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Course Syllabus

Perversion
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Perversion has been a central interest of analytic inquiry from Freud's early writings in the Three Essays on the Theory of Sexuality until today. From its early understanding as a pre-genital fixation, perversion has been made use of to both point to something deviant and clarify what is meant by 'normal'. The term perversion has been used in psychoanalytic theorizing in so many different ways over the years that its meaning as a concept has become very complex, if not completely confusing. Due to this complexity of usage there are so many important papers and theories to draw from in thinking about a class on perversion that we could easily spend much more time with this topic. Yet, with only nine classes, we have to make some difficult choices about what to study together.

There are of course many ways of approaching this challenge. After considering quite a few of the more well-known theoretical formulations on perversion we could study, I felt that rather than try to cover all those formulations, (which would amount to a survey course on perversion) I would instead like us to try and strike a balance between breadth and depth by following only two or three theoretical threads of our topic so that we can gain some sense of its breadth, while also having enough time to dig into its depth. By limiting the number of papers and theories we will consider, I am hoping we can avoid overwhelming ourselves and so give ourselves a better chance to more fully digest what we do study together.

With this goal in mind, one of the main themes I would like us to focus on to help us understand perversion is that of narcissism. Since the publishing of Freud's paper On Narcissism in 1914, the role of narcissism has taken on an increasingly important place in analytic theorizing. From Freud's early ideas about the withdrawal of libidinal cathexis and primary narcissism, he went on to see that a dominance of narcissistic relating is the foundation for many types of pathology, including melancholia and perversion. Freud's idea on the importance of narcissism was taken up by a wide range of other theorists, especially the contemporary Kleinian and French Freudian schools, who both saw this theoretical lens as a central tool in their understanding of perversion.

Another aspect of perversion we will focus on is the expression of a fundamental destructiveness. This idea is also grounded in a variety of Freud's conceptions, but became most clearly articulated in his ideas of the death instinct. Through the death instinct, Freud saw a way of understanding self-destructive, sadistic and masochistic behavior that became intricately a part of our views of perversion. While Freud came to see innate aggression as an important component in his later work, it also fell to other schools to more fully develop these ideas. Klein for example came to see that sado-masochism, perversion and addictions represent one way of struggling to develop object relations beyond the paranoid schizoid position, where an excess of destructiveness dominates the personality. By becoming sensitive to the various ways narcissistic and destructive components express themselves in perverse organizations, I think we will be able to better appreciate the complex ways perversion manifests, both in the personality and in the transference/countertransference experience with perverse patients.

Narcissism began its conceptual life as a type of perversion and the two concepts have been closely linked together ever since. One of the goals of this class will be to gain some understanding about how and why these concepts are so linked, including how their relationship to each other has changed, as well as not changed over time. One of the challenges of asking these types of questions is the variety of answers we will encounter, given the wide range of theorizing which exists about perversion and narcissism.

Again, with the goal of striking a balance between depth and breath, I have tried to take a middle course. Starting with two of Freud's most well-known papers on perversion, we will then read two very good overviews of perversion by Cooper and Glasser. From this foundation, we will try and track the themes brought up in these papers throughout the course. We will then read a very contemporary paper on perversion which I'm hoping can further ground us in our topic by having us think about some current perspectives and sensibilities. From there we will move into some depth, focusing on a British Object Relations and French Freudian perspectives on perversion. I have chosen these particular theoretical perspectives because I think they provide a cohesive theoretical understanding of perversion, which can provide a foundation for your clinical work with perverse patients. I am hoping that by following the threads of these theorists you will be able to create at least a possible working model of perversion for yourselves to bring to your clinical work. I have also chosen these perspectives because I continue to be enriched by my own study of them, as I hope you will as well.

We will finish the course by reading one or two clinical paper to help us further integrate and think about the ideas we have studied.

Perversion

Week 1 Some of Freud's early and later thoughts on perversion.

Freud, S. (1919). 'A Child is Being Beaten' A Contribution to the Study of the Origin of Sexual Perversions. The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume 17: 175-204 **(PEP)**

Freud, S. (1938). Splitting of the Ego in the Process of Defense. The Standard Edition of the Complete Psychological Works of Sigmund Freud, volume. 23:271-8. **(PEP)**

Week 2 An overview of Perversion

Cooper, A. (1991) The unconscious core of perversion. In Perversion and Near-Perversion in Clinical Practice. G.Fogel and W. Myers, EDs., New Haven: Yale University Press, Pp. 17-35 **(reader)**

Week 3 Perversion: aggression and identification.

Glasser, M. (1986). Identification and its Vicissitudes as Observed in the Perversions. Int. J. Psycho-Anal., 67:9-16. **(PEP)**

Optional:

Wood, H. (2014). Working with Problems of Perversion. Brit. J. Psychotherapy., 30(4):422-437.

Week 4 Some contemporary thoughts.

Moss, Donald. (2015) Sexual aberrations: Do we still need the concept? If so, when and why? If not, why not? In Sexualities, Contemporary Psychoanalytic Perspectives. Alessandra Lemma and Paul Lynch, EDs., Hove, East Sussex; Routledge, Pp. 177-188 **(reader)**

Optional:

Aisenstein, Marilia, Moss Donald. (2015) Desire and its discontents. In Sexualities, Contemporary Psychoanalytic Perspectives. Alessandra Lemma and Paul Lynch, Eds., Hove, East Sussex; Routledge, Pp. 63-80 **(reader)**

Week 5 Rosenfeld's central contribution.

Rosenfeld, H. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: an investigation into the aggressive aspects of narcissism. Int. J. Psycho-Analysis, 52:169-178. **(PEP)**

Optional:

Rosenfeld, H. (1964). On the Psychopathology of Narcisism, a Clinical Approach. Int. J. Psycho-Anal., 45:332-337.

Week 6 Steiner; Perversion as a distortion of reality.

Steiner, J. (1993). The Relationship to Reality in Psychic Retreats. In Psychic Retreats. London: Routledge, Pp 88-102 **(reader)**

Optional:

Steiner, J. (1993). Review: Narcissistic object relations and pathological organizations of the personality. In Psychic Retreats. London: Routledge, Pp 40-53

Week 7 A French persuasion on perversion.

Chasseguet-Smirgel, J. "Perversion and the universal Law." In Creativity and Perversion, Pp. 1-12 **(reader)**

Week 8 The French continued.

Chassequet-Smirgel, J. "Perversion and Narcissism." In *Creativity and Perversion*, Pp. 24-34 (**reader**)

Optional:

McDougall, J. (2000). Sexuality and the Neosexual. *Mod. Psychoanal.*, 25:155-166.

Week 9 A clinical Case.

Carignan, L. (1999). The Secret: Study of a Perverse Transference. *Int. J Psychoanal.* 80: 909-928 (**PEP**)

Optional:

Nos, J. (2014). Collusive induction in perverse relating: Perverse enactments and Bastions as a camouflage for death anxiety. *Int. J Psychoanal.*, 95:291-311

Objectives

Class 1.

Objectives: Candidates will be able to discuss the historical and theoretical context of Freud's paper 'A Child is Being Beaten' so as to better evaluate the current relevancy of Freud's ideas for their clinical work. They will also be able to explain the historical importance of his paper 'Splitting of the Ego in the Process of Defense' and its role in understanding perversion.

Class 2

Objectives: Candidates will be able to explain the basic development of the concept of perversion, from Freud's early usage through several of the major writers on topic. They will also be able to apply Cooper's main points about the central core of perversion as the experience of terrifying passivity in relation to the all-powerful pre-oedipal mother and the reaction to this by having to dehumanize the body and develop three core phantasies which help the child tolerate their intolerable helplessness. Through evaluating these ideas, candidates will be better able to apply these concepts in their clinical work.

Class 3

Objectives: Candidates will be able to discuss Glasser's theory of the "core complex", where the threat of annihilation by the mother is responded to with aggression against her. Sexualization is turned to as a means of preserving the relationship by converting the wish to destroy into a sado-masochistic need to control the object. Candidates will be able to explain how this shift creates the foundation for perverse relating.

Class 4.

Objectives: Candidates will be able to explain Moss's conception of the two vectors embedded in psychoanalytic thinking in relation to views of sexuality. On the one hand, there is the conservative trend which supports existence of limits and creates structures which come to define the bounds of what is "normal" sexuality. On the other there is the trend in psychoanalysis to support the breaking through of the limits of what comes to be encoded as healthy, or non-perverse expressions of sexuality. Candidates will be able to demonstrate their grasp of these ideas so as to better apply them in their clinical work.

Objectives #2: Candidates will be able to discuss Freud's conception of desire and Aisenstein's contribution her views of the importance of masochistic nature of desire in the "pleasure of waiting". They will also be able to explain Moss's ideas of two types of patients in the demand of psychic work of desire. The first demands that the work of desire be averted at all cost, the second caught in the confusion between their excitement for the work of desire, versus their fear and resistance to it. By comparing these two sets of ideas candidates will better be able to apply these important concepts to their clinical work of understanding the links between narcissism and perversion.

Class 5.

Objectives: Candidates will be able to discuss the relationship between Freud's ideas of narcissism and his own conception of life and death instincts. They will also be able to explain how Klein's elaboration of the concept of the death instinct opened up a new way of working with sever narcissistic states which Freud felt were difficult to penetrate. Candidates will also be able to explain how the manifestation of the death instinct through observable envy allows Rosenfeld to work effectively with pathological narcissism in a way which was previously not available. Candidates will demonstrate their understanding of these concepts so

as to make themselves better equipped to use these concepts in their clinical work.

Class 6.

Objectives: Candidates will be able to discuss the relationship between the breakdown of splitting and the rise of perverse solutions as a false reconciliation between the contradictory views which become difficult to keep separate as integration proceeds. They will also be able to explain why this problem is a common experience in the course of analysis where splitting has broken down, but perverse explanations are used to misrepresent reality. Candidates will also to demonstrate their grasp of Steiner's use of Money-Kyrles concepts of the "facts of life", an area where this perverse distortion of truth can be evaluated most clearly. Through this exploration, candidates will be better able to bring these concepts into the clinical work with patients.

Class 7.

Objectives: Candidates will be able to describe the forces which Chasseguet-Smirgel sees as contributing to the dimension of the psyche which holds a "perverse core" for all of us which can be activated at particular times. They will also be able to assess her ideas about her conception of the "bedrock" of reality being created by the differences between the sexes and the generations. By investigating her ideas about the erosion of these differences between the sexes and generations through a retreat into an anal universe, they will be better able to bring these ideas effectively into their clinical work.

Class 8

Objectives: Candidates will be able to discuss Chasseguet-Smirgel's ideas that perverse solutions constitute a balm for wounded narcissism and a means of dissipating feelings of smallness and inadequacy. They will also be able to explain how Freud's concept of the ego ideal is a link from primary narcissism to object ties and that if this process is lead astray through either an insufficiency of narcissistic and object gratification or an excess of satisfaction, this can result in a halting of the child evolution and leads to the child's ego ideal remaining

attached to pregenital model, often imagining that this model is equal or even superior to adult genitality. In this way candidates will be able to assess the child's disqualification of the father's superior genital attributes as a major aspect of Cassequet-Smirgel ideas of perversion, so as to better bring these ideas forward in their clinical work.

Class 9.

The Secret: Study of a Perverse Transference

Objectives: Candidates will be able to discuss the ways in which the patient's perversity was recreated in the transference with the analyst and how this clinical experience served as the foundation of the treatment. They will also be able to assess the authors description of the perverse transference as a complex erotized defensive/reparative/vengeful maneuver permitting the disavowal and reversal of personal threats to the patient. Through this discussion of the working through of the transference/countertransference experience, candidates will better be able to make use of these ideas to equip them in their own work with perverse patients in their clinical work.