

The relationship to reality in psychic retreats

We have seen how a psychic retreat comes to represent a place where respite from anxiety is sought and that this is achieved by a greater or lesser divorce from contact with reality. In some psychotic retreats the rupture with reality may be extreme, but in most retreats a special relationship with reality is established in which reality is neither fully accepted nor completely disavowed. I believe that this constitutes a third type of relation to reality, which I will describe in this chapter, and which contributes to the fixed character of the retreat. It is related to mechanisms similar to those which Freud described in the case of fetishism (1927) and which played an important part in perversion.

Rigidity results if projected parts of the self cannot be withdrawn from objects and returned to the ego and, as we have seen – for example, in Chapter 5 – this task requires a capacity to face reality in order that mourning can proceed. Even if partial contact is achieved, evasion is often sufficient to prevent the acceptance of loss and consequently to interfere with the working through of mourning. The retreat in this way leads to an evasion of the experience of loss, and mourning proceeds only to the first stage where objects are possessed rather than relinquished. Projections are consequently not withdrawn from the object to be returned to the self and the only way of retaining contact with lost parts of the self is through a possessive hold on the object into which they have been projected. The original rigidity of the pathological organizations of the personality is consequently unaltered through experience.

This may not be too serious if the respite from reality is partial and transient but problems arise when it becomes long-term or permanent. The retreat may become so regular a feature that it is no longer a transient shelter but more a way of life, and the patient may come to inhabit a kind of dream or fantasy world which he finds preferable to the real world.

Although we usually associate the word 'perversion' with sexual perversions, it has become increasingly recognized that the concept has a wider reference. Some contemporary analysts (Chasseguet-Smirgel 1974, 1981, 1985; McDougall 1972) have come to emphasize the way in which reality is misrepresented in the perversions, and others (Money-Kyrle 1968; Joseph 1989; Britton *et al.* 1989) have described perverse distortions in areas other than the sexual. These developments can be seen as a reflection of the state of mind where reality is simultaneously accepted and disavowed.

Most dictionary definitions of the words 'perverse' and 'perversion' have emphasized the theme of 'turning away from the truth'. Thus the *Shorter Oxford English Dictionary* (1933) defines 'perverse' as '*Turned away from what is right*'. In legal usage it refers to a verdict which is '*against the weight of evidence or the direction of the judge*' and it also implies a certain wilfulness. Thus a second definition is '*Obstinate or persistent in what is wrong; self-willed or stubborn*' and '*Disposed to be obstinately contrary to what is true or good or to go counter to what is reasonable or required*'. The definition of 'perversion' is similar, and reminds us that in a religious context it is the opposite of 'conversion'. The definition of the verb 'to pervert' includes the idea of corruption or leading astray away from a right opinion or action. It is interesting that, except in more recent editions, the idea of perversion as a deviant sexual act is missing or only briefly mentioned, and it struck me that in our current thinking on perverse mechanisms we are turning more to the lay dictionary meaning of the term and seeing sexual perversion as a special instance of a more general perverse attitude to what is true and right.

In addition to the issue of turning away from what is right, there are two overtones discernible in the definitions which are important in analysis. First, there is a degree of wilfulness, obstinacy, or stubbornness assumed, which suggests that the pervert is not without insight into what is right and wrong, or conflict about which path to choose. The wilfulness implies that, in part at least, he knows what is true and right and that nevertheless he turns away from it. I will argue that he both knows and does not know, and that it is the way in which these two attitudes are simultaneously held and yet apparently reconciled which is characteristic of perversion.

Second, there is the suggestion, at least in the transitive verb 'to pervert', that someone is perverted, led astray, or corrupted by an agency working against what is true and right. I will later try to show how in pathological organizations of the personality various alliances are formed, leading to complex collusions between forces which are often experienced as representatives of good and evil. The patient often feels himself to be a victim of pressure to which he is obliged to submit.

In perversion such submission may have an element of insight attached to it and the victim may not be as helpless as he at first seems. This theme is examined in the next chapter (Chapter 9), where I look at the perverse character of the retreat from the point of view of the object relations involved. The structure of pathological organizations of the personality will be emphasized, and I will describe how members of the narcissistic gang which comprise the organization are held together by perverse types of interaction in which sadism often plays a prominent role.

The nature of perversion has been much discussed and I will not attempt a review here. Most writers have emphasized Freud's early views in which he described infantile sexuality as 'polymorphously perverse'. Clinical perversion was then considered to be simply the persistence into adulthood of these infantile patterns which in perversion, in contrast to neurosis, fail to be repressed. It is this notion which gave rise to the famous and rather misleading dictum that 'neuroses are so to say the negative of perversions' (Freud 1905b). Freud later made it clear (1919), and most writers agree, that perversion, like neurosis, is a compromise formed from the conflict between impulse, defence, and anxiety. In 'A child is being beaten' (1919) he emphasizes the anxieties of the Oedipus complex and sees the sado-masochistic phantasies as a defence against these anxieties.

These and other studies are ably reviewed by Gillespie (1956, 1964), who discusses the influential paper by Sachs (1923) on this theme where he suggested that the ego makes a kind of bargain with the id and allows certain perverse acts to remain ego-syntonic in exchange for which the id agrees to a repression of the bulk of infantile sexuality, particularly those aspects associated with the Oedipus complex.

Glasser (1979, 1985), Laufer and Laufer (1984), Socarides (1978), Khan (1979), and Stoller (1975), all emphasize the defensive function of perversions, the relationship to Oedipal anxieties, and the important role of eroticization of object relations. The misrepresentation of reality in perversion is mentioned by Gillespie (1964), but it remains for the French analysts, especially Chasseguet-Smirgel (1974, 1981, 1985) and McDougall (1972), to give it a central place in the study of perversion. They discuss the pervert's relation to reality, in particular the reality of the difference between the sexes and between the generations, and argue that a perverse world is created in which this reality is distorted and misrepresented.

I believe that these misrepresentations are central to an understanding of perversions and that they arise from a quite specific mechanism in which contradictory versions of reality are allowed to coexist simultaneously. This is a mechanism described very clearly by Freud in his studies of fetishism (1927), which, however, is of more

general application than Freud realized and is central not only to all the sexual perversions but to the operation of perverse mechanisms in other areas also. This mechanism is characteristic of the operation of pathological organizations of the personality, and operates in many types of psychic shelter where a retreat from reality is provided while at the same time a degree of contact with reality is permitted.

Freud's discussion of fetishism

Our understanding of the way in which reality is misrepresented in perversion was initiated by Freud's discussion of fetishism (1927). Freud thought that the idea of not having a penis is associated with castration and that the boy fears that if his mother can lose her penis he might lose his. He suggested that the fetish was a substitute for the woman's penis that the little boy once believed in, and that he does not want to give up this belief in the face of the evidence of material reality.

It is clear that Freud's theme goes much deeper than the specific question of fetishism and concerns the individual's relationship with reality. Freud begins the discussion of the question (1923) by suggesting that a powerful assumption held by the child as he comes to face reality is that no difference between the sexes exists. To bring such a belief into line with reality the child's perception of the world has to lead to a relinquishment of the original theory, and Freud shows how this achievement may require the overcoming of enormous resistance. He introduces the very important idea that the child's belief which arises from his assumption and the belief arising from observation may coexist. I believe that this coexistence leads to a third type of relationship with reality characteristic of perversion and typically deployed in pathological organizations of the personality.

Freud, in an earlier paper, writes as follows:

We know how children react to their first impressions of the absence of a penis. They disavow the fact and believe that they *do* see a penis, all the same. They gloss over the contradiction between observation and preconception by telling themselves that the penis is still small and will grow bigger presently.

(1923: 143)

This point is elaborated in the famous paper on fetishism:

It is not true that, after the child has made his observation of the woman, he has preserved unaltered his belief that women have a phallus. *He has retained that belief but he has also given it up.* In the

conflict between the weight of the unwelcome perception and the force of his counter-wish a compromise has been reached as is only possible under the dominance of the unconscious laws of thought – the primary process. Yes, in his mind the woman *has* got a penis in spite of everything, but this penis is no longer the same as it was before... Something else [the fetish] has taken its place.

(Freud 1927: 154; italics are mine)

Again, in 1940, he makes a similar point, as follows:

His [earlier] sight of the female genital might have convinced our child of that possibility. But he drew no such conclusion from it, since his disinclination to doing so was too great and there was no motive present which could compel him to. On the contrary, whatever uneasiness he may have felt was calmed by the reflection that what was missing would yet make its appearance: she would grow one (a penis) later. . . .

This way of dealing with reality, *which almost deserves to be described as artful*, was decisive as regards the boy's practical behaviour. He continued with his masturbation as though it implied no danger to his penis; but at the same time, in complete contradiction to his apparent boldness or indifference, he developed a symptom which showed that he nevertheless did recognize the danger.

(Freud 1940: 276–7; italics are mine)

Here Freud is discussing a sexual perversion and the fact of life which the child finds difficult to accept emerges from his observation that women do not have a penis. This is one of the central facts which establish the existence of a difference between the sexes and can be thought of as one of the *facts of life*. I will follow Money-Kyrle (1968) and argue that there are other facts of life which meet a similar fate and which also tend to be dealt with by a simultaneous acceptance and disavowal. In this context it is interesting to note that in the paper on fetishism Freud gives two examples, neither of which have anything to do with a female penis or with fetishism. His patients were both unable to face the reality of the death of their father. He wrote:

But further research led to another solution of the difficulty. It turned out that the two young men had no more 'scotomised' their father's death than a fetishist does the castration of women. It was only one current of their mental life that had not recognized their father's death; there was another current which took full account of that fact. The attitude which fitted in with the wish and the attitude which fitted in with reality existed side by side.

(Freud 1927: 156)

Earlier, in the course of a discussion of children's ideas of death, he quoted another example, in a quite different context, as follows:

I was astonished to hear a highly intelligent boy of ten remark after the sudden death of his father: 'I know father's dead, but what I can't understand is why he doesn't come home to supper.'

(Freud 1900: 254)

Here he seems to recognize how difficult it is for the child to come to terms with the meaning of death and that a compromise is to acknowledge it and deny it simultaneously. The reality of death is another of *the facts of life* and is also subject to misrepresentation by the persistence of contradictory views. Of course it does not follow that the boy in this example was being perverse because the two versions of his father were still split off from each other. It would, however, be perverse to try to reconcile them in an 'artful' way; for example, to persuade the boy that his father *will* come to supper one day, or will come if he is good. The perverse aim is to protect the child from having to face reality rather than to help him confront it.

It should be stressed that it is not simply the coexistence of contradiction which is perverse, because such a contradiction may after all result, at a more primitive level, from a splitting of the ego. The perversion arises as integration begins, and lies in the attempt to find a false reconciliation between the contradictory views which become difficult to keep separate as integration proceeds. Such a reconciliation is not necessary when splitting keeps the contradictory views totally separate and unable to influence each other. The problem only arises as the split begins to lessen and an attempt is made to integrate the two views.

It is then that three options become relevant. Either,

- 1 The wished-for assumption gives way to reality leading to mental pain and anxiety, which can ultimately lead, via the reality principle, to mental health; or
- 2 the observation of reality is nullified, or the perceptual apparatus itself is attacked, leading to a survival of the assumption and a destruction of the observation which contradicted it; this is the psychotic option; or
- 3 the belief based on the assumption and that based on observation are simultaneously maintained as they had been while the split was intact. Now, however, because of the integration they have to be reconciled and it is here that the perverse argument is introduced. Insight is available but is now used to misrepresent reality. It is this mechanism which Freud referred to as 'artful' and which I believe is

perverse. In Chapter 10 I discuss 'turning a blind eye' as a means of knowingly deciding not to know and I relate it to Freud's ideas on fetishism. This is one of the ways in which contradictory versions of reality are able to coexist and it is often a feature of psychic retreats.

It is interesting to note that a resort to perverse mechanisms arises in the course of development precisely because of the trend towards integration which begins to put a strain on the ego. Something similar happens in analysis when progress leads to a move towards integration. The patient may have previously been able to keep idealized and persecutory versions of himself, and of his objects, apart but finds that, as treatment proceeds, he gains insight, and can no longer do this. A stage is commonly reached when he can no longer maintain the split but does not yet feel able to tolerate the reality which integration brings. Perverse mechanisms then become accentuated and may lead to a stalemate if the patient is rescued by a pathological organization of the personality which provides a retreat or shelter in which the perverse reconciliation of opposites is allowed.

The facts of life

This perverse relationship to reality leads not so much to evasion as to misrepresentation and distortion of the truth, and Money-Kyrle came to regard these misrepresentations as a central obstacle to progress in analysis. He wrote as follows:

my dominant assumption is that *The patient, whether clinically ill or not, suffers from unconscious misconceptions and delusions. . . .* Where, for example, I would formerly have interpreted a patient's dream as a representation of the parents' intercourse, I would now more often interpret it as a misrepresentation of this event. Indeed, every conceivable representation of it seems to proliferate in the unconscious *except the right one.*

(Money-Kyrle 1968: 417)

In his later paper, Money-Kyrle (1971) suggests that he now conceptualizes the aim of analysis to be to 'help the patient understand, and so overcome, emotional impediments to his discovering what he innately already knows'. Elsewhere (Steiner 1990a), I have elaborated his argument to suggest that it is such misrepresentations of reality which are the chief obstacle when we attempt to help the patient come to terms with the reality of loss. This reality has to be faced if mourning is to proceed and projective identification is to be reversed.

Money-Kyrle proposes that all adult thinking, all later acts of recognition, are hampered by the difficulties which beset the recognition of a few fundamental aspects of reality, and of these primal *facts of life* he considers three to be supremely important. They are aspects of reality which seem particularly difficult to accept and without which no adequate acceptance of other aspects of reality is possible. His three primal facts of life consist of: 'the recognition of the breast as a supremely good object, the recognition of the parents' intercourse as a supremely creative act, and the recognition of the inevitability of time and ultimately death' (1971: 443). I believe all three are vital for the experience of the reality of loss and all have powerful defences mounted against their recognition.

The first fact, 'the recognition of the breast as the supremely good object', is a poetic way of expressing the fundamental truth that the chief source of goodness required for the infant's survival resides outside him in the external world. The wishful belief which is held onto with such resistance arises from the narcissistic defence, based on the belief that it is the infant who creates the good object which resides within him and is under his control. If bad early experiences predominate over good ones, as in the case of severely traumatized or deprived children, this narcissistic defence is even more pronounced. It is difficult for the child to recognize that even when his mother has deprived and damaged him she has also often been the source of what available goodness there was. Reality is felt as a blow to this narcissism, and when it cannot be evaded a narcissistic wound with the associated resentment results.

Under the heading of this fact of life come all the problems of the early infant's recognition of his dependence on his mother. The breast comes to symbolize and stand for the external source of everything good and the narcissistic defence deals with the problem by taking over the breast and evading any experience of separateness.

In the paranoid-schizoid position, perverse mechanisms are not required to deal with this problem because splitting ensures that good and bad experiences are kept separate. The infant associates only good experiences with the good breast because any frustration or disappointment is split off and connected with a completely different object, the bad breast. It is particularly Bion (1962a) who described how the absence of the good object is experienced concretely as the presence of the bad object in the inner world. At the paranoid-schizoid level of functioning the facts of life are dealt with by splitting and omnipotent control. The infant can retain the delusion that he is the good breast, or that he possesses the good breast since all experience of the contrary is associated with a split-off, persecuting relationship with the bad

breast. No perverse reconciliation is required as long as the split ensures that no contact between the good and the bad is allowed.

When integration begins the good and the bad objects come to be recognized as one and the same, and ultimately this will lead to a degree of acceptance of reality and a move towards the depressive position. As this is worked through, projective identification lessens and separateness between self and object is increasingly acknowledged so that the relationship becomes less narcissistic. Reality therefore comes to bear on two related distinctions, that between the good and bad objects and that between self and object. The breast is recognized not to be all good, but its goodness is seen to belong to it and not to be a creation of the subject.

Often, however, this integration turns out to be too threatening and a third relationship with reality is adopted – that is, the perverse one. Integration is neither accepted nor totally denied. Splitting lessens but the contradiction persists and becomes a problem. It is then that a perverse justification for simultaneously retaining the contradictory views provides a way out.

In relation to the first fact of life the patient comes to recognize that not all the goodness he experiences comes from within him or is under his control. This leads him to accept the existence of a good external object, but his acceptance is not complete and he simultaneously agrees to deny it. In analysis we sometimes see this when the patient attends regularly with a general appreciation of the value of the analysis, which is recognized as good. At the same time he rejects every interpretation given him, none of which seems to reflect the goodness he believes to be there. The patient often reconciles this contradiction by an 'artful' kind of explanation such as, 'the analyst secretly agrees with me that I am special but is forced for professional reasons to treat me like the other patients'.

This is not the place to discuss narcissistic defences which have been extensively studied by many authors, some of whose work I have touched on in Chapter 4. It is clear that a number of anxieties arise if the reality of the external source of goodness is recognized and these are all aspects of the experience of separateness. Perhaps the most powerfully disabling consequence of such separateness is the arousal of envy, and this may be the most potent factor maintaining the narcissistic defence. If we are searching for a term analogous to 'sexual perversion' to describe this type of misrepresentation of reality, perhaps '*narcissistic perversion*' might suit.

Money-Kyrle's second fact of life consists of 'the recognition of the parents' intercourse as a supremely creative act', and is also a poetic formulation. It is his way of introducing the problems associated with

the recognition of the primal scene and the Oedipus complex. The intrusion of a third object into the baby-mother relationship introduces new problems and new questions. Jealousy is provoked, and the issue of creativity is symbolized by the child's curiosity about where babies come from.

When these anxieties are successfully negotiated, the child comes to recognize the creativity of the parental couple and through identification with them can embark on his own creative life, including that of sexual relationships. If he cannot relinquish his parents and needs to participate in their sexual relationship he remains stuck, as if symbolically or sometimes actually unable to leave home.

Various defences are mounted to deal with the painful experience of feeling excluded from the primal couple, and again projective identification is deployed as a defence. This time it commonly takes the form of a participation in the intercourse of the parents via an identification with one of them. In the direct Oedipus complex it is via an identification with the parent of the same sex, and in the boy, for example, this is done by taking the place of the father and is symbolized by his murder. In the inverse complex the role taken is that of the parent of the opposite sex, leading to a homosexual coupling.

In order to indulge in such phantasies the facts of life have to be denied. Basically, these involve those facts which in reality are necessary to ensure a fertile creativity, and the process of perceiving this reality correctly involves the recognition of a couple from which the infant, by virtue of his size and immaturity, is excluded. Corollaries of this basic fact are the recognition of the difference between the sexes and between the generations. The infant has to argue that creative intercourse can take place just as well between a parent and a child or between a homosexual couple.

Again these issues are evaded when splitting is more total. The original split between the good and bad breast becomes complicated by the introduction of the father, who is also split into the good and bad penis. Two versions of the primal scene then coexist without contradiction, a loving one between the good mother and the good father and a hostile, often violent one, between the bad couple. As the splits lessen, perverse arguments have to be mounted to justify the phantasy that the parent prefers the child to an adult partner. In addition to the distinctions between generations and between sexes, a confusion between good and bad is maintained by perverse arguments. This confusion may lead to the creation of a terrifying combined object and it may be as a defence against this that further misrepresentations develop. Commonly these begin when the basic splits are reassembled, as Klein (1935) has pointed out, and Britton (1989) has reiterated, so

that the good object is identified as the breast and the bad object as the penis.

Sometimes one or both parents play into these phantasies: for example, when the mother denigrates her husband in relation to her son, or when the father acts in ways which encourage him to be dismissed as insignificant. Such attitudes reinforce this kind of split and facilitate the removal of the father and his replacement by the child. In other cases, the split is between the good penis and the bad breast, and this leads to a turning to the father for protection from a persecuting mother. Again, it is when the splits lessen that the parents are seen as coming together and the 'supremely creative act' comes to be represented by the arrival of a sibling which threatens the omnipotence of the child.

Withdrawal to a narcissistic world where differences between the sexes and between the generations do not exist is once more offered as a refuge. Meltzer (1966), Chasseguet-Smirgel (1974, 1985), McDougall (1972), and Shengold (1988, 1989) have described these states in terms of the idealization of the anus and the creation of an anal world in which all differences are abolished. In this world everything is reduced to the same undifferentiated consistency, and it is important that the distinction between good and bad and hence between love and hate is also abolished. The individual then develops perverse relationships in which good objects are rejected and bad ones are idealized. This, as we have seen in Chapter 4, is characteristic of pathological organizations involving destructive narcissism, as Rosenfeld stressed.

The perverse solutions to these Oedipal facts of life are evident in the sexual perversions. The fact that a distinction between the sexes is essential to creative intercourse is denied by homosexuals, while that between the generations is ignored in paedophilia and child abuse. Sado-masochism is often turned to as integration leads to the possibility of a true recognition of painful reality. In sado-masochism love and hate are related in a perverse way and cruelty is indulged in without a full recognition of its damaging effects. Sado-masochistic phantasies give excitement and pleasure from cruelty which is not inhibited by a recognition of a hurt or damaged object. When splitting is active the damaged and the ideal objects are totally separated, but in perverse states an 'artful' statement links the two. The argument may be that women like to be hurt, or that if the child likes it, where is the harm? and so on. In the case of violent films and cartoons, sadism is often presented as harmless because the damaged object can be immediately resurrected and restored as new and the process of destruction and magical restoration can continue indefinitely. In other cruel situations the hurt is represented as a benefit such as those punishments which are done 'for the child's good'.

The third of Money-Kyrle's facts is 'the recognition of the inevitability of time and ultimately of death', and, as he suggests, this is of a different logical order from the first two facts. It is, one might say, a property of reality and one which affects the experience of all the facts of life. It is connected with the recognition of the fact that all good things have to come to an end, and it is precisely the fact that access to the breast cannot go on for ever that makes us aware of the reality of its existence in the external world. Similarly, it is the need for renewal and the reality of death which give rise to the recognition of the need for new life and creativity. The recognition of the reality of loss eventually leads to the need to confront our own mortality, and if this is not faced human values are distorted and perverted.

This fact of the reality of death is, of course, the central aspect of loss, and we have seen how in Freud's discussion of fetishism the patients he described had difficulty in acknowledging the death of their father. Distortions and misrepresentations of the reality of illness, ageing and death are connected with the difficulty of facing bad things as facts of life. Ugliness, violence, and evil are all associated with damage to and eventually with loss of our good objects and with the reality of our own mortality. These are some of the most difficult aspects of reality to face and their misrepresentation is often via the same perverse half-acceptance which Freud described. They are not usually classed as perversions but in my view it is useful to think of them as such. Misrepresentations here commonly lead to a romantic, sanitized world of idealizations in which good things go on for ever as in fairy-tales. In addition to narcissistic and sexual perversions, we could speak of romantic perversions of the reality of time. Stoller (1976) has suggested that this romantic defence is more prevalent among women, and represents a retreat into a dream world such as that created by romantic fiction. The male equivalent is pornographic masturbation, where the sexual element in the perversion is more explicit. The timelessness of the fantasy world is present in both.

Psychic retreats vary, as we have seen, both in their structure and in the anxiety they defend against. Some function predominantly as a retreat from paranoid-schizoid anxieties of fragmentation and persecution, while others are deployed primarily to deal with depressive affects such as guilt and despair. All, to varying degrees, serve as a retreat from reality, and in most, if not all, perverse mechanisms can be observed. Glover put forward the idea that perversion may protect the patient's reality sense and thus avoid psychotic manifestations (Glover 1933, 1964), and this might lead to the erroneous conclusion that perversion is rare in psychosis. Quite the contrary is true, and psychotic omnipotence is precisely what makes the enactment of perversion

more likely and more dangerous. The error is similar to that which arose from Freud's statement that perversion is the negative of neurosis, which for a time led to the view that perversion was simply the expression of infantile sexuality and had no defensive function (see Gillespie 1964). Psychic retreats with a psychotic organization are no less likely to have perverse elements than the non-psychotic ones, and this arises because movements towards integration are far from absent in psychotic patients. These movements are particularly threatening to the psychotic patient, and when they occur they sometimes lead to a renewal of splitting and fragmentation but equally they sometimes lead to the creation of a psychotic organization which makes use of perverse mechanisms such as those described above (see Chapter 6).

A perverse relation to reality is consequently a feature of most, if not all, psychic retreats, and rather than present clinical material from a patient in whom this element is prominent I will review some of the patients discussed in previous chapters and try to illustrate the particular form of unreality seen in the retreat.

Clinical material

Mrs A (Chapter 2) withdrew to her bed where, for weeks on end, she did nothing but read novels. Her day-dreams involved journeys in the Sahara Desert which she idealized as a romantic place where life could be just sustained by careful rationing of water and provisions. In her sessions she withdrew into silence and would sometimes admit having fantasies of lying sun-bathing on a desert island, an image which was in keeping with the nonchalant, careless manner which she would adopt. The sadistic quality of this mood arose from the simultaneous awareness of the existence of an extremely needy patient who was longing for contact but was experienced as the responsibility of the analyst, and my efforts to reach her were simultaneously appreciated, mocked, or felt as a sadistic attack from a frustrated analyst.

From this retreat she would emerge and retreat again when hurt like a snail whose tentacles were touched. I discussed this feature in Chapter 2, when I described her dream of going out to get provisions and being shocked and also frightened by the girl who had been cut in two. Contact with me in that particular session was maintained until I raised the problem of an error in her cheque, and this led to an abrupt withdrawal.

After some progress she withdrew once more when she bruised her toe while working on the installing of central heating with her husband. She had failed to reach me because my phone was turned off and

took to her bed and her novels, missing three sessions. When she returned, her material dealt with a memory of a room on the border where her family had stopped as they fled from her country of origin and where her mother was interrogated by the border guards. She also recalled that she stayed in a children's home for two weeks while her parents were said to have gone on holiday with her younger brother and where she remembered some wonderful dolls. Both places were undoubtedly associated with extreme anxiety, and both were idealized and formed part of the imagery of the psychic retreat. I thought these retreats, although awful in themselves, were seen as less horrible than the alternatives surrounding them, which in both situations were linked to the loss of her mother.

The awful dilemma of having to face reality which appears to be unbearable and is yet necessary for survival is solved by the creation of a retreat where reality is simultaneously accepted and denied. In her desert-island state of mind she was aware that she was neglected and deprived and at the same time comfortable and at ease.

Mr D (Chapter 7) formed alliances with powerful figures in the academic world in his attempt to keep his depression at bay. The organization he constructed helped him to engage in fantasies of a triumphant revenge while at the same time, by keeping these secret, he maintained a subservient and deferential attitude to his current employers and to his analyst. In fact, his hatred was expressed by the way in which he would ignore my interpretations and proceed to describe his excitement with new jobs and new girls which made me feel unimportant and helpless. While he seemed to recognize the effect this had on me, he denied his hatred and continued to maintain that he valued the analysis and that the problems which arose stemmed solely from his need to give his work priority which he was sure I understood. I was simultaneously a figure he valued and one he triumphed over, one he tried to preserve and one he tried to destroy. His manic state of mind was simultaneously an excited, triumphant state and one which damaged his objects and destroyed his prospects. These attitudes appeared to coexist without any contradiction becoming manifest.

Mr E's (Chapter 7) retreat was more masochistic, and involved a state of mind in which present suffering was tolerated and even idealized. In his dream, his gift of faeces was placed in an attractive box and treated simultaneously as a present and as an attack. He took a great deal of care and trouble over the analysis and at the same time had some awareness of the way in which his efforts blocked any analytic progress. In the psychic retreat he kept his objects in a state which was half alive and half dead and this meant that he was able neither to use them nor to relinquish them and mourn them. Occasionally, however, he was

able to emerge from the retreat and to sustain a contact with the experience of loss which enabled a shift towards the depressive position to take place.

Mr C (Chapter 6) was more overtly psychotic and showed evidence of a mad retreat which threatened to break down. To compensate for and patch up a damaged ego he turned to omnipotent objects, Yahweh, neurologists, his analyst, with whom he wanted to identify and whose potency he sought. It was when he felt expelled from the retreat that he felt mad and tried to re-enter it by magical means, such as acquiring a prayer shawl. In the retreat he could do what he pleased, for example, shit where he wanted to because the disposal was the analyst's problem.

Despite the extent of the psychotic disintegration he had some insight into his damaged state when he said with a sense of loss that he once knew that 'I am I', meaning that he had once had a sense of identity and self. This enabled a transitory contact with the experience of loss which could not, however, be maintained. The perverse quality again arose from his awareness of this loss and his simultaneous denial of it as he resolved to solve his problems by omnipotence.

In this chapter the spatial representation of the retreat, as a desert island or as a room on the border, has been described, and I have tried to show how it is represented as an idealized haven and at the same time as a cruel place where life is only just sustainable. The perverse quality is associated with the coexistence of both these views.

At other times the retreat is represented not as a place but as a group of individuals bound together in an organization. The protection is provided by becoming a member of this group which comes to represent the safe haven. It is this second representation to which I refer when I speak of a pathological organization of the personality, and this has already been extensively discussed in previous chapters. In Chapter 9 I will emphasize this way of viewing retreats, and describe how perverse object relations play an important part in creating the rigidity and resistance to change of these structures.

Perverse relationships in pathological organizations¹

The complex structure of pathological organizations of the personality has been discussed elsewhere in this book where I stressed the narcissistic nature of the object relationships involved. In this chapter I will describe how perverse relations between members of the organization, and with the self which is caught up in it, can contribute to the rigidity and stability of the organization.

When development occurs, whether in analysis or not, the patient feels stronger and more supported by his relationship with good objects so that he begins to have thoughts of escaping from the grip which the organization holds over him. He may make tentative movements outside the retreat, but he frequently returns once again as if convinced that he continues to depend on the organization for protection to avoid a catastrophe. In this way he remains stuck in the organization even though the conditions which led to his original dependence on it no longer exist and from other points of view he no longer seems to need it. The patient appears to be unable or unwilling to acknowledge that his circumstances have changed. Sometimes he is afraid to admit his improvement, since to do so is to stand up against an internal voice which tells him that the need for the organization still exists. This failure to admit improvement may appear as a kind of addiction to illness and to a dependence on the organization, and it is here that perverse elements become manifest and are revealed as binding the victim to the oppressor in ways which become very difficult to justify on grounds of need.

The internal situation is commonly presented by the patient as one where a healthy, sane, but weak part of the self is in the grip of a

¹ This chapter is based on the paper entitled 'Perverse relationships between parts of the self: a clinical illustration' (Steiner 1982).