

PERVERSION II: THE PERVERSE STRUCTURE

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In contemporary Lacanian theory, one of the accepted ideas is that there exists such a thing as the perverse structure of the subject, alongside the better-known neurotic and psychotic ones. Perverse structure means that there exists a perverse relationship between subject, Other and lack. Lacan himself did not publish all that much on this subject, and in matters of treatment, his publications are even more rare. His most quoted saying teaches us that:

The whole problem of the perversions consists in conceiving how the child, in relation to the mother, a relation constituted in analysis not by his vital dependence on her, but by his dependence on her love, that is to say, by the desire of her desire, identifies himself with the imaginary object of this desire in so far as the mother herself symbolizes it in the phallus.¹

The link to Freud is obvious, that is, the denial of castration, although Lacan adds something to it, by focusing on the part played in this by identification. The perverse subject is the one that identifies itself with the imaginary phallus of the Other.

If we want to understand this difficult characterisation, we have to turn to clinical praxis. And there we meet with lack again, although this time it's a rather more mundane one. Clinical experience with perverse subjects seems to be lacking; there are not that many case studies to which we can turn. Does this mean that perverse structure as such is rather rare? I think that this is not the case, on the contrary even. As far as I am

¹J. Lacan. *Ecrits, a selection*. New York/London, Norton company, 1977. pp. 197-98.

concerned, if we can't find it this means that we are looking for it in the wrong place. Following Freud and Lacan, it is obvious that we do not have to look for perverse traits – they are everywhere. We have to look for a certain kind of relationship, between the subject and the first Other, which will be repeated later on by this subject in relationship to other Others. And this brings us to two topics that are very much present today, that is, the forensic clinic and child abuse.

Child abuse and the effects on the advent (or coming into being) of the subject

Joyce McDougall begins one of her books by saying that human sexuality always contains something traumatic. Strange as it may seem there is a close link between sex, trauma and sexual abuse. If we look at this link from our point of view, sexual abuse is one way in which the relationship between subject, Other and lack is realized. Historically speaking, this is even Freud's starting-point. Indeed, his very first theories focused on sexual traumatic events and Freud assumed that every adult psychopathology was based on incest or infantile seduction. From 1900 onwards he will change his mind, when he discovers the autoerotic drives and the accompanying fantasies, although he will never fully abandon the idea of a traumatic etiology.

As you all know, it was this shift in Freudian theory that gave rise to a recurring debate. We had Masson who attacked Freud for abandoning the true character of childhood seduction and who discovered incest and abuse everywhere. His ideas gave rise to a kind of American mass-movement of abuse culture, in which virtually every patient was considered to be a victim of sexual harassment, and so on. The whole movement became so hysterical that it changed into its reverse. The so-called recovered memories of childhood abuse were proven to be false - the False Memory Syndrome - and this time the therapists themselves were accused of abuse. Back to square one!

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Needless to say, all this has virtually nothing to do with Freud or with psychoanalysis for that matter, although it would provide a good opportunity for the study of a case of mass hysteria. At the very least it is amusing to see that in both cases, Freud is considered to be wrong. Either he did not believe his patients, because he considered their stories of abuse to be mere phantasies. Or he believed them far too much, and suggested all kinds of weird infantile sexual practices to them, which just could not be true. Either way, he can be dismissed. If we take the trouble to study Freud's theory and practice in more detail, it soon becomes obvious that he is more subtle than that. Freud discovers that the drive in itself is traumatic for the subject, and this traumatic experience will be either repeated or projected onto the Other. With respect to the subject of this paper, we have to combine his early theories on etiology and sexuality with his later theory on traumatic neurosis, in order to understand the very difficult clinic of perversion.

The hypothesis that I want to put forward runs as follows: *if we want to find patients with a perverse structure, we have to look for them in the DSM-category of the so-called posttraumatic stress disorder, especially in its chronic form.* In order to endorse this hypothesis, we need to return to the psychosexual development of the subject in relation to the Other, paying special attention to incest and abuse.

The development of the subject takes place within the dialectical relationship between subject and Other, through the process of alienation and separation. Freud describes the precursors of this process in terms of incorporation and expulsion. The subject-to-be incorporates the pleasurable parts and expulses the unpleasurable ones, which in itself explains the splitting of our psychological identity. This development has to take place within a secure environment, the so-called basic trust. Indeed, the infant is helpless and has to fall back on a big Other who can be trusted. In Freudian terms, this basic trust is secured by the installation of the Oedipal law, which applies, to both parties, both the child and the Other. It is forbidden for the Other to take his own product, that is, the child, as an object of his enjoyment. The prohibition of incest applies in

the first instance to the Other, not to the child. In this way, the Oedipal law opens the possibility for separation, to be understood as the installation of difference. There are two different generations, two different genders, and each one of us has to construct his identity through these differences.

The transition from alienation to separation implies a transition in matters of position as well. In my interpretation, this implies a transition from the passive to the active position. Initially, the child is reduced to the passive position of being suckled, but soon enough it will take up the active sucking position. This is the standard example concerning the relationship towards one's own drive as well as towards the Other: the subject-to-be tries to get in charge, tries to master the drive and the Other in an active way. It is no coincidence that at the end of his work Freud will describe the passive position as the most dreaded one, both for man and woman.² The very fact of being reduced to the passive object of enjoyment of the Other is anxiety provoking. It used to be the major complaint of women, but nowadays, in the aftermath of the sexual revolution, men are bringing the same complaint. Nobody wants to be reduced to the position of mere object.

In this respect, the opposition between activity and passivity can be understood just as well within the primary relationship between the subject and its own drive as within the relationship between subject and Other. The infantile subject desires to return to the original symbiosis with the Other, but it is at the same time afraid of it. Indeed, this return would imply a total disappearance of the subject in this Other. The necessary condition for the development of the desire of the subject is the existence of the function of separation. If this is not the case, anxiety will come into the foreground, the fear of being reduced to the passive object of the Other's enjoyment. A normal development implies that the alienation process is followed by separation. As a result, desire can be

² S. Freud. *Analysis Terminable and Interminable*. (1937) S.E., XXIII, p. 211.

directed outside the initial relationship between subject and Other, with the possibility of creating something new.

In the case of incest and sexual abuse, we meet with an abnormal development, because of the failure of the Oedipal law. The infantile subject longs for the reinstatement of the original symbiosis. Instead of that, it is confronted with the enactment of the phallic desire of the Other. This misunderstanding Ferenczi very aptly denoted as the '*Confusions of Tongue between the Adult and the Child*'.³ Indeed, the child does not understand the sexual-phallic approach by the adult, and that is the reason why abuse is essentially traumatic, because of the lack of understanding. The long-term effects are fairly well known from clinical praxis with posttraumatic stress disorders: dissociation, repetition-compulsion with an active-passive reversal and a fundamental distrust. Basically, the survival strategy of these patients is always the same: they want to be in control, instead of being controlled.

Dissociation is of course the same thing as splitting, the division of the subject, often enough into a bad and a good part. It is precisely in this respect that Freud discovered the opposition between the conscious and the unconscious. The so-called dissociative disturbances of trauma patients are probably the best illustrations of the split between the conscious and the unconscious. As a symptom it is the patient's attempt to get into control of the situation. The resemblance with Freud's idea of denial in perversion is quite striking. In both cases, denial and dissociation, two different worlds are created, each one functioning on its own.

The traumatic-real abuse is split off from the rest of the psyche and grounds the repetition compulsion. The traumatic scene will be repeated by the subject, mostly through nightmares, but in a number of cases through re-enactment as well. The former victim tries to reverse the initial positions by taking an active stance himself. Instead of being a victim, he or she pushes the other into that position. The most striking characteristic

³ S. Ferenczi. '*Confusion of Tongues between the Adult and the Child*' in *Final Contributions to the Problems and Methods of Psychoanalysis*. London, Hogarth, 1955.

of this enactment is the need for control; the subject has to be in charge, every other position is threatening. In the case of a sexual trauma, sexuality is turned into a weapon and a tool, directed against the other. The aim is to have power over the other, instead of the former passive position towards this other.

The third effect is without any doubt the most important one. Instead of the normal basic trust of the Other, we meet here with a basic distrust. The fact of having been abused by the very person or persons who normally should have provided the child with a secure environment results in a generalized distrust and in a tendency to dominate the untrustworthy Other.

On the level of sexual development and gender position, there will be a double effect. An intimate relationship, in the proper meaning of the word, will be impossible, because of a lack of the necessary basic trust. Furthermore, sexuality itself will be used as a tool to dominate the Other. Often enough, the combination of these two effects comes down to something that will be perceived as promiscuity by the outside world. And it is by no means rare for the thin line between victim and perpetrator to be crossed in these reactions, being precisely in themselves coping mechanism directed against the original abuse. As a result, every form of treatment meets with the same difficulty: there is no ground for a positive working relationship, the Other is not perceived as a trustworthy subject who is supposed to know. On the contrary, even the therapist is a potentially dangerous subject who has to be controlled before he or she starts to control the subject itself.

These three effects are fairly well known in clinical praxis with chronic sexual posttraumatic stress disorders. In itself, this is not enough to conclude that these patients have a perverse structure. As Freud taught us, there is always an element of choice coming from the subject itself. Whether someone turns out to be neurotic, psychotic or perverse, is not merely an effect of circumstances; there is something in it coming from the subject itself as well. Nevertheless, it is obvious that these circumstances are almost always present in the history of a perverse subject.

The perverse subject: the perverse relationship between subject and Other

As we have seen in a previous work,⁴ there is no complete human sexual relationship. Our so-called normal sexual behaviour contains perverse traits, based on the pregenital-phallic prehistory and caused by the structurally determined absence of a fully genital relationship. In itself, this makes it all the more difficult to study the transition from this normal sexuality to a perverse structure. The question is: how can we characterize a perverse relationship between subject, other and lack?

In order to grasp perversion as a structural category, we have to start from a more or less generalised clinical picture. Such a picture is to be found in a special kind of clinical praxis, that is, the forensic praxis, occupying a position between the psychiatric ward and the law department. Needless to say, this picture is a biased one: we are dealing here with people who have been caught. I am quite convinced that this does not cover the clinic of perversion in its totality, but for the time being, it is the best thing we have. In these descriptions there are almost always three characteristics that keep returning: (1) there is a rigid, pregenital scenario, (2) which imposes itself on the perverse subject, (3) through which he or she installs a relationship of power and control.

The first characteristic is a classic one, although the accent has to be put on the adjective, that is, the rigid character. There is no doubt that any pregenital scenario whatsoever can be enacted within a neurotic context. Its specifically perverse character has to do with its rigidity, in combination with a lack of freedom. Every deviation from the scenario is a source of anxiety and tension. From our psychoanalytical point of view, we can understand this as a form of repetition compulsion, and not as a form of repetition. Indeed, every repetition, as we know from the neurotic context, contains something new within the ever-shifting imaginary

⁴ P. Verhaeghe. 'Perversion I: Perverse Traits' in *The Letter* issue 22, Summer 2001.

dialectics of desire. The repetition compulsion, on the contrary, as discovered by Freud in the traumatic neurosis, is quite rigid in its attempt to symbolize something from the traumatic-Real.

The second characteristic does not match the neurotic's rosy picture concerning perversion. The pervert is not the easy-going erotic sensualist, quite the contrary. The perverse subject is basically unfree, he is driven in a compulsive way towards the enactment of an almost invariable scenario that is often enough experienced by him as something strange, and its main purpose is first of all the reduction of anxiety and tension. Afterwards, the pervert meets with relief, but also with feelings of shame, guilt and depression. In other words, the perverse subject is a divided subject, even divided in such a way that he is not aware of the very factors that are driving him towards his acts. This explains why he might very well be a quite normal and adapted person within his social life. It is only when the other part takes over that the perversion becomes obvious.

The third characteristic is the most interesting one, and this in several respects. The clinical descriptions demonstrate time and again that the perverse scenario comes down to the installation of a relationship of power; the other has to be mastered. Even the masochist pulls the strings from start to finish; he or she dictates what the other has to do. This power is not restricted to the purely physical aspect; it goes way further. Often enough, the pervert is the preacher of a new ethic of pleasure, thus creating a public of his own that is in his power. Power is not necessarily synonymous with violence, the crucial thing being the relational aspect through which he is in control of the other. This means that not every pervert comes into contact with the law. On the contrary, some of them are propagating a law of their own. Even more so: certain perverts will live their perversion solely within the realm of the propagation and the installation of their law, without ever actually committing sexually violent acts.

Still within the same forensic clinic, we meet with a rather classic statement concerning the psychogenesis of perversion. To put it briefly: former victims of sexual abuse run the risk of becoming perpetrators

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themselves. The original abuse can take many different forms, ranging from sexual abuse as such, physical mistreatment or incorrect gender allocation to general neglect. This diversity is rather confusing, because it makes it difficult to pinpoint the common factor, and because we tend to focus on the more spectacular aspects of it. In order to get hold of it, we need to focus on the underlying structure, that is, on the structural relationship between subject, Other and lack.

The typical educational situation means that the mother is the central character, as she is the first incarnation of the Other. In other words, if the future pervert identifies himself with the phallus of the mother, then the mother must be involved in one way or another. Of course, this is a dangerous statement within the contemporary discourse of political correctness and 'blaming the mother' is quite suspect ever since the idea of the schizophrenogenic mother. We have to remind ourselves that the subject itself is always involved as well. Limited as it may be, there is some element of choice for the subject itself in the psychogenesis. That is why Freud said at a certain point in his theory that it is impossible to predict what kind of psychopathology will develop; the only possibility open to us, is to reconstruct the way in which something came into being.

Nevertheless, it is possible to indicate a number of psychogenetic factors at the base of the perverse structure. And at this point, we have to acknowledge an important difference between man and woman, which in itself explains why perversion is thought to be a masculine business. The general idea is that only men can be perverts, that women are only perverse as a reaction to the perverse demands of their partner. From a Lacanian point of view, this is rather naive. Masculine perversion is explicitly a phallic perversion; female perversion is different, because of woman's different stance towards the phallic signifier. Indeed, following Lacan's gender scheme in his seminar *Encore*, woman relates both to the phallic signifier and to the not-all. In clinical terms, this means that the man invests solely in the phallic and the phallic imaginaryisation of the pregenital, that is, in partial objects. Woman on the other hand, invests in her body as a not-whole and in her child as a product of this body. This is

not without effect on female perversion. On the contrary, the object of female perversion is not restricted to the phallic; it implies her own body and the product of her body as well. This is quite aptly developed and illustrated by E. Welldon.⁵ These are the two objects we have to focus on, if we want to understand female perversion. In this paper, I will concentrate on one of the two, that is, the child.

If we continue this line of thought, it is obvious that every child starts in the passive position towards the mother, it is reduced to the passive object of desire and enjoyment of the mother, and its very first identity starts from this situation. Normally, the child is able to leave this position and to make the transition from the passive to the active stance, by making use of the transitional object. In this way, separation anxiety can be worked through and the Oedipal structure installed. The intervention of the function of the father permits separation and the advent of the subject, because the desire of the mother is directed towards him, thus creating the possibility for the child to direct its desire elsewhere.

Within the psychogenesis of perversion, this process does not take place. The mother reduces the child to her passive object, in order to fill in the not-whole of her body. The child is kept in a position of dependence and remains part of her. In structural terms, this means that the child is reduced to her imaginary phallus in order to fill in the not-whole. The process of separation does not take place, and the father is reduced to a passive observer.

As a result, the child is assigned a paradoxical position, containing gain and loss at the same time. On the one hand, it is the imaginary phallus of the mother, thus fulfilling the tendency to restore the original symbiosis. The price it has to pay for this situation is the impossibility of separation, since there is no possibility of developing an identity and a

⁵ See: E. Welldon. *Mother, Madonna, Whore. The Idealization and Denigration of Motherhood.* N.Y.-London, The Guilford Press, 1988.

E. Welldon. 'Contrasts in Male and Female Perversions' in *Forensic Psychotherapy.* Eds C. Cordess and M. Cox. Jessica Kingsley Publishers, 1996. pp. 273-289.

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desire of its own. The continuation of this situation comes down to the attempt of the child to reverse the whole thing, trying to exchange the passive position for the active one, in which it pulls the strings itself, albeit with the same aim, that is, to keep the original symbiosis intact.

Differential diagnostics with the neurotic and the psychotic structure is not too difficult to describe. In the case of neurosis the desire of the mother is directed to something or someone in the outside world, that is, beyond both child and father. Somewhere outside, there should be someone who is able to answer her desire, but neither the father nor the child is enough. Hence the typical neurotic stance in matters of desire and sexuality: the neurotic always has doubts about whether he is good enough, able enough to answer the desire of any other. Neurotic anxiety about failing is the effect of imaginary castration. In the case of psychosis, the attention of the mother is focused on the child in such a way that it is reduced to the *object a* in its pure form, meaning that it has not been rewritten in phallic terms. Neither the father nor the outside world enters the picture, and psychological development takes place on a much more primitive level. From this point of view, it is indeed possible to situate perversion in-between psychosis and neurosis.

In the light of this developmental history, adult perverse behavior has a double aim: on the one hand, to keep intact the original position of being the imaginary phallus of the mother, hence the pervert is always in the grips of anxiety about losing the (m)Other; on the other hand, the necessity of taking the active position in order to control the other. The pervert fills in the lack of the Other on his terms. This is the paradoxical conclusion (paradoxical from a neurotic-legal point of view): the pervert works like hell for the total enjoyment of the Other, presenting himself as the tool for this other enjoyment.

This reading of the psychogenesis implies that perversion has to be studied within three generations: the mother, her object (son or daughter), and the later object of the latter. The specific gender of the child is not without an effect, because the two genders have a different stance towards lack. Both the perverse man and the perverse woman share the same goal,

that is, the maintenance of and the active control of the original symbiotic relationship with the Other. The difference resides with the object. In most cases, the masculine pervert will present himself as the object of the total enjoyment of the Other, even if he must be in control. The female pervert starts from the motherly position, meaning that she defines the other as the object to fill in her own lack. Hence the fact that her object is either the child or her own body - and the difference between these two is quite small, as she considers the child as part of her own body. It is no coincidence that Freud's most important paper on perversion is about female patients and about the beating of children.⁶

To summarize: the mother keeps her child in the position of her imaginary phallus, the father being reduced to the position of passive observer. The son who has identified with this position will actively repeat the same process with other objects in the position of the Other. The daughter tends to focus on her own child, thus repeating the original process. This is the reason why it takes three generations to produce a perverse structure.

Structural implications of the psychogenetic process

Psychogenetic reasoning is never enough; we have to interpret it from a structural point of view as well. However, such a structural point of view is virtually impossible based on Freud's theory. As we have said earlier on, he focuses on the specific mechanism of defence as the differentiating factor in matters of psychopathology that in the case of perversion is denial. The object of perverse denial concerns the castration of the mother, especially that of his own mother. As a result, the pervert lives in a double world; on the one hand, a world in which the castration of women is recognised; on the other hand, a world in which the castration of the mother is denied. The two do not meet. If we compare this situation to the neurotic one, based on repression, then there is an

⁶ S. Freud. *A Child is Being Beaten*. (1919e) S.E., XVII.

obvious difference. In the case of repression and neurosis, there are no two separated worlds; the repressed and the return of the repressed are always mixed. Already at the time of his *Studies on Hysteria*, Freud had stated that the repression is never a total one, that even the repressed contents remain operative within the ego itself. In the case of perversion and denial we meet with two completely separated instances. The splitting is far more radical; the left hand does not know what the right hand is doing or thinking. This is something that we have to bear in mind, in matters of clinical observation as in matters of treatment. One of the consequences is that the perverse subject is pre-eminently a divided subject who is not aware of what he is driven by. Often enough, he will feel the need to justify and to rationalise his own behaviour. On the level of the treatment, it will be a hard job to get hold of the other part of the pervert, precisely because of this splitting.

Lacan takes Freud's ideas up again within his structural reasoning. The pervert denies the lack of the Other by identifying himself with the lacking object, that is, the pervert identifies himself with the imaginary phallus of the (m)Other, in opposition to the neurotic subject who is always hoping and fearing at the same time that someone else has this imaginary phallus. The aim of the pervert is to reinstall the original situation of a *jouissance* without limit, by putting himself in the position of the instrument of the enjoyment of the Other. In this respect, not only does he refuse the Oedipal law with its symbolic castration; he will challenge it as well and replace it by his own rules of engagement. The Oedipal law concerning castration does not apply to him, but only to the poor bourgeois. He is the exception and takes a special position. As a consequence, the perverse subject is a *hommosexual* one and a hyper-moral one.

Firstly, he is a *hommosexual*, with two m's - not a homosexual. The pervert denies the difference between the two genders by presenting himself as the complete object of the lack of the Other. There is no gender differentiation; everyone is the same before the law of total *jouissance*.

Perversion is not about the male-female relationship; it concerns exclusively the relationship between child and phallic mother.

Secondly, he is a hyper moral subject, even a legislative subject. The challenging of the conventional law of sexual difference shifts quite soon to a position from which he will put forward his own law and his own control, aiming at total *jouissance*. It is by no means a coincidence that the pervert is often to be found in places where you would not expect him to be present, namely in the departments of justice, religion, morals and education. Indeed, it is precisely these arenas that are the privileged ones for putting forward one's own laws concerning the imperative of total enjoyment.

This reasoning demonstrates the superiority of the structural approach over a descriptive one. Following such a structural approach it becomes clear that perversion is not to be taken as synonymous with violent behavioural transgressions of the law. Such a reduction is typical of the forensic approach. Perversion as a structure has everything to do with a certain position towards the law and lack, and the ensuing behavior is just an implementation of this position. Perversion denies the basic Oedipal law concerning the difference between the two genders and the two generations, and that is the reason why the perverse subject is fundamentally an incestuous subject who wants to install another form of social relationship.

This idea of the social relationship is important as regards treatment, as it forms the basis of the transferential relationship, and thus the basis of the (im-)possibility of the treatment. As we are beyond the psychotic dyad, we have to reason in terms of a trio. Again, the differentiation from the perverse traits of the neurotic has to be acknowledged. The neurotic subject is not the one who only dreams of perverse sexual scenarios; he or she is perfectly able to enact his or her perverse traits as well. However, during this enactment the neurotic will avoid the gaze of the Other, because this gaze is, by Oedipal definition, an unmasking gaze, even an accusing gaze. The neurotic has to skirt around, to bypass the authority of the father, which means of course that he

endorses this authority in a massive way. The perverse subject, on the contrary, demands and provokes this gaze; he needs the gaze of the third party as a witness, thus reducing the father and the castrating authority to powerless observer. If we translate this situation into Oedipal terms, it runs as follows: the perverse subject functions as the imaginary phallus of the mother, under the gaze of the father who is, thereby, reduced to a powerless accomplice. This third party is as much the aim and object of the pervert as the object of his perverse behaviour. The impotence of this third party has to be demonstrated, and in a number of cases the pervert will explicitly lecture the other on the poverty of his enjoyment compared to the enjoyment of the pervert himself.

Again, this focus on the perverse relationship is the main difference between the structural approach and the descriptive-forensic one. The actual violent sexual transgressions of the law are not necessarily perverse in themselves. The perverse structure implies a scenario in which the perverse subject turns itself into the tool of total satisfaction of a first other, whilst a second other is at the same time challenged and neutralized in the position of passive observer. The books by the Marquis De Sade are a perfect illustration of this situation, where the reader is in the position of the observer. The creation of such a scenario is more important than any form of factual sexual acting-out, since such an acting-out can take place equally well within a neurotic or perverse structure. It is this structure that will determine the (im-)possibilities of the treatment.

Therapeutical implications

The core of the psychoanalytic praxis is the transference relationship, in itself always a repetition of the structural relationship between subject, other and lack. The neurotic subject puts the other in the position of the one who is supposed to know about the lack, that is, the one invested with phallic knowledge. This in itself explains why the neurotic subject has a demand; he or she wants to get something from the other that he or she lacks, although of course what he or she receives will

never be enough. The perverse subject starts out from a completely different position: there is no lack for him; on the contrary, his other is either the passive observer or the one who is obliged to enjoy because the pervert presents himself as the tool for this total enjoyment. It is this relationship that will be repeated in one way or another during the therapeutic process. The situation in which the pervert presents himself as the tool for the total enjoyment of the therapist, is rather rare within the therapeutic relationship, although far from impossible. The usual way in which the transference relationship with the pervert appears during therapy comes down to the situation where the therapist is reduced to the position of passive observer. In the case of a neurotic therapist, this will be all the more enhanced, because of the neurotic's fascination when confronted with someone who presents himself as the container of total *jouissance*. Such a couple forms a perfect match: the neurotic is fascinated by the lack of lack in enjoyment, that is, by the lack of imaginary castration; the pervert is confirmed in his position of being the imaginary phallus of the mother. The therapy itself is, thereby, perverted.

As such, this situation can be used as a diagnostic tool. When confronted with another neurotic, the normal-neurotic therapist reacts with empathy, meaning that he recognises imaginary castration in the mirror. When confronted with a psychotic patient, the same therapist reacts with the so-called 'praecox-feeling', meaning that he does not feel familiar with such a subject, the mirror image is lacking. When confronted with a perverse subject, the neurotic therapist is fascinated, full of horror and attraction for this promised total enjoyment. As a result, the typical one-to-one situation of the analytical setting is not without danger, far from it. The free association of the perverse patient and the free-floating attention of the therapist might very well give rise to a situation in which it is the pervert who treats the therapist. It is no wonder that analysts who are working with pervers on a regular base, have proposed group treatments, in order to be able to master the transference relationship.⁷

⁷ E. Welldon. 'Group Therapy for Victims and Perpetrators of Incest' in *Advances in Psychiatric Treatment*, 1998, vol.4, pp. 82-88.

The minimal condition for the treatment of a perverse structure can be summarised by the Freudian idea of abstinence. The therapist must refrain from any position of enjoyment. He is neither the phallus nor the one who has to be given the phallus. If he assumes the phallic position, he will present his knowledge as the solution to the problem, the man who is supposed to know in matters of the sexual relationship, thus promising another form of control. If he assumes the position of the one who has to be given the phallus, he will react with anxiety and fascination to the perverse, and this will lead him into the perverse framework in such a way that the aim of the treatment becomes impossible.

In the case of perversion, this aim has everything to do with separation and symbolic castration. The model for this treatment model is to be found in the treatment of the traumatic neurosis, because the transference situation is quite similar. In both cases, the therapy starts with a basic distrust, and in both cases the patient tries to establish control, based on his underlying anxiety of being controlled. The pervert handles this anxiety by strategies of seduction through his discourse on total enjoyment. If the analyst sticks to the position of abstinence, there are two predictable reactions on the part of the perverse subject: his anxiety comes into the open, together with the possibility of a depression.

There is of course a third reaction possible as well, that is, that the patient leaves the treatment. In order to avoid this, we have to tend to a very important aspect of the preliminary situation, which is exactly the same in the case of traumatic-neurotic patients. That is, the initial phase of the treatment has to aim at the installation of a situation of basic trust, the installation of the position of the Other who does not use the subject for his own enjoyment and who is not afraid of the lack itself. This is without a doubt the most difficult part of the treatment. If the therapist succeeds in creating this situation, both the anxiety and the depression of the pervert will come into the open. As long as this is not the case, there is no possibility of an analytic treatment as such.

Usually, the anxiety when it emerges is interpreted as an Oedipal one, meaning anxiety about the castrating father. This is wrong: because

there is no Oedipal father present, the anxiety of the pervert is directed towards the maternal super-ego. It was the first Other who got control over him, the perverse scenario being at root an attempt to reverse this situation. When this reversal fails, primal anxiety returns. This is the reason why behavioural super-ego therapies are bound to fail: the punishment and reward system of such approaches misses the point, because there is no Oedipal point. Just think of the main character in *Clockwork Orange*, the boy Alex who makes up all kinds of sadistic phantasies while reading the bible during his treatment. The anxiety of the pervert has to be situated on a more primitive level; it is anxiety that is much closer to psychotic anxiety. This is another reason why a group approach might be more effective than the classical therapeutical setting - a group situation is a better instrument for creating the Other as a symbolic entity.

The mourning reaction is quite typical. Indeed, when the pervert loses his identification with the imaginary phallus, he is reduced to being nothing at all. At this point, the treatment leaves the classical analytical path, that is, the process through which associations are analysed. Instead of that, we meet here with a process that is analogous to the constitution of the subject itself. In the normal situation, a subject comes into being through the double process of alienation and separation in relation to the Other. This process is set in motion through the desire of the first other, that is, the mother. During the therapeutic process, the desire of the analyst has to function in the same way, in order to make it possible for the subject-to-be to create an identity of its own, in confrontation with and in relationship to someone who does not reduce the subject to his own *jouissance*.

This is the almost impossible symbolic challenge in the treatment of the perverse structure.

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