



# **THE SUBJECT SUPPOSED TO ENJOY;**

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## **EXPLORING THE NEUROTIC ANALYST'S ROLE IN THE TRANSFERENCE SCENARIO OF THE PERVERSE PATIENT**

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### **Abstract**

*It is posited that psychoanalysts who possess a neurotic personality structure are particularly prone to excitement from the transference scenario enacted by their perverse structured patients. The analyst's excitement inevitably thwarts the analytic goal, yet it is argued that such analysts are unconsciously complicit in this scenario. The question remains as to exactly why the neurotic analyst propagates the failure of the work. A desk-based explorative study was undertaken to examine the nature of the neurotic structure, as understood through the Lacanian conceptualisation. Possible reasons for the neurotic analyst's amenability to the pervert's will were established. Additionally, inferences were drawn for how the perverse patient's unique orientation to language and disavowal function as resistance to the work, which further facilitate the transference scenario. Finally, the psychoanalyst's disposition to their own vocation and its related hazards therein informed how countertransference may aid the perverse transference scenario.*

## Chapter 1: INTRODUCTION

Such a couple forms a perfect match: the neurotic is fascinated by the lack of à propos enjoyment, and the pervert is confirmed in his position of the first Other's imaginary phallus. Therapy itself becomes perverted

Paul Verhaeghe (On Being Normal, 2008. p.426)

With this quote, Verhaeghe succinctly construes how psychoanalytic treatment of perverse-structured patients is marred with difficulty (Clavereul, 1980; Verhaeghe, 2001a. p.59; Swales, 2012) as an analyst may become susceptible to fascination and horror within the enactment of transference (Verhaeghe, 2008). What this specifically invokes is the degree to which neurotic analysts are commonly enticed by their perverse patients into an unconscious collusion against treatment (Chasseguet-Smirgel, 1981; Purcell, 2006; Nos, 2014; Willemsen, 2014).

Firstly, a brief overview of Lacanian structural theory is needed in order to inform how perversion and disavowal will be primarily referred to in this study. The tenets of perversion concern the infant who negates the Name-Of-The-Father during their oedipal drama. The defense mechanism of disavowal manifests as complex thoughts and expectations of the external world being acknowledged yet pushed out of consciousness. Such thoughts relate to the father's castration threat, the perception of female genitals and narcissistic investment of the genital organ (Fink, 1999. pp.168-169). With disavowal a split in the child's ego is created whereby contradictories of knowledge can be maintained. Through recognizing - yet denying - the traumatic perception of castration the infant realizes that that which causes their desire is lacking, although they fail to accept it as lacking (Swales, 2012; Knafo & Bosco, 2016. p.38).

These paradoxical convictions tendentially remain impervious to any evidence of the contrary (Swales, 2012. pp.70-78), and further emphasize the difficulty upon which treatment with perverse patients is particularly accented. This split usually renders the patient unaware of what they are driven by, in addition to affording marked rationalizations of their own behavior (Verhaeghe, 2001b. p.89).

## **Transference**

Theoretically, the instance of inciting the therapist into a perverse scenario demarks a repetition of the infant being reduced to the first Other's passive object. However, a reversal of the original positions between infant and first Other is attempted as to guard the subject against the anxiety of annihilation; from being too satisfying for this first Other (Verhaeghe, 1995; Verhaeghe, 2008). More aptly, a defense against not coming into existence as a subject by the Other who controls the infant (Verhaeghe, 2009).

This active-passive reversal is characterized through the installation of a 'power and control' relationship in which the Other is to be mastered. This control is neither synonymous with physical nor violent power, rather it is the relational aspect to this Other which is often manifest in the perverse subject being the espouser of their own superior ethic of pleasure (Verhaeghe, 2001b).

While this describes the dynamic that underlies transference repeating, the manifest patterns of perverse transference which afford the analyst's enticement into the scenario are highly varied. These may include differing styles of communication; using ambiguous or intellectualized language, and even developing a pseudo-stupidity to arouse confusion or curiosity within the analyst (Nos, 2014). Other styles include using silences and passivity for the purposes of destroying the analyst's separateness (Purcell, 2006) and projecting excitation or impatience in them for tempting a reaction (Moguillansky, 2011. p.80). However, garnering a reaction from the analyst may also be attempted through

the awakening of sympathy (Jimenez, 2018. p.115) or provoking laughter (Swales, 2012). Alternatively, the induced passive-role of the power dynamic may take the form of perverse patient becoming an adversary, victim or proselyte (Nos, 2014). Either way, an analyst may find the patient compelling through their seductiveness and conviction (Chasseguet-Smirgel, 1974; Worthington, 2017. p.51).

Regardless of how these scenarios manifest, each function as resistance to analytic work (Willemsen, 2014). However, the signifying material of this transference which creates the unconscious bond against the work requires critical deciphering as the numerous ways in which the patient may disrupt the work of analysis are highly represented within psychoanalytic literature (Jimenez, 2018), yet the necessary regard toward the analyst's mind in psychoanalysis with perverse patient is seldom considered (Moguillansky, 2011). Therefore a desk-based study will be attempted, including resources from EBSCO Databases, The Dublin Business School Library and the PEP Archive, to explore if and how the analyst psychically participates in thwarting the analysis with the perverse patient, as it is argued that perversion itself appears during the intersubjective relating of the analytic reality (Moguillansky, 2011, p.79).

## **Overview**

The literature has hitherto referred to the role the patient enacts, the proceeding chapters will attempt to highlight the possibilities as to why the corresponding role is taken up by the analyst in this dynamic. Chapter 2 will focus on the Analyst's Structure, specifically the claims of Swales (2012) and Verhaeghe (2008) who both assert that analysts with neurotic structures are particularly vulnerable to enthrallment from the perverse patient in analysis. However, these specific readings do not elaborate as to why this is the case, nor is there further discussion on other potential structural orientations that a psychoanalyst might

have nor how this might relate to the perverse patient in treatment. Chasseguet-Smirgel (1981) potentially offers a contrast to the above, claiming it is the analyst's own 'perverse core', rather than a neurotic structure.

In Chapter 3, the difficulties faced with listening to perverse patient's language will be examined through its aim, the use of disavowal (Amir, 2013) and how the perverse subject's unique rule system of enjoyment is used for enticing the analyst into a repetition scenario (Verhaeghe, 2008. p.409).

Chapter 4 will outline how fascination toward the jouissance of the pervert demonstrates a common yet necessary pitfall within countertransference (Swales, 2012. p.246). The significance of countertransference will be explored, furthermore how the analyst's excitement sustains the perverse relating which subverts the clinical work (Purcell, 2006; Nos, 2014). Additionally, whether countertransference poses a risk to the analytic technique (Marcus & Buffington-Vollum, 2008; Mogueillansky, 2011).

Finally, Chapter 5 will attempt to explore the discussions elicited in the prior chapters in order to draw conclusions. Further discussion will explore the potential interaction of structure, desire and susceptibility to language, in conjunction with countertransference, for clarifying how the analyst is enticed as an accomplice in a perverse pact against the analysis. Limitations and considerations for future research will be discussed intermittently

## **Conclusion**

As this study is primarily explorative, established concepts in psychoanalysis are borrowed to ground the search for efficacy behind Verhaeghe's claim. The dearth of case studies featuring perverse subjects (Verhaeghe, 2001b. p.77) in conjunction with the lack of comprehensive studies involving analysts who treat perverse patients cannot afford a cohesive inference as to why an analyst unwittingly takes up the passive position in the

pervert's repetition of relating to their first Other (Verhaeghe, 2008). The primary themes recurring from the overview feature the analyst being made the recipient of the perverse patient's enjoyment in the goal of avoiding psychoanalytic work, specifically owing to their structure, therefore it is suggested that the perverse patient's style of communication and speech significantly feature in the enactment of the perverse scenario and the contrivance of the perverse countertransference scenario. The aims and objective of this study are as follows;

### **Aim**

- To investigate whether an interaction exists between the Analyst's Structure and the Perverse Patient's use of language that eventuate the perverse transference scenario.

### **Objectives**

- To explore the how the Analyst's own clinical structure makes them prone to the unconscious collusion against analysis
- To explore how the perverse patient's use of language in analysis defends against work
- To explore mediational effects of the analyst's countertransference reaction to the perverse patient.

## Chapter 2: THE ANALYST'S STRUCTURE

### Neuroses

Swales (2012) states that clinicians with neurotic structures are commonly prone to fascination in response to the jouissance of the pervert. However, this 'jouissance of the pervert' is something of a misconception; the risk here is that the neurotic clinician is susceptible to the fantasy of a person possessing an immense and unrestricted jouissance that does not entail pathology. Suspicion that the neurotic analyst is deriving excitement from the content of their speech grants the perverse patient purchase to compromise their therapeutic work. Thus, the patient becomes the object cause of the analyst's jouissance (Swales, 2012). Verhaeghe (2008) supports this argument; that it is the neurotic analyst who is especially vulnerable of their own fascination toward any person who casts themselves as the all-knowing holder of 'secret enjoyment'. The neurotic's fascination is due to the characteristic of lack that the perverse does not seem to possess. Therefore, the transference relationship is typified by the therapist being reduced to the role of the passive, yet enthralled onlooker of the pervert's presentation as the instrument of enjoyment. The neurotic's lack confirms the pervert as "the first Other's imaginary phallus" (Verhaeghe, 2008. p.426).

Perverse subjects generally compare to patients who do not attend analysis under their own volition, inasmuch as they do not seek to be relieved of the particular symptom or trait that warranted an obligatory intervention, yet the unspoken demand is that this trait be preserved or restored from its waning (Verhaeghe, 2008; Fink, 1999).

Fink (1999. pp.4-5) argues that the role of the analyst's desire in therapy is the catalyst that allows the neurotic patient to continue treatment when their own desire for work stagnates. The analyst must continuously, yet subtly, express this desire until the patient's

own desire has become robust enough to determine the conclusion of treatment, even in the case of the analyst being drawn to or seduced by the patient. This does not necessarily describe desire ala countertransference, rather a desire that is functionally intrinsic to the role of analyst by its characteristic of being enigmatic to the patient; acting as some obscured expectation the analysand uses to sustain interest in their analysis, insofar as it does not suggest any leading agenda to the analysand (Fink, 1999. p.7). While not specifically referring to analysts, Fink (1999. p.6) does state that neurotics are intrinsically eager to discover other people's desire for the purpose of fulfilling or thwarting that desire.

The analyst being drawn to a patient or angered by them is not exclusive to the dynamic with perverse patients, yet conceptual overlap may be inferred with how a patient may attempt to place the analyst within their own libidinal situation (Fink, 1999. p.6). Particularly if an attempt is made to read a specific intention within that analyst's desire (e.g. the patient engaging in the analytic work) for either fulfilling or, more likely in the case of the perverse, for thwarting it. Following Fink's (1999) reasoning, it could be stated that the vulnerability of the neurotic analyst lies in their eagerness to fulfill the perverse subject's desire for recruiting them into a collusion against the analytic work.

Similarly, the fascination granted toward the perverse character is a ubiquitous phenomenon of neurotics who "cannot get enough of it" (Verhaeghe, 2001a. p.63). Again, what is specifically referred to here is that this fascinated attention reflects the neurotic's assumption that a pervert can attain a totality in pleasure that contrasts the neurotic's restricted enjoyment. Verhaeghe (2001a) explicitly states that this assumption holds true for researchers and therapists, the proviso being that those who wish to treat perversion must be aware of their own stance toward perversion; without the analyst's awareness of this fascination, the treatment is likely to fail due to a weak and projective theories this attention leads to. The likely outcome of this failure is the repetition in

which the analyst is assigned a certain passive object position by the perverse patient (Verhaeghe, 2001a).

## **Perversions**

Chasseguet-Smirgel (1981) too suggests that analysts are prone to acting as the accomplice in the analysand's attempt of constructing a pseudo-analysis. This induction against analytic work transforms it into a 'perverse pact' that disavows the clinical reality that is otherwise intolerable for the analysand (Nos, 2014). However, in contrast to the above theories, Chasseguet-Smirgel (1981) argues that it is the analyst's own 'perverse core' that tempts this collusion, rather than a vulnerability exclusive to the neurotic constituent of the structure. Chasseguet-Smirgel (1983) is not referring to a strictly Lacanian term in regard to a perverse core being a perverse structure, therefore no explicit theoretical equivalence can be affirmed. It may only be presumed that 'perverse core' refers to the perversion which characterizes the universal, innate constitution of the human sexual drive from which Freud (1905/1953) posited that human sexuality itself is polymorphously perverse in its origin (Verhaeghe 2001a).

It is suggested the perversion intrinsic to the pre-genital drive cannot be completely negated during the oedipal conflict as complete resolution itself is only an ideal scenario (Nobus, 2017. pp.100-102). Although circuitous, Chasseguet-Smirgel's tangential reference to the drive theory highlights a difficulty that the drive-paradigm of perversion faces; in that it makes every human potentially or residually perverted (Nobus & Downing, 2006. p.13; Nobus, 2017. p.102). Chasseguet-Smirgel (1983) conceptualizes the perverse impulse through this universal dimension (Person, 1988) that is not technically at odds with the Neurotic Structure as is understood through the Lacanian concept elaborated by Verhaeghe (2008). Rather than the perverse core which tempts the analyst are the vestiges pertaining to the ubiquitous pre-genital tendencies

within personality organization. As such, the lure and maintenance of the perverse scenario itself exemplifies the perverse personality organization (Chasseguet-Smirgel, 1981). The constancy of demand the pervert places on the Other thus emphasizes an over-determined nature of the scenario (Chasseguet-Smirgel, 1981), yet arguably translates to the susceptibility of the analyst (as Other) being drawn into the demand of the perverse analysand. Notwithstanding, this still does not explain why the perverse-core affords the collusion of the perverse pact.

### **Psychical Tension**

Chasseguet-Smirgel (1974) did argue however that people may be subject to fascination of the pervert's presentations in analysis due to a certain economy granted by their performative espousing; an enjoyment that emerges from the liberation of psychical tension. The premises of this argument is drawn through a comparison with Freud's work on jokes and the economizing of energy used in repression (Freud, 1905/1960). The person who is fascinated is presented a possibility in which they can have the phallus without conflict or castration, in a universe where the separation of ego and ego-ideal is abolished (Chasseguet-Smirgel, 1974). Therefore, it is the perverse patient's promise of total enjoyment that arouses anxiety within the neurotic clinician (Verhaeghe, 2008) and this anxiety demands release.

For the neurotic, totality and *jouissance* are both lost and desired under the aim of a drive where pre-genital elements remain operative. The lost objects of the body are the partial objects through which the first Other expresses their desire in a dialectical exchange (Verhaeghe, 2001a pp.69-72). The mOther cannot be conceived as a desiring being until that desire is articulated into words (Swales, 2012). Identifying with the lack of the Other is the attempt of reinstalling the original symbiosis that was destroyed through the introduction of

birth and language (Verhaeghe, 2001a p.69). As the pervert holds a close relation to the voice (Swales, 2012) this relationship to language must be explored.

### **Chapter 3: THE PERVERSE SUBJECT'S LANGUAGE**

Perversion may be distinguished by the subject's structural relation to the Symbolic, specifically their use of language. The pervert's speech and symptom construction are characterized by the mechanism of disavowal. This may typically manifest in perverse speech with 'Yes' and 'No' being transmutable (Verhaeghe, 2008).

The Other-of-Language, that is human language, is predicated upon agreed and accepted conventions maintained by community members who speak it (Verhaeghe, 2008). Social exchange is essentially the exchange of speech which thus reifies the dimension of the Other (Chemama, 2017. p.88), as a collection of signifiers, received from family or surrounding culture, that have a determining effect on the subject's symptoms, dreams and identity (Willemsen, 2014). With disavowal, the perverse subject refuses to accept the Other's conventions, undermining its operation of signification by imposing their own conventions. Albeit to achieve this, the pervert requires the assistance of using the qualities inherent within this Other's language (Verhaeghe, 2008).

#### **Subject Supposed to Enjoy**

For the perverse character, the Other is perceived as being castrated; that is, lacking in jouissance. This defect is stated to arouse anxiety within the pervert, thus they are driven to attempt filling up this lack. To render it complete by offering themselves as the object-cause of the Other's jouissance (Verhaeghe, 2001a; Swales, 2012). Related to this is the Other-of-Language being perceived as limited or incomplete. However, as the pervert refuses to acknowledge that something cannot be said or known, a disavowal of these limits perpetuates the fiction that the Other can be(come) complete. It is for this reason that the pervert's excess in jouissance is stated as manifesting in the excessive production of language and the devotion to saying everything (Swales, 2012. p.103).

With perversion, the oral drive is how the primary clinical feature is made manifest, functioning to complete the Other-of-Language yet frequently revealing within itself the operation of disavowal (Swales, 2012). The perverse uses words to bolster the disavowal of unknowing and instead assert how they (and other people) are completely in control of their actions and accepting responsibility for these actions (Swales, 2012). Perverse patients tend to oppose the idea of unconscious existing, as to accept its existence is to challenge the near certainty that everything to the pervert can be said, known or controlled (Swales, 2012. p.101).

The certainty that pervades the pervert's thinking and language emphasizes their never having doubt in knowing what the Other wants. Additionally, this pronounces the certainty of their role in plugging up the Other's lack of jouissance (Swales, 2012). Perverse certainty also pertains to the subject's relating to the first Other which repeats in analysis, the analyst is not placed in the position of knowing, but the subject of enjoying, while the pervert retains the 'supposed knowing' (Verhaeghe, 2008. p.421). Acting as the instrument to fulfill the Other's perceived lack demonstrates that there is no uncertainty in the persistent question of identity at the level of being (Swales, 2012. pp.105-106).

### **Excessive Speech**

The excess of speech without inhibition is important for diagnosis as it is the presence of inhibition which distinguishes the neurotic character. Furthermore, the presence of disavowal in speech distinguishes the pervert through the distinct use of certain statements that paradoxically include their own negation. Yet it is the persistence of this certainty despite their own insistence of evidence to the contrary that renders the pervert's speech comparable to 'magical thinking' (Swales, 2012. p.107), such as the pervert's assumption that the Other's fantasy matches their own (Swales, 2012. p.93). This reign over language allows the perverse subject to utilize free-association without inhibition for provoking the

therapist's judgment. The aim here is to include the Other, to attract and persuade them into their own perverse fantasy (Swales, 2012). Not all perverse patients exclusively relate to others through a manifest perverse sexuality (Nos, 2014). Sexual practices and transgression are not necessarily denominators of perversion or its diagnoses (Worthington, 2017), but the relationship can become eroticized by how the perverse uses words (Jimenez, 2018. p.115).

According to Mogueillansky (2011. p.81) all verbalizations “contain a performative flank”, which have effects in reality (Jimenez, 2018. p.119). However, in the case of the pervert, reality can be denied through word and deed (Knafo & Lo Bosco, 2016. p.39). Further discussion is needed to explain the interaction of this performance and denial.

### **Disavowal Disguised**

Amir (2013) describes the perverse subject's use of language as ‘Chameleon’, meaning that the subject appropriates language-maneuvers of the Other (their chosen object) in order to ingratiate oneself into a false engagement with that Other's sense of being, desire and mind. Control and hostility are required to subjugate this other, yet the adoption of their discursive characteristics function to disguise the exchange as intimate.

Amir (2013) further states that the language of the perverse subject, specifically the borrowed syntax, leaves the listener prone to being excited from the familiarity with which they speak. Here an illusion is created in which the object perceives that what is literally communicated to them externally is believed to originate from within. This illusion, constitutes the perverse seduction; a pseudo-relation in which the perverse subjugates the object's wish without being perceived as a foreign intruder. For this reason, the mimicry adopted by the perverse subject is bespoke to each object who hears it; the difference is disguised within the identical (Amir, 2013).

This nuanced method of perverse speech may exemplify the furtive and stealthy nature of perverse relatedness and disavowal in analysis, as this scenario is rarely distinguished in

the beginning of analysis (Nos, 2014), despite perverse transference-countertransference enactments being present toward the beginning of this analysis (Purcell, 2006. p.121). However, this begs the question to what degrees can the analyst's reaction to language be understood as a typical elemental of the countertransference that facilitates the perverse-pact. To answer, an exploration of countertransference will need to be undertaken.

## **Chapter 4: COUNTERTRANSFERENCE**

Moguillansky (2011) advises that analysis with a perverse patient may be conceived as a 'coupling' in which a mutually influencing psychology takes part. Additionally, this influencing may not be avoided as it is centered on the idea that intersubjectivity comprises a distinct psychic reality due to its expression through language and dialectic interaction, both compromising of fantasies, emotions and unconscious thoughts (Moguillansky, 2011. p.79). This is consistent with dynamic field theory by Baranger (2018. p.53) who states both participants of the analytic situation cannot be taken in isolation; the analyst functions with the patient in reciprocal causation. The analyst's unconscious, personal and professional history are integral for affording countertransference its theoretical validity, therefore Baranger (2018, p.53) states that the analytic situation primarily concerns two people, yet other people are involved in effigy. The splitting of perverse subjectivity emphasizes the two worlds the perverse subject strides; the world they share with the analyst and an idiosyncratic space that is otherwise not subjectively accessible to the analyst (Moguillansky, 2011. p.82). This sharing via the perverse scenario allows the analyst to experience to an extent what this strange and fascinating world is like (Moguillansky, 2011).

### **Fascination**

It is precisely this shared participation why the mental makeup of the analyst must be considered in the perverse scenario, as how they listen to the perverse patient is molded by the framework of social meanings, which further influence feelings and thoughts, particularly if the analyst carries unresolved countertransference issues Moguillansky (2011). Furthermore the analyst's Fascination from the perverse patient's stories is elicited through an effect of 'visual listening', whereby the patient provides the means for the analyst to visualize the scene of their verbal story. The representation that this

visualization enables poses the risk of free-floating attention being abandoned and taken over, while the analyst themselves may experience immobility from what is elicited (Moguillansky, 2011. p.83).

This fascination is inferred partially from the difficulty that humans have with representing 'the other'. This inaccessibility connotes the *unheimlich*, or uncanny which may be culturally rejected due to the discomfort it brings, furthermore this rejection itself may be denied by that culture (Moguillansky , 2011. pp.85-87). However, it is argued that the analyst becoming fascinated by the patient's acting out is necessary for work to an extent, since it provides the possibility of exploring the meaning of the patient's disavowal. This is under the caveat that abstinence does not become lost; to preserve abstinence, Moguillansky (2011. p.83) advises that analysts are to suspend both the unifying tendencies for 'making sense' and the concept of 'natural' as they pose an obstacle for analyzing.

## **The Analyst**

However the idea of garnering insight into the patient's psychical process on the basis of what is occurring within the analyst (and thus placing the onus of their objectionable feelings onto the patient) may contextually be tantamount to a delusion that is not dissimilar from perverse thinking; specifically, the cognitive distortions that are utilized by perverse offenders to justify their behaviours toward others (Marcus & Buffington-Vollum, 2008). Not to mention the similarities with magical thinking and assuming the certainty of the Other's fantasy (Swales, 2012). Furthermore, the risk is that the analyst may blame the patient for the distressing feelings that are 'placed into' the analyst rather than understanding what the analyst idiosyncratically contributes to the situation (Marcus & Buffington-Vollum, 2008. p.41). A caution should further extend to the analyst who feels critical of their patient, as it is posited that there is an easy availability for the analyst to default to theoretical dogma

which informs them of their reactions reflecting the patient's identification to their internal object (Eagle, 2000. as cited in Marcus & Buffington-Vollum 2008).

Purcell (2006) postulates that analysts are predisposed to experiencing degrees of excitement while they work, explicitly owing to their love of psychoanalysis. Furthermore, that this excitement is conceptualized as being integral to the analyst's working through the countertransference and distinguishing excited responses from the patient's projections. Despite analysts receiving personal analysis, countertransference that are sexual are unconsciously avoided (Purcell, 2006). This avoidance is argued to be a function of pressure within the psychoanalytic profession and larger culture, in which perverse excitement bears immoral and pathological connotations. Whether it is due to little clinical experience or lack precise theory, analysts themselves are not immune to either the conflict of sexual reactions, the pitfalls of prejudice or the moralizing, repressive functions of culture (Purcell, 2006), despite the rule of abstinence (Moguillansky, 2011. p.88).

This incognizance of countertransference reactions from the perverse patient is argued to be a consequence of clinical theory which strictly paints the perverse character as pathology. For many analysts working under the aegis of this clinical model, an implicit theory may be that "perversion exists only in the mind of the patient" (Purcell, 2006. p.119) and not within the relating enactments found in countertransference, which may further render analysts insensitive to subtle inductions by the perverse patients if these are not expected (Purcell, 2006). For this reason, Moguillansky (2011. p.111) entreats readers to consider that while the perverse individual may characteristically inlay undesired feelings into other people, analysts in particular need to recognize their own preconceptions that make them susceptible to receiving these feelings. Therefore, analysts themselves need to be *treated from* beliefs in regard to what is natural, normal or unnatural when working with the perverse patient (Moguillansky, 2011).

## **Fulfilling Desires**

Purcell (2006) argues that perverse clinical complexity can be illustrated in how the analyst's countertransference excitement is sexually gratifying for the patient as it enacts the sadistic and defensive aspects of fantasy, in addition to sustaining the perverse relating which subverts the clinical work. Yet how the analyst contributes to the collusion of this perverse pact must be confronted with interpretation in the manifest immediacy of the transference-countertransference enactment. However attempts of interpretation are often rejected as the scenario is contrived by the patient for analyst's enjoyment, not for their understanding in the analytical sense (Jimenez, 2018. p.117).

Being enticed into a clinical argument may stipulate a collusion (Nos, 2014), for example; a patient may defy the work and avoid their own intolerable feelings by abruptly changing their speech to graphic detailing of fantasies. This may tempt the analyst, through their countertransferential reaction, to assume the complimentary role in an intellectualised analysis of the fantasy's meaning and interpretation. The implication being that reacting leads to the analyst participating in the collusive enactment of maintaining the distance from the patient's intolerable fears (Nos, 2014). This seems reminiscent of the neurotic analyst's vulnerability of being eager to fulfil the perverse patient's desire (Fink, 1999) in addition to complimenting what Verhaeghe (2008. p.419) claims as perverse enactments being reactive phenomena functioning to manage or camouflage unconscious anxiety.

The shared unconscious fantasy is bolstered by both the analysand's disavowal and the defences of the analyst (Nos, 2014). The neurotic analyst's reaction to the patient's jouissance, be it fascination or otherwise, demonstrates an imaginary dimension of relationship, thus the analyst's ego has entered the work (Swales. 2012). Whereas the aim of the work should be the symbolic position in which the patient desires to engage in the work, allowing a suspension of all knowledge and beliefs to introduce a question in place of the

signified (Swales, 2012. p.246). This perverse dynamic is recursive in its nature and thus generalizable to the inherent precariousness of psychoanalytic treatment of perverse patients (Nos, 2014).

## **Chapter 5: CONCLUSION**

### **Objectives Discussion**

In Chapter 2, the differences in the nature of desire were elaborated upon; the pervert interprets the Other in terms of lacking jouissance compared to the neurotic who will interpret it as lacking of desire (Swales, 2012). As such it may be suggested, following the work of Fink (1999), that the mutual reciprocity of fulfilling the respective structural character's desires emphasises the degree to which unconscious collusions are common within this patient population (Nos, 2014). Put simply, the pervert wants to cause enjoyment while the neurotic wants to enjoy.

An interpretation; the excitement of the neurotic analyst may be arguably compared to the 'impotence' that is incurred from the passive gaze of the father during the Oedipal drama; the impotence or excitement must be demonstrated to the pervert, which may occasion through a lecture on the impoverished nature of the neurotic's enjoyment in comparison to the perverts' abundance of enjoyment (Verhaeghe, 2001b. p.91).

As such, the perverse desire in transference is illustrated through the perverse subject striving to satisfy the analyst in an eroticized relation that is corollary to the previous relation to the primary caregiver (Swales 2012. p.70). In response to the first objective, the tension caused by repression and the desire which facilitates its alleviation seem to be intrinsic within the neurotic structure, which renders the analyst prone to collusion against analysis.

For the second objective, accounts of perversion and transference commonly demonstrate that resistances to the work are characterized by intense sexualisation, which manifests as the masturbatory pleasure that marks the perverse speech (Willemsen, 2014) even if the content is not descriptively sexual. In Chapter 3, a primary resistance to the

analytic work was found in the enjoyment this over-production of speech, which is supposed to grant both the patient and the analyst enjoyment. Swales (2012) stated the manifestation of excessive language characterises the subjects attempt of plugging up the lack of the Other, which in itself is a manifestation of disavowal as it negates this lack, while simultaneously acknowledges it to justify the act of oneself being that which fills this lack.

Similarly, the work of Amir (2013) was included to demonstrate another way in which the pervert disavows the Other by acknowledging it's language yet using it to disguise means for subjugating the work, or whatever the Other desires. In order for the resistance to be effective, it must be undetectable.

Perversion reified through language and the use of disavowal, stipulates a strategic power in which the analyst-as-Other is aroused to collaborate in the perverse character's project (Amir, 2013), yet its effect could only be explained by how the analyst's reactions are caused.

For the third objective, the main meditational effects between perverse patient and the analyst's countertransference could be summarized as the language that transmits the uninhibited free-associations, the fascination this language elicits and repressive functions existing within analysts. In Chapter 4, the work of Moguillansky (2011) illustrated how certain conceptualizations of perversion, and by extension the analyst's institutionalised disposition to psychoanalytic theory, may render said analyst vulnerable. Yet these claims are extraneous to whatever the analyst's structure might be.

Moguillansky (2011), Purcell (2006) and Nos (2014) suggest that the analyst's volitional closeness to the institution of psychoanalysis does not automatically assuage their liability for technical oversight, eventuating enthrallment with the perverse patient. Related to this is the analyst's tolerance for avoiding acting-out through countertransference and enduring provocations; by maintaining the incarnation of the Other, analysis may function

through limitation and abstinence. Similarly, as the perverse patient defiantly attests the superiority of their sexuality over 'normative' sexual encounters, this chapter highlighted why it is important for the analyst to maintain technical neutrality rather than take the provocation by espousing their own (normative) value system (Kernberg, Nobus & Downing, 2006; Mogueillansky, 2011).

Finally, the dynamic field renders the analyst susceptible to unconscious collusion against the work, specifically due to the visual listening that enables reciprocal causation of that work. However, this should not imply a symmetrical reciprocity; while the patient associates freely, the analyst evenly suspends their attention with the patient's associations, ideally not with their own (Baranger, 2018 p.54). Countertransference may be an inroad of explaining how the desire of the perverse client and the neurotic analyst are mutually fulfilled. Alas, the consequence of the pervert's free-association meeting with the free-floating attention of the analyst without caution arguably explains why an analyst unwittingly takes up the position of the passive 'subject-supposed-to-enjoy' in the pervert's repetition of relating to their first Other (Verhaeghe, 2008. pp.409-421). This, Verhaeghe (2008) suggests, is how the therapy itself may become perverted.

Upon reviewing this study's objectives, a conjecture is made in regard to the Aim; that language and structure in general are intrinsically related to one another that without the functional desire of the analyst, without the shared psychology of the dynamic field, no interaction could possibly exist.

## **Future Considerations**

While this study moderately suggests the unconscious aspect of the analyst's collusion against the work, it was never clearly delineated the degree to which collusions may become conscious and how this is handled by the analysts in question. In the nature of perversion, this

may provide grounds for future research, if only for plugging up the lack of adequate knowledge in which to guide prospective analysts in their technique.

However, as this study was primarily explorative; it can thus be argued that an existing limitation is its confirmatory nature. As it stands, the conclusions postulated from this study are open to dispute, further confirmation or falsification.

In the writings that informed Chapter 2, Chasseguet-Smirgel (1983) used biblical and Judeo-Christian religious text to describe how the perverse character may be metaphorically understood as ‘he who transgresses the commandment of the paternal Other’, however the explicit Lacanian connection was not definitively made. Nor should the neurotic analyst’s vestigial polymorphous perversion be equated with perversion as a structure. The question this implies remains; can the perverse traits left over from polymorphous infancy explain the fascination a neurotic analyst experiences from a perverse patient? If so, then how? Chasseguet-Smirgel (1981; 1983) presents her claims as a foregone conclusion yet fails to provide a clear etiology.

Many perverse traits are present in general sexual excitement of the neurotic; as such it is difficult to separate what is strictly perverse from what is non-perverse (Knafo & Bosco, 2016. p.34; Nobus, 2017. p.105) and therefore seems conceptually unstable as a distinct psychological structural. It may be better understood as a continuity that runs from neurosis toward perversion (Nobus, 2017. pp.103-107). Future research may build upon this theory for exploring the validity of Chasseguet-Smirgel’s assertions.

This dissertation evokes more questions than it answers. It began under the assumption that neurotic and perverse structures are dichotomies yet finishes with less affirmation behind it. Few writings exist that teach about the effect of the analyst’s structures on the work, the present study began by looking at the Neurotic Structure. The obvious question remains, how could the work of analysis be affected if the analyst’s structure is also perverse?

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