughlin (1981), Jacobs (1986), Chused (1991), McLaughlin and Johan (1992), Busch (1995), Goldberg (2002), and Aran (2003), among

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others, have suggested, analytic action tends to contain the emotional heart of the analysis.

From early on in the analysis, I had felt pushed around by his moral superiority, hubris, and contempt. I recalled years earlier describing my experience with him as 'like being levered around by a crowbar.' Nonetheless, it was as though his intrusions into my

self-esteem, personal space, and 'pedestrian' sexual preferences were too subtle for me. In my own defensive splitting, perhaps, I felt and yet remained oblivious to the patient's aggression. Although I had noted that the patient had responded positively when I had mildly confronted him with his need for analysis, I did not recognize the event's significance. In retrospect, I saw it as illustrating how important it was to care enough about him and his treatment to be assertive with him. In any event, by remaining passive rather than actively engaging his contempt in what Bird has called the "adversarial situation" of the transference (1972, p. 294), I missed the forest for the trees. By good fortune, the patient pushed a subtle enactment into an egregious one that, as Tower (1956, pp. 237-8) and Jacobs (2001, p. 12) have suggested, awakened me to what was happening.

The enactment had opened the door to a softening of the old haughtiness and disdain, and emergence of genuine interest in women and rivalry with men. In that shifted mode, Mr. A made his first frustrating and unsatisfying attempts to have intercourse since starting analysis. After those attempts, he had dreams of *attacking men and raping women while being protected by magical invulnerability*. In one dream, however, *his magic was insufficient to prevent the woman from devouring his penis* and he awakened in a near panic.

One weekend, after some amorous overtures were rejected, he called me for an emergency session. As difficult as the rejection was, there was not a lot required of me in that special session except to be available, sympathetic about the rejection, and fatherly about the competitive nature of the world. Since the world was full of attractive women and potentially rivalrous men, Mr. A experienced the emotional reality of desire and rivalry for the first time in his memory. It is hard to convey in words just how bittersweet all this was. I have not seen it written about but it has struck me that such bittersweet affect marks positive turns in many analyses. In this case, the bittersweetness contained a sense of rejoining life with its desires and pleasures combined with an emotional recognition of how much irreplaceable time and opportunity had been lost.

Once engaged in the transference as an outcome of work on the enactment, there was more genuine interest in contact with his father (as also noted by Chasseguet-Smirgel, 1974) and the thought of getting close to father, or to me, was experienced with a similar bittersweet sadness at lost opportunities. As we worked on what it meant to have a connection with me as distinct from my being a cipher of no consequence, Mr. A had a dream reminiscent of the Wolf Man's (Freud, 1918, pp. 29ff.) but reflecting a more hopeful place in the analysis:

There was something about me being in my bedroom. There were those old scarves and shawls scattered around. There was a draft and I was trying to close the window.

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I was trying to stuff the shawl in it. Suddenly, the window was wide open. There was a woman there. It got scary after that ... [The woman in the dream?] She was seated at a table. I looked through the window and saw the underside of the table - her legs and her skirt. [Silence.] What was a little hole - when I came back with the shawl - was now a great open window. Now my shawl is very inadequate and it's not going to cover this hole at all. [Laughter, then silence.] I feel like an amateur Freudian: trying to fill this hole - inadequate fucking. It sounds so phallic, [Laughter.] so Freudian. [Silence.] Then I was in my fort. The woman's legs were right there. It was so comfortable and reassuring. No one can see me. I did that a lot as a kid.

The paraphernalia of the childhood perversion were linked to the discovery of his mother's 'castrated' state. There was a sense of his eyes being opened, with an electrifying and terrifying concentration. 'The great open space' where her penis should have been had to be covered with the shawls and scarves while his 'forts' protected him from this disturbing knowledge. In child-like alchemy, a frightening spectacle was turned into reassuring perversion. With the beginning internalization of a relationship with a caretaking man, however, the anxieties in the fetish were no longer so terrifying and could even be humorous. The presence of humor in the analysis of the perverse script marked a good place in this analysis, as it would for any patient who could have some perspective on what had once been so grim and guarded.

I have outlined the way in which analysis may proceed in patients with an organized perversion. Questions are often raised about outcome, sometimes framed in terms of whether such patients are ever 'cured.' Aside from the question of whether any patient is ever 'cured,' my 'organized' patient was surely *not* cured in the sense that analysis erased all traces of conflict around aggression, sexual identity, attraction to phallic women, the sweet eroticism of contact with or wearing female garments, or heightened wishes to cross-dress at times of stress. However, in terms of functionality at work, better sexual performance without props, and more human engagement with lovers, the results were gratifying. Nevertheless, Mr. A was never comfortable with the idea of having children. That issue seemed to harken back to the 'ghastly' baby so frightening and disrupting in the patient's early dream.

I don't know whether Goldberg is correct when he asserts: "All ... problems result from a structural failure ..." (1995, p. 3). Perhaps a "structural failure" was represented in the earliest childhood fears but the evolved perversion became a stable structure which contained seeds of normality and progressive wishes while symbolically expressing developmental conflicts.

Discussion

Freud once commented something to the effect that he had not discovered anything about infantile sexuality that good nursemaids did not already know. Perhaps, in that sense, I have only reported what myth and art already understood. The Louvre holds François Lemoyne's 1724 painting of *Hercules and Queen Omphale*, depicting the hero in his enthrallment and subjugation. The painting is based on Greek myths about Hercules' murderous rages, attempts to absolve himself of their consequences, and his ultimate

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punishment in forced servitude to the Lydian Queen. She dressed Hercules in women's clothes and made him do women's work while she dressed in his lion's pelt and carried his weapons. Despite his feminization, it is worth noting that Hercules, whose father was Zeus, also had a special relationship to a powerful father. Furthermore, it was woe to those who mistook his humiliation for passivity: he killed the kingdom's renegades, took the Queen for his lover, and fathered three of her sons.

As Freud once commented in writing about so-called "inversion," there were not only "distinctions" but also "intermediate examples," "...so that we are drawn to conclude that we are dealing with a connected series" (Freud, 1905, p. 138). While there is a 'connected series' between transvestism and transsexualism, for example, there are also significant distinctions. The characteristics of perversion depend greatly on the level of ego organization and integration in which the perversion is expressed (Kernberg, 1991). At borderline and pre-psychotic levels of integration, what is descriptively transvestism may readily decay into transsexualism (Meyer, 1974) and is more properly considered in the gender-disturbed spectrum. I think of so-called 'perversion' at the lower levels of ego integration more in terms of perverse mechanisms employed to contain ego fragmentation. (For a case example, see Brenner, 1996.) We would not tend to speak of 'neurosis' in a borderline or near-psychotic personality organization even though symptoms might be grossly and descriptively similar. By the same token, I think the term perversion should be used carefully, perhaps most productively to describe organized psychopathological formations at neurotic or near-neurotic levels of integration.

I agree with Stoller that conscious fantasies in transvestism have common elements:

... [A] frightened, pathetic, defenseless boy-man finds himself, through no doing of his own, trapped by powerful, dangerously beautiful women, who bully and humiliate him ... the peak of ... victimization is illustrated by the women physically forcing him to put on women's clothes ... [His] greatest [sexual] anticipation ... [occurs] when the humiliated man is ... exposed to his greatest anguish.

(Stoller, 1975, pp. 66ff.)

I would, however, add several elements. Some trespass or affront did occur to set the process in motion but was ostensibly done by someone else to a person only vaguely represented. In other words, harm had been done but responsibility was only mistakenly assigned to the patient. Despite protestations of innocence, females meted out punishment which was to live, like Hercules, as a captive woman, wearing women's clothes and doing women's work. The stern captors took pleasure in inflicting humiliation through feminization, all the while not realizing that subjugation increased arousal. At the depths of subjugation, submission was undone by ejaculation. Despite the creation by design of an exclusively female world, men would occasionally appear in the fantasies by 'accident' and when they did the fantasy was aborted.

Because it is not overt in the content but rather illustrated in the story-line, one major fantasy element in organized transvestism has been

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insufficiently emphasized, that is, all feminization had to be reversible. Unlike gender-disturbed individuals, in organized transvestism there was abhorrence of fantasies that tended 'to get out of hand,' going in a direction which would result in taking female hormones or in castration. Patients were repulsed by pornography in which the male underwent sex change surgery. Although Mr. A was intrigued by what it would be like 'to really be a woman,' such ideas were elaborated in fantasy rather than being embraced in actuality. In other words, whereas behaviors may appear similar, a fundamental distinction is that organized transvestism functions to protect bodily integrity whereas that protection is relinquished in more borderline transvestism and transsexualism (Meyer, 1982).

Since I do not believe the conscious perverse fantasy in an organized perversion memorializes gross traumatization, I find myself in a different position from that of Stoller who thought that pornography allowed us to study perverse fantasies "with ease" (1975, p. 63). In my view, pornography allows us to study the manifest content of perverse fantasizes in much the same way as sitcoms allow us to study humor but, until unconscious components are examined, understanding remains incomplete (Leigh, 1998). In the following, Mr. A's fantasy is expanded to include its unconscious elements.

Through no fault of the patient, wrong had been done to someone. Some action or wish was harmful. The person against whom the trespass occurred and the trespass itself were left vague and undisclosed as though of no significance. Yet Mr. A not only violated the parental bedroom (and my office), but also felt that he had supplanted his father and alone possessed his mother's love. The negation of responsibility and vagueness served to deny guilt and to protect him from conscious awareness of aggressive and incestuous wishes.

When apprehended, the patient was taken before a tribunal of females who, despite protestations of innocence, meted out a punishment. It was a 'mistake'; the patient had not willfully replaced his father in his mother's bedroom but, despite protests of innocence, punishment was imposed. In other words, it was possible to both maintain innocence of his Zorro-like exploits and suffer punishment for them. The females sat in judgment and their symbolic domination over him reflected a way to accommodate but partially disarm a critical, 'biting,' seductive mother. Their phallic nature also both expressed and protected against 'homosexual' wishes and longings for contact with a caretaking man.

The patient's punishment was to wear women's clothes, to look like a woman, and to live as a captive woman. On the one hand, merger was accomplished but without destroying his masculinity since he was a woman with a secret phallus. On the other, the punishment matched the crime; castration was enacted symbolically. In fact, the punishment was the most humiliating imaginable since on the other side of the defensive split in his ego, Mr. A 'would rather kill' than allow himself to be treated that way.

The stern women took pleasure in making the Mr. A's feminine as possible thereby increasing humiliation (and arousal). The patient was dressed, made up, coiffed, cinched at the waist with the tightest possible sash or belt, and wore a choker so tight that he could scarcely breathe. At the point of most

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subjugation and feminization, even to the point that castration was threatened, the patient ejaculated explosively. An element of infantile eroticism - in this case, his childhood transitional and erotic attachment to mother's clothes - was heightened to become the pinnacle of sexuality rather than assuming a place as a possible element of foreplay. The sash, choker, and other garments were also genetic elements that served to bind aggression. Nonetheless, aggression was expressed through explosive ejaculation. (Mr. A could never use his hand to masturbate because it was not allowed for him to 'have my hand on the trigger like that.'). Sexual orgasm was accomplished in a secure, protective environment, analogous to the childhood secure place, and without competing with actual men for actual women. Only later in the analysis did the wish for a 'real' woman emerge out of the troubled connections with his mother.

No men ever appeared in the patient's fantasy, unless by 'accident.' If this occurred the fantasy was aborted. Heterosexual males do not usually include other men in their sexual fantasies, but the fact that males occasionally intruded into these fantasies illustrated the strength of that latent content (McDougall, 1974). Anxious 'abortion' of the fantasy when this occurred illustrated how conflicted the longings for contact with a man were.

A great deal has been made of the impersonal or dehumanizing attributes of perversion. No doubt such qualities can be found, particularly in some cases in which ego strengths are borderline or near psychotic, and in which objects are dehumanized quite aside from the presence or absence of perversion. In organized perversion, the clinical material indicates just how richly the fantasy may be imbued with both loving and hostile object representations. In those individuals, I see no reason to suggest, as Richards (2003) does, that an inanimate or part object is valued more than a loved person, that object attachments are "coercion masquerading as love" (p. 1201), or that "aggressive dehumanization of the object ..." is the "essential aspect of their condition" (p. 1213).

An area of disagreement has been whether there is a continuum between perverse fantasies and perverse behavior or a distinction between the perversion, which requires enactment, and the fantasy, which is within the province of neurosis (Coen, 1985; Ostow, 1974). As regards organized perversion, I am with the 'lumpers' rather than the 'splitters.' Perverse fantasies are the motive force for perverse 'behaviors' which are perverse 'enactments.' As indicated by the term 'enactments,' these behaviors have symbolic functions at high levels of abstraction despite their apparent concreteness. In my patient there was no difficulty in symbolization. On the contrary, his ritual was a highly condensed symbolic act of remarkable proportions. Perverse ritual is not devoid of symbolic meaning (even with more compromised egos, it is hard to imagine a ritual without symbolic meaning) but is more like the manifest content of a dream. In fact, I am not certain how necessary action is in the definition of an organized perversion. Patients were able to forego behaviors for long periods but were no less perverse because the fantasies remained constant.

Psychoanalysis remains less accomplished at explaining symptom choice than in dissecting the final product. I can postulate that organized perversion

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begins with some tension in parental relationships and exposure to anxieties and losses of by no means unusual kinds which may, nonetheless, result in intensification of sexual and especially aggressive drives, either in absolute terms or in relation to what the ego is able to handle. The utility of the perverse compromise formation is that it synthesizes these stresses by dint of hard psychological work into a syndrome that allows for symbolic externalization of conflict. Sexual symptoms commonly function this way in the male. As Kestenberg (1968) has suggested, the penis, and the sexual activity related to it, are often experienced by males as external, on the 'outside,' in contrast to female, whose sexuality is on the 'inside.'

Roiphe (1978) observed years ago that the debate over fixation versus regression in perversion was sterile. In my experience, feminine identification, merger fantasies, and separation anxiety were available earlier in treatment, while castration anxiety and grieving over oedipal losses became available later. As work proceeded, my patient came to look more 'neurotic,' with separation-individuation and pre-oedipal derivatives occupying less prominence and conflicts around genital sexuality, assertion, and success occupying more.

Conclusion

Organized perversion is characterized by specialized sexual fantasies, scripts, and props. While the behaviors in perversion are elaborate, pressured, and dramatic, the specialized fantasies are pathognomonic. Arousal and orgasm are dependent on this illusion, and its influence extends well beyond the sexual sphere to be life's organizing motif. Despite a pre-emptive quality, the manifest fantasy and behaviors function like a magician's misdirection to conceal important conflicts. The manifest fantasy, like the manifest dream, is only the visible portion of an extensive unconscious complex.

Organized perversion, like neurosis, is created from elements of common experience and from the chemistry of adaptation. Universal experience of sexuality and power in the family are commonly transformed into the titillation of pornography, sensuality, and foreplay, which are always laced with elements of perversity (Stoller, 1975, 1976). As Freud said: "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" (1905, p. 160). The fact that we all have our bits of perversity makes these conditions approachable not as foreign territory, but with an understanding and empathy reserved for native soil (Kernberg, 1991; Meyer, 1985). In a sense, foreplay is the perversion of everyday life.

I am not sure how an individual becomes perverse given the developmental options that are available. I am sure, however, that we all have our brush with perversion because that opportunity is embedded in the developmental pathways we all traverse. What is so

exaggerated in perversion as to appear unique is built out of the common experiences and wishes of childhood. Nonetheless, while the concerns are universal, for some children they must seem uncommonly threatening. It must seem to the perversion-vulnerable

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child that he is in dire straits. In response to that danger, the 'wonderfully concentrated' mind may produce a wonderfully elaborate perversion.

Translations of summary

Die Entwicklung und Organisationsfunktion der Perversion: Transvestismus als Beispiel. Die Perversion wird als ödipal determiniert und in reziproker Beziehung zur Neurose angesehen. Jedoch werden in unserem sich erweiternden Betätigungsfeld zunehmend präödipale und traumatische Beiträge betont. Obwohl beide Perspektiven Aspekte der klinischen Realität repräsentieren, gab es eine Tendenz, die sexuellen und aggressiven Triebderivate mit den dazugehörigen Konflikten, Objektrepräsentanzen und symbolischen Inszenierungen zu übersehen, selbst wenn sie entscheidend zur analytischen Situation beitragen. Diese letztgenannten, "klassischen" Patienten haben das, was ich als "organisierte" Perversionen betrachte: komplexe, entwickelte, auf neurotischem Niveau befindliche, stabile psychopathologische Formationen, die von Borderline- oder psychose-nahen Syndromen unterschieden werden können, welche perverse Mechanismen einsetzen, um eine Desorganisation abzuwenden. Diese Abhandlung hält eine Rückschau auf Freuds Arbeit, betrachtet kurz einige der neueren Trends zur Konzeptionalisierung der Perversion und perverser Mechanismen, der Charakterisierung organisierter Perversion und stellt klinisches Material vor, um deren Entwicklung, klinische Manifestation und Analyse zu erläutern. Transsexualität, die offenkundig dem Transvestismus ähnlich ist, die aber nicht die Funktion einer organisierten Perversion hat, dient hier als Kontrastpunkt.

El desarrollo de la perversión y su función organizadora. El ejemplo del travestismo. Solía considerarse que la perversión era determinada edípicamente y que se hallaba en relación recíproca con la neurosis. Sin embargo, desde nuestra perspectiva ampliadora, se han enfatizado crecientemente los aportes pre-edípicos y traumáticos. Si bien ambos enfoques representan aspectos de la realidad clínica, se ha tendido a pasar por alto derivados pulsionales sexuales y agresivos, así como los conflictos, representaciones de objeto y puestas en acto simbólicas vinculados con ellos, a pesar de que éstos pueden contribuir significativamente a la situación analítica. Estos pacientes 'clásicos' tienen lo que considero como perversiones 'organizadas': formaciones psicopatológicas complejas, evolucionadas, de nivel neurótico y estables. Éstas pueden distinguirse de los síndromes fronterizos o cercanos a la psicosis, que hacen uso de mecanismos perversos para protegerse de la desorganización. Este trabajo reseña la obra de Freud, examina brevemente algunas tendencias recientes en la conceptualización de la perversión y los mecanismos perversos, caracteriza la perversión organizada y presenta material clínico para ilustrar su evolución, sus manifestaciones clínicas y su análisis. El transexualismo, que es similar al transvestismo en lo manifiesto pero no funciona como una perversión organizada, sirve como punto de contraste.

Le développement et la fonction organisatrice de la perversion: l'exemple du travestisme. La perversion avait été longtemps considérée comme déterminée par l'Œdipe dans le cadre d'une relation réciproque avec la névrose. Cependant une conception plus élargie a mis l'accent sur les conditions préœdipiennes et traumatiques qui la sous-tendent. Alors que ces deux perspectives représentent l'une et l'autre des aspects de la réalité clinique, l'on a eu cependant tendance à négliger les rejets pulsionnels sexuels et agressifs et les conflits, représentations d'objets et mises en acte symboliques qui leurs sont liés, même si ceux-ci jouent un rôle significatif au sein de la situation analytique, surtout dans le cas de patients « classiques » qui présentent selon l'auteur de cet article des perversions « organisées ». En effet, on retrouve chez ces derniers des formes psychopathologiques stables, complexes, évoluées, d'allure névrotique qui se différencient des syndromes de type borderline ou psychotique incluant des mécanismes pervers destinés à parer à la désorganisation. L'auteur de cet article passera en revue les travaux de Freud, considérera brièvement les conceptualisations récentes dans le champ des perversions et des mécanismes pervers, décrira les caractéristiques de la perversion organisée et enfin présentera du matériel clinique pour illustrer l'évolution, les manifestations cliniques et l'analyse de cette entité. Le transsexualisme, qui présente bien des similitudes avec le transvestisme, mais ne fonctionne pas comme une perversion organisée, servira de point de comparaison.

Lo sviluppo della perversione e la sua funzione organizzatrice: l'esempio del travestimento. La perversione è stata considerata come conseguenza del complesso edipico e posta in rapporto reciproco con la nevrosi. Nella nostra più vasta prospettiva, tuttavia, poniamo l'accento in modo particolare su fattori pre-edipici e traumatici. Benché entrambe le prospettive costituiscano aspetti della realtà clinica, abbiamo cercato di sorvolare sui derivati inconsci di natura aggressiva e sessuale, e sui conflitti, le relazioni oggettuali e gli enactment simbolici ad essi collegati, che riconosciamo comunque come importanti fattori nella situazione analitica. I pazienti 'classici' che presentano questo tipo di quadro clinico sono affetti da ciò che noi definiamo 'perversioni organizzate': stabili formazioni psicopatologiche complesse, evolute, di natura nevrotica che possono essere distinte dalle sindromi di stati limite o quasi-psicotici che

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ricorrono a meccanismi perversi per prevenire stati di frammentazione. Questo lavoro rivisita il contributo di Freud, passa in rassegna brevemente le recenti tendenze di concettualizzazione della perversione e dei meccanismi perversi, caratterizza la perversione organizzata e ne illustra l'evoluzione, le manifestazioni cliniche e l'analisi attraverso la presentazione di materiale clinico. Il transsexualismo ad esempio, che potrebbe assomigliare al travestimento ma che non si esplica come perversione organizzata, viene qui indagato per mostrare la contrapposizione.

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Article Citation

Meyer, J. (2011). The Development and Organizing Function of Perversion: The Example of Transvestism. *Int. J. Psycho-Anal.*, 92:311-332

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