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Role of the ‘Collated Internal Object’ in Perversion-Formations

It is impossible to deny that in their case, a piece of mental work has been performed which, in spite of its horrifying result, is the equivalent of an idealization of the instinct. — FRED (1919/4).

It is true that the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast. Nevertheless, the point of it is not its symbolic value so much as its actuality. — WINNICOTT (1953).

FRED had at the very beginning of his researches established the fact that it is ‘a piece of mental work’ that is at the root of perversion-formations. It was to take some half-century and more before psycho-analytic theory could account for the true character and role of this mental work in terms of precocious ego development (cf. JAMES, 1960). Starting from a very different angle, WINNICOTT (1945, 1960) established the necessity and role of the provided object (maternal) if the psychic fruition of the innate maturational capacities of the infant-child are to actualize. In perversion-formations, the role of these two factors is perhaps more dynamically operative than in any other style of personality integration.

The hypothesis I wish to offer here is that during the infant-child stages of a pervert’s development, there is a specific quality of maladaptation and/or excessive impingement by the primary (maternal) environment, which is compensated for by a precocious ego capacity of mental work that leads to the creation in the inner psychic reality of a ‘collated internal object’, which is the pervert’s equivalent of what WINNICOTT (1953) describes as the transitional object in ordinary normal development. This ‘collated internal object’ the pervert can experience and actualize only through specific sexual events. For this argument it is necessary to establish three basic features of perversion: (i) The necessity of the presence and compliance of an external object. (ii) The nature and quality of an organized phantasy-system, unconscious and unknowable, in the subject (the pervert). (iii) The reality of an experiential situation in which the above-mentioned factors can be actualized. Space, motility, sight and touch are essential ingredients of this experiential situation.

A great deal of confusion in analytic theorizing on perversion derives from the fact that these three factors are not kept in focus. Pervert phantasies without practice do not constitute perversion. On the other hand, brutal, sadistic or masochistic sexual acts in mental defects cannot be designated as perversions because they are lacking in that imaginative mental work which is, according to FRED and clinical experience, essential to perversion-formation. The pervert needs an object and his own phantasy-system to actualize that sexual event which alone gives verity and validity to his experience of himself in life.

Furthermore, it is necessary now to revise our preconceptions regarding the true character and nature of perversions. Perversions have a specific psychic structure all their own, which can on the one hand subsume neurotic and psychotic elements, and on the other can be compatible with normal living. The rigid bias of defining perversions as either the obverse of neuroses or a defence against psychotic states can and does hinder our true understanding of perversion-formation. Perversion-formations are much nearer to cultural artifacts than disease syndromes as such. This, of course, does not mean that perversion-formations are not pathological in their character; it only highlights the reality in the pervert’s experience of his own perversion as something that is not necessarily sick and foreign to his sensibility and character (cf. ROSOLATO, 1967). Perversion-formations occupy a role in the total life of the practising pervert that is different from that of neuroses and psychoses in the lives of the psychiatrically ill persons.

The pervert is, to some extent, and significantly, distanced and disassociated from his pervert acts and devotes a mental care and effort to the fruition of his obsessions, which in many ways is comparable to an artist’s pursuit of his vision and its actualization. It is this factor that places the pervert in a very special relation to his sexual events, and some of the insolubility of the pervert and his sense of alienation from the very achievement of his wishes derives from this factor. To establish the personal equation between the private true self of the pervert and his sexual events is often as difficult as to identify how much of a writer’s characters are him and how much generalized abstractions (cf. SMIRNOFF, 1968).
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Concept of the ‘Collated Internal Object’ : A Case-History

Drawing on the researches of Freud and of Melanie Klein, Heimann (1952) has postulated: ‘When the ego receives stimuli from outside, it absorbs them and makes them part of itself, it introjects them... we can define the beginning of the ego with the first introjections of another psychological entity.’ It is not my intention to go into the whole complex theory of internal objects here. I shall restrict my discussion to a specific mode of this process in perversion-formation. In Chapter I I offered the hypothesis that in certain styles of mother-infant relationships what the infant-child internalizes is his mother’s idolized image of him. This idolized self of the child is the ‘created-thing’ and different from the child’s total experience of himself. I then discussed some of the consequences of the child’s relation to this idolized self as an internal object and how it distorts the person’s future relation both to self and others (cf. Stoller, 1968). I stressed the fact that the relation to the idolized self as an internal object usurps most of the cathexis of the reparative drive towards others, especially in perversion-formations.

Here I wish to examine a specific use of the mechanism of projection which leads to what I am calling here the ‘collated internal object.’ I shall illustrate my hypothesis with a case-history, because it strikes me as paradigmatic.

I shall recount the events in their chronological order in the clinical situation. A young woman of thirty years of age had sought treatment because of acute agoraphobic anxieties which were now paralyzing her whole life. She was a very pretty and elegant woman, happily married with two sons. For her first consultation she had arrived with her au pair girl, who was barely eighteen years of age. The referring physician had warned me that she had great difficulty in travelling alone and being alone, and he had hoped I would not be too rigidly classical in my approach. So I was prepared to meet her companioned. What, however, I had not been prepared for was the fact that she would insist that the au pair girl sat with us during the consultation. I was a bit nonplussed, but accepted the situation. She gave a very good and lucid account of her life-history. She was an only child. Her father had both been severely crippled by a car accident soon after her birth and had died when she was seven. She had very happy memories of him from her childhood because she had been his sole ‘companion’ while her mother went out to work.

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The mother was an ambitious and rather intense person. After the father’s death, her mother had brought her up very strictly, insisting she should work hard at her studies and get university education and go in for some profession. The mother re-married when she was thirteen. Her stepfather was younger than her mother and not very cultured.

At puberty she had suddenly blossomed out into a very pretty girl and was always being pestered by boys. So to avoid the nuisance of it all she suddenly married, at seventeen, a man some twenty years older than herself. He was a kind, gentle and wealthy professional person and her mother had made no objections, which had surprised her very much. She had her first son when she was eighteen and the second at twenty. She had enjoyed rearing them and they are both happy strapping young lads. Only the younger one has her difficulty about travelling alone to school. But once he is there he is all right.

While I listened to her narrative, I could not help noticing that the au pair girl had become noticeably dejected and apathetic and anxious. When she paused to ask me whether there was something else I would like to know, I merely enquired how long her au pair had been with her. She said for two years and they had brought her with them from their country of origin. Then she most genially and innocently asked me: ‘Do you think you will be able to do anything? None of my doctor’s pills have done much.’ I asked her how long her symptom had been bothering her, and she said since they arrived in London, which was a year earlier. She now told me that in her home country she had led an active life of sport, with a great deal of sociability, though she had never been happy left on her own.

It was not possible, of course, to ask any personal questions in the presence of the au pair girl. I had deliberately allowed her fall headway to arrange and organize the clinical situation as she pleased, because I felt she was enacting something very vividly and I should let it happen even if it made me look somewhat a fool. She asked me how the analytic treatment was done. I explained very briefly and added that in her case one difficulty would be how to enable her to use the couch alone. She thought that was a very funny way of putting it and added that of course the au pair girl would not be sitting with her in the future, only today she had to do it because the girl was studying psychology and was very interested to find out what an analyst does, and she had promised her that she would let
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her sit-in. This made me look even more of a fool, but I let it pass without comment. We arranged times and agreed to start her analysis the following week. As she was leaving, she remarked: 'Isn't it a great shame that I have been in London a whole year and have not been anywhere, seen anything, or done anything. But I really feel so terrified and helpless.'

She started the treatment and came regularly and chattered away pleasantly. It was one of those treatments where each session works all right: material is produced, interpretations given, and yet nothing happens. I shall now report her first dream after some six months of analysis.

She had managed to give her first dinner party, and it had been a success. Her husband had been very pleased and had given her a watch as a surprise gift. Socializing was very important for her husband's profession, and he also enjoyed having friends to dinner, and he was a person much liked by his friends and business associates.

Her dream was: 'She is expecting guests to arrive and is restless and on edge, fussing everywhere. No one turns up, and even her husband is not there. Suddenly, the door-bell rings and she wakes up in panic.'

In her association to the dream, she emphasized how very different the experience in the dream was from what had actually happened the evening before. She had in fact been at ease and had handled the whole evening both graciously and elegantly. The emphasis of my interpretation, however, was twofold. First, that through the dream she was trying to tell me that she was very much afraid that she would lose her symptoms without having been able to tell and share with me her true predicament. The bell which had woken her up in the dream I linked with the bell she always hears just before the end of her session, announcing the next patient. The second point I made was that it seemed to me that in this dream she was trying to show me an excitable and different aspect of herself, which so far she had not been able to include in her narrative of herself; and I felt very strongly that the dream was referring to actual experiences and memories.

We were only a few weeks from the summer break, and she reacted to the dream and the interpretations with a series of absences – some of them because of her having a cold, and others because of her children having some ailment. In fact, in the three weeks following the dream, I only saw her about four times. We were both aware that she was trying to postpone something until

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after the break, and I myself was not for pressing the point. It is my experience in the treatment of perversions that nothing is more damaging to the progress of the clinical process than curiosity, no matter how rationalized on the part of the analyst, to coerce a confession of phantasies and/or actual experiences from the patient: before the patient is ready to share them in a way that is meaningful to the patient. I had by now many clues which made me think that this patient had an extremely organized system of either perverse phantasies or practices. During the last session before the break she was very apologetic that she had not really succeeded in telling me anything about her 'other self', as she called it, but that it was all very acutely embarrassing, and she hoped that she would do better after the vacations. She also informed me that in her own country she had consulted a psychiatrist for some six months, and the whole thing had broken down because she could not speak in the face of what felt to her like accusations that she was deliberately hiding and holding back her material.

After the summer break, which in her case was rather long, extending over a period of some eight weeks, because she had to return to her own country with her children, she arrived in a distinctly different mood. She reported that her phobic states had definitely diminished, but instead, for the first time in her life, she had been overtly depressed and disinclined to do anything.

To summarize the work of the three months that followed, gradually what she was able to report was an event that had happened to her some five years earlier. Her husband had gone abroad for a week, and she had driven her son to her in-laws for the weekend, which was some 200 miles away from their own residence. She was late on returning home, and something went wrong with the engine of her car. It was difficult to find a garage, but she did succeed in finding one – a rather shabby, old ramshackle place. The man agreed to look into the engine, and while he was trying to work she was very chirpy and excited, and teased him. He told her that he was going to gag her and tie her up so that he could get on with his work, and that he had no intention of staying there till midnight with all that interference from her. She provoked him further by saying, 'Well, you try.' Whereupon the situation evolved that he had tied her hands and feet, and tied her scarf around her face – all in play. And then, of course, as she put it, he 'raped' her.

While giving an account of this sexual event, she made the pertinent comment that though it had been totally unexpected, and
had both excited and terrified her very much in the beginning, at some point she had the same feeling as one does when reading a book and discovering halfway through that one has read it all before and the whole thing comes back to one. She assured me that she had been completely faithful in her marriage up to this point. In fact, she had experienced no heavy petting even in adolescence, which was very unusual for her culture. Another feature of this sexual event had been that it was the first time she had experienced orgasm—and yet in her description, she emphasized that basically she had been an onlooker, even though the whole thing had been experienced very intensely in her body by her. Furthermore, she told me that she had not felt guilty about it in retrospect, and had returned home and put it aside mentally. The man, however, had noted her address and came round a few weeks later, offering to look after her car. During the following two years, on one pretext or another, they met quite frequently and there was always intimacy. However, it never became a relationship—nor did it at any time threaten her relation to her husband.

I shall pick out from her long and complex account over the next three months only those elements which were instrumental in our putting together the history of her early childhood development.

The first thing that had struck me was that in all these sexual events, she was, to use her phrase, 'gagged' first, and then she looked on intensely with a terrorized fascination as he settled down to tie her in different postures before the actual consummation. I asked her about her father, and now she told me that he was a brilliant scientist, who was also an alcoholic. She did not know this, of course, when she was a child. He had had his car-crash when returning home in a drunken state. He was some ten years older than her mother, who was also a teacher and highly educated. As a child, during his lifetime, she was left to keep him company. The cost of the treatment and operations on him had impoverished the family very much, and therefore there was no help. He had suffered severe spinal injuries and both his legs were paralysed. Therefore he always sat in a chair, and 'to alleviate his pain', because that was the story told to her then, he would take huge gulps from a large bottle. He read to her endlessly from books, but she could notice that his eyes went intense and glassy towards the end of the afternoon, and his speech was slurred. It was only long after his death that her mother had told her that her father had been an alcoholic, and how tragic it had been, because it had not only ruined his

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career, but also killed him in the end. In her own actual postures in sexual intimacy, there were some very exact reduplications of what as a child she had seen and sensed in her father. For example, he was very adept at making little toys for her with bits and pieces which he would glue together, and had a very cunning way of using string to make them mobile so that she could pull them around. She had some of them still, and showed me a few. They were really very ingeniously made. Complementary to it was the fact that it was her mother's explicit instruction to her that she should not be rowdy and restless with her father, and she was therefore a very quiet, subdued, and compliant child.

The garage-man with whom she was having an affair was an uncouth young man, whom she described very vividly as always smelling of cheap liquor, sweat, and oil. From here, gradually another detail of her experience of her father very painfully came to the fore—namely, that after the car accident, her father had lost control of his bladder, and he was always, to use her phrase, 'dripping into a bottle'. She remembered very sadly how there was always a faint smell of urine about him. From these details, it was possible to collate part of the components of her internal image of her father—an image which had remained very hidden and unknown to her until this particular event. In fact, she had not been very much distressed by her father's death, and until puberty had been a very studious and withdrawn child. It was only at puberty that she had become a highly excitab le, Lolita-type person, from which she had taken flight into the safety of marriage.

Another aspect of her latency was the lack of any cultural interests or games. She had lived in a somewhat somnambulistic state, and from puberty she could recall no phantasies or auto-erotic experiences. One of the gains to her from her affair with this garage-man had been that when he had left, she found herself masturbating in a ritualistic way, for the first time in her life. There was not very much phantasy to this masturbatory activity; only some of the features of her sexual intimacy with this man were repeated. She would lie in the bath and tie herself up, hand and foot, and somehow manage the tap-water to rush over her genitals in a way that would eventually lead to a sort of orgasm.

All this material occupied us for some three months. During this time she had become capable of travelling to analysis on her own, without a companion. During the last session before the Christmas break, she reported a dream. The dream was that she had come to a
session and she was startled to find me dressed in a transparent skirt and blouse. Though she knew it was me, it did not look like me – I had long blonde hair and was smaller in height. She remarked how vividly she had seen the genitals through the transparent skirt. My only comment to her on this dream was that she had indicated to me that somewhere in the next phase of her treatment, she would need to use me in a feminine way, but with a masculine genital capacity.

She had responded to this by saying, ‘You wait till you hear about it.’

She returned from the Christmas break in a very manic mood. She had managed to go abroad with the children, without the *au pair* girl, and had had a really gay time. But when she had gradually settled into the treatment, after having regaled me with all the gossip of her vacation, I reminded her about the dream that she had reported in the last session. It was here that she gradually narrated the second sexual pervert event in her life. About two years earlier from the time when she was talking, her husband informed her that most probably they would be coming to Europe for three years. This made her decide that she would like to learn a language – her children had grown up, and she had a lot of time. Somebody suggested that they knew a French teacher who was very good, and that she should take lessons with her. And she started the lessons. The teacher was a woman who was just a few years older than her, very intelligent and unmarried. She found it very difficult to start work and could not concentrate, and, to use her phrase, ‘mucked about in the lessons’. One day the teacher remarked to her that she behaved like a fraticulous child of five, and that if she was not careful she would be spanked. This excited her enormously, and very soon she had tantalized and provoked the teacher into spanking her.

From here, the intimacy between her and the teacher really evolved very rapidly, and before she could realize where she was in the relationship, according to her, the teacher was having sexual intercourse with her with an artificial penis. She had told this teacher about her affair with the garage-man, and therefore the teacher had also tied her up. It was here that we were really able to collate a very great deal of significant material about her early memories of her mother, and it is these elements that I shall pick out from the total complexity of the material for discussion.

I shall summarize some six months of work here. She gave the whole account in great detail and with a manic exuberance at first.

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She had *memorized* every detail. She went for her ‘lessons’ each day of the week, and they had become the ruling obsession in her life. She lived for them. They preoccupied her all day, and she was always preparing for the next ‘lesson’, she said, though this preparation was entirely a body-state with little conscious phantasy. She felt she was two distinct persons: the wife and mother who attended to the care of her family, and ‘the other person’ who was seething and frenzied within about what would happen in the next ‘lesson’. It was a silently agreed part of the ritual that throughout the relationship, which lasted for some eight months, it was never verbally stated or acknowledged in any other way that they were having a sexual affair.

She went ostensibly for her French lessons and the teacher made her work really hard at them. Only during the lessons, some ‘naughtiness’ (her phrase) or other lapse on her part would start off the game. For example, the teacher would notice that she was wearing a torn stocking, or had a button missing on her blouse. At other times the patient would prearrange the ‘naughtiness’, like not wearing her bra or pants. Invariably, it would lead to chastisements, then caressing, and eventually intercourse with the artificial penis. Just as the use of the scarf to ‘gag’ her had yielded rich clues to the collated introjections of aspects of her father during her relation with the man, in this case it was the fetishistic use of the artificial penis that had been most symbolic and revealing. She described with what frightened fascination she would watch the teacher strap it on, and how bizarre, authoritative and awesome it looked. She was sort of hypnotized and intimidated by it. And it had an inexhaustible potency, unlike a male penis. One of her telling phrases was how the sight and presence of the teacher with the artificial penis drove her out of herself. Here, her descriptions of the look and mood on the teacher’s face were most instructive. She said that though the intercourse would always start very tenderly, gradually she could watch a violent tension and dismay creep over the teacher’s face, and it would fill her with helpless terror and acute concern. She would feel as if the teacher would either explode or exhaust herself to death.

Another aspect of the same situation was sudden panicky feelings in her that the teacher would go mad trying to reach a climax, and in the process annihilate her. At some point, the teacher would stop and collapse into a dismayed exhaustion. It was this effect in the teacher’s experience that preoccupied the patient most while away
from her. She strove hard to see at least once a look of satisfaction on the teacher’s face, but it never happened. She herself derived more satisfaction from watching what the teacher did to her and how she would do it, and did do it, than from the actual body-experiences. It was a complex ritualized game and they played it together with a fanatic seriousness and loyalty. She never once remarked that she loved the teacher or that the teacher loved her. From her account, it looked as if both of them applied the best of their individual talents to actualize a sexual event. Individually and privately they stayed impersonal and distanced from it. Here, one sees the essential paradox of most perverse sexual events and situations. Gorer (1962a), in his essay on Marquis de Sade, has offered the hypothesis ‘that there is a close connection between theatricality and true sadism . . . the sadist is acting out a play with an audience of one’.

From the patient’s description, one was left in no doubt of an almost maniacal element in the teacher’s role as the rapist with the artificial penis. The patient, as the victim in this game, was always striving to assuage the violent insolubility in the teacher’s excitement and pent-upness. A task in which she never succeeded. In the end, she had got so run down in health from this manic frenzy in her and the sexual events, that her husband got worried and compelled her to see her doctor, who had sent her to the psychiatrist. It was during her visits to the psychiatrist that the agoraphobic symptoms started. She could not possibly have told him about the relation to her teacher, she said. Eventually, the treatment had stopped when they left for England. The relation with the teacher stopped at the same time, and she had experienced neither regret, nor sense of loss, nor nostalgia for it. Gradually, the phobic symptoms had taken over and paralysed her whole life before coming to her analysis with me.

Before I detail our reconstruction of her relation to her mother, I should state a bias in my handling of this patient’s material. I knew she was leaving in six months’ time to return finally to her country, and that was all the time I had to work in. So I decided to focus on the meaning of the fetishistic object – the artificial penis – and I exploited it to reconstruct her early relation to her mother. For my theory here, I was drawing almost exclusively on Winnicott’s (1948a) paper. There he states: ‘It will be seen that these children in extreme cases have a task which can never be accomplished. Their task is first to deal with mother’s mood. If they succeed in the immediate task, they do no more than succeed in creating an atmosphere in which they can start on their own lives.’ Just as in the case of her relation to the man I had not treated the affair as a heterosexual relationship between a man and a woman but focused on the enactment of aspects of the introjected aspects of the father, in this instance also I interpreted the sexual events as a way of remembering, and that my task was to help the patient cognize the introjections of her mother from her earliest childhood. Even at the risk of parodying Winnicott (1952), I would say that I considered these sexual events as dramatizing something that is before object-relationships – that is, a sexual enactment where the unit is not the individual, the unit is an environment–individual set-up.

After I had collected sufficient details of these sexual events from the patient, I interpreted to her that the fetishistic artificial penis of the teacher represented the patient’s mother’s dissociated unconscious, which the patient had had to cope with throughout her childhood, and of which she could not possibly have a conscious and cognitive awareness. Now we began to get a most vivid and interesting recall of her mother’s personality, from my interpretations of the teacher’s mood and affectivity in the sexual events.

I have already mentioned how the patient in the very first session had talked of her mother as an ambitious and intense person. Now she gave a very vivid account of how her mother had to be active and busy all day. She could never rest for a minute. How well she remembered her collapsing into exhaustion every night when she could hardly move. That her mother was a frenzied and driven person, always preoccupied with some task or other – I linked this with the look on the teacher’s face. Furthermore, she stated that though her mother could not have been more devoted to her father, or looked after him better, she had never heard her speak kindly to him or seen her kiss him tenderly; that she had always been afraid of her mother, though her mother had never punished her. From earliest childhood she had dreaded that her mother would one day blow up because she was so tense and pent-up. How her father’s mood would change the moment her mother would return home: from a gay, playful, gentle person, he would shrivel up into a frightened, whimpering invalid. She even said that she could see now that her father would deliberately get drunk before her mother returned. In another context, she remarked that though no one could describe her mother as an unhappy person because she was always doing something, she had also never known her mother to be relaxed and happy. Similarly, though her mother paid great
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attention to her clothes and body-care, she hardly ever gave her any toys or presents, or played with her. It was always something useful – like chalks, books, drawing-boards, etc. And until her stepfather arrived, they rarely had guests, and she had no friends of her own age to play with after her father’s death.

Another meaning of this fetishistic artificial penis which her teacher had used came through very clearly in a dream that the patient had during the last month of her analysis. The dream was: ‘She was standing, wearing this penis. Her mother was in the room looking at her, and the patient was crying.’ In her associations, she had stressed how throughout her childhood her mother had dressed her in an indeterminate way – by which she meant that she was neither dressed particularly like a girl nor like a boy. Also she had always felt that her mother had very little understanding of girls. From this it was possible to say that the artificial penis also represented the mother’s image of her whole self as ‘a phallic thing’. It was following this dream that in this patient a very intense mood of disillusionment set in. It could not be described as depression. She felt very bitter at having been cheated of something throughout her life – to begin with by her parents; later on in a certain way by her husband, whom, because he was much older than her, she had always treated more as a father-figure than as a lover; and then from both her affairs, where she felt that though she had experienced a frenzied sort of passion and excitement in them, it had brought her nowhere near to feeling true emotions.

It was this mood of disillusionment in her that she found most unbearable to tolerate, and at times she would be very accusative that analysis had harmed her by spoiling her manic attitude towards life. And it is true to say of her that she had gone through life disregarding everything that was conflictual or psychically painful. Parallel to this disillusionment was a sense of alienation and distance from everything. She remarked often in this context that all her life she had felt that her way of experiencing was different from those of others. She could get very het-up, passionate and interested about people and things, but it was always transient. One day, she said with great sadness, ‘If only I could at least hate someone’ – because in fact she did not. Her whole life had been organized around libidinized ego-interests rather than proper affects and feelings or object-relationships. She had always been fair to everybody, but involved with no one.

From all this material it was possible to see very clearly how

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throughout her life she had been two persons. One who lived in reality, largely reactive to others, quite gay, and with a tendency to get run down every now and then, or to use her phrase, ‘feel emptied out and drained’. And the other person who had stayed very latent and unknowable to her until these two affairs. One cannot really call this a person – it is what I am describing here as a ‘collated internal object’, which consisted of aspects of her father, aspects of her mother, and essentially the mother’s dissociated unconscious, and an amalgam of self-experiences from very early childhood, as well as what her mother phantasied her to be. This ‘collated internal object’ inside herself she had no personal awareness of, and it is my contention here that one of the prime functions of such pervert sexual events and intimacies is precisely that they present the setting and the area for this type of intrapsychic structure to be acted out, actualized, and known.

Towards the end of her treatment and stay in England, some of the acute pain and bitterness of her disillusionment, and the sense that all her life she had been an alienated person, and hence a fake, abated. She began to talk of her wish to go back to university and get a proper degree. And that is precisely what she did, on returning to her country. In the four years since the end of this treatment, she has kept in touch with me by writing every Christmas, briefly and reticently, and giving me the news of her family and herself. She is about to obtain a degree in literature, and all seems to have fared very well with her – though she does persistently say that a certain glow has gone out of her life, and I can well believe it.

I have not said much about the transference of this patient, because I do not think the sort of use she made of me throughout her treatment could be accurately conned by what we mean by transference. She was always genial, sometimes hostile and defensive in a self-protective way, and easily suspicious, but one felt that these were all oscillations of her own intrapsychic state. They really did not include me very much as a person in the transference. When she left she was sorry and sad, but again there was a sort of resigned acceptance of things. The absence of mourning, like the absence of real love in her life, is very characteristic not only of her but I think of perversions in general.
CONCLUSION

Glover (1933) has asked the basic question regarding perversions:

It is worth enquiring whether a perversion is not in many cases a symptom formation in advance, or the sequela or antecedent of a symptom as the case may be—-a prophylactic or a curative device.

In my discussion now, I shall offer certain ad hoc propositions relating to Glover’s question and in the context of my clinical material:

1. At the root of the personality of the pervert is a dissociation. I am borrowing the concept of dissociation from Glover (1943). He has postulated:

However fragmented the early ego, there is from the first a synthetic function of the psyche, which operates with gradually increasing strength. As development proceeds, the nuclei merge more or less... and a coherent and complicated ego structure appears... the original state of nucleation of the ego is fatal for its later strength or weakness.

Glover then goes on to say that the concept of dissociation is more serviceable than that of nucleation. And elaborating his argument, Glover added that, in addition to the dynamic, economic and structural approaches,

one ought to take into account the highly individual factors of development, and the relation of the total ego to its immediate and potential environment.

and advised that we should extend the concept of fixation ‘to include the fixation of the total ego to any one period of development’.

I shall extend Glover’s concept further, in the light of Winnicott’s researches, to include a dissociation in the infant’s ‘immediate and potential environment’. It is the central argument of this paper that what the infant, who would become a pervert in time, introjects is a dissociated primary object (maternal, paternal, or both). I have tried to show from the material of my patient that what she had introjected was not, according to Heimann’s phrase, ‘another psychological entity’, but disparate aspects of her father, her mother (plus the mother’s dissociated unconscious impinging on the child

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through her reaction-formations and defences against it), and archaic elements of the primitive body-states which are indistinguishable from the object as a discreet not-self entity (cf. Milner, 1952; Mahler, 1969). The disparate introjections gradually amalgamate intrapsychically into a ‘collated internal object’. This ‘collated internal object’ is the equivalent in the pervert’s psychic inner reality to what Winnicott (1953) has christened as ‘the transitional object’ in ordinary development. According to Winnicott’s theory (1953) the transitional object and transitional phenomena ‘belong to the realm of illusion which is the basis of initiation of experience. This early stage in development is made possible by the mother’s special capacity for making adaptation to the needs of her infant, thus allowing the infant the illusion that what the infant creates really exists.’ In the experiential reality of a potential pervert, all these factors are reversed. He has to cope with maladaptive infant-care from the start, and what Freud has singled out as the role of ‘mental work’ I see as the capacity in the endowment of the pervert to compensate precociously by a dual process of idealization of those bits of environmental provision that fit his need and intensification by mental phantasy of partial and inadequate body-experiences of maternal care into a collage, which I am here designating as the ‘collated internal object’ (cf. Chapters 2 and 6).

I am trying to differentiate the dissociation in the given object in the early experience of the pervert, from the later use of defence mechanisms and splitting of the object, which Payne (1939), Rosenfeld (1949) and Gillespie (1964) have extensively discussed in the psychopathology of perversions.

2. Winnicott’s concept of the transitional object helps one to differentiate further the specific character of the ‘collated internal object’ in its role in the inner reality of the pervert. The transitional object is something external, and stays external as an entity in itself, even though brought under the imaginative and psychic omnipotence of the infant’s experience. The ‘collated internal object’, per contrast, is something which is essentially intrapsychic—hence there is a continuous inner pressure to externalize it. This externalization is what constitutes the sexual event. It is inherent to this process that the pervert can never really achieve a complete embodiment of the ‘collated internal object’ in any external-found object. In any given object which triggers off the hope in the pervert that this ‘collated internal object’ can be embodied and actualized, there is by
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definition going to be a failure, because in the process of the ‘game’
of the sexual event and intimacy, gradually the external object’s
own needs and characteristics will begin to impinge – hence the
inevitable result is disillusionment, and the primary affect in the
pervert’s inner reality is not so much depression as the pain of
disillusionment.

3. Glover (1933) has exhaustively examined the various anxiety-
situations against which all perversion-formation is both a defence
and a curative technique. And he has emphasized the role of
libidinization of anxiety as the basic self-saving technique in the
pervert. I am here suggesting that the basic anxiety-situation in the
pervert is twofold: (a) the threat of annihilation; (b) the threat of
catastrophic disillusionment. One technique the pervert uses
against disillusionment is to strive after intensity of erotic experience.
This intensity is also the pervert’s equivalent for object-relating.
Hence, affective integration in the pervert rarely achieves the
capacity of the depressive position.

4. It is here that Freud’s emphasis on the role of the ‘mental work’ in
the idealization of instinct in perversions can be seen most clearly.
Intensity in the pervert’s inner reality and enacted sexual events is
his substitute for feelings and affects. In this context, and particu-
larly in the case reported, one could very easily identify how
there had always been a free-floating excited state in her.

This excited state has distinctly a manic quality, and displaces the
pervert from his inner space to search for an external area of
experience, where, through the instrumentality of another, this
excitement can be processed and actualized.

5. The ‘collated internal object’ from another angle can be seen as
the opposite of the process of objectification in the pervert. And one
further consequence of the presence of the ‘collated internal object’
in the inner reality of the pervert is that it makes any further intro-
jections of whole objects impossible. Therefore, from this angle, the
pervert can be defined as a person who is his own invention and is
perpetually seeking to substantiate himself through the personaliz-
ing participation of the other (cf. Bychowski, 1956). Bak (1968) has
recently offered the hypothesis that the phantasy of the phallic
woman is a ubiquitous phantasy in perversions, and that acting out

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in perversions is an attempt at an ‘orgastic affirmation of the truth
of the primal phantasy . . . by actually engaging dramatis personae,
the phantasy becomes indisputable reality’. It is important, par-
ticularly from the material of this patient, to reiterate that in fact
the ‘indisputable reality’ of the fetishistic artificial penis was in
itself an attempt to arrive at another reality, namely, that of the
mother’s unconscious. The function of the fetish, in this context,
was both to create a new artifact, namely, the artificial penis, which
is cognized and experienced as a separate thing in its own right, and
at the same time which can subsume the unconscious significations
of it representing the mother’s dissociated self.

Stoller (1968) has given perhaps the most dramatic examples from
his work with cases of transsexualism of how much the mother’s
mood, unconscious phantasy, and expectancies, can interfere with
the gender identity of the child. One of the achievements of the
‘collated internal object’ in the psychic reality of the pervert is that
it enables him or her to establish a paradox in inner reality which
protects him from being completely overwhelmed in his person by
the intrusive omnipresence of the mother’s unconscious in his child-
hood experience (cf. Greenacre, 1968). But this technique of
survival by dissociation alienates the pervert for ever from relating
either to his own true self, or another person. At best, there can be
intense episodes of intimacy. Hence, alienation from the self is the
chief personal predicament in the pervert, as the patient I have
reported stated so clearly.

6. The last point I want to pick out is that, though theoretically we
know that sadism and hate are very basic to the potential affectivity
of the pervert, in fact the whole machinery of the pervert’s manipu-
lation of self and object negates the experience of sadism and hate.
What to the outsiders seems patently sadistic, in the pervert’s
personal experience is merely an attempt to reverse the threat of
annihilation from within by gaining omnipotent mastery of the
object. Sartre (1952), in his monumental study of Jean Genet, has
shown very clearly how the incapacity in the pervert to arrive at
personalization of the self continuously leads to what he calls ‘being
gives way to doing’. This emphasis on doing absorbs the pervert’s
sadism and lends itself maximally to the libidinized expertise of
sexual intimacies, which are the pervert’s substitute for object-
relating on the one hand, and his way of denying the threat of
annihilation of his being on the other.
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7. I am grateful to Winnicott for pointing out a very significant implication of the type of work that I have reported with this patient. In so far as all perverse sexual events are an acting out of an intrapsychic situation in which the collated internal object plays a central role, it is important to keep in mind the inherent danger to life of this sort of actualization in lived experience. Here, a paradox is involved. If there are two people who are enacting this intrapsychic potential situation in the pervert, they can deal with it. But if through the analytic work somewhere, the pervert acts out his intrapsychic situation in solo through his masturbatory activities exclusively, then there can be a danger that the whole experience may take on a lethal maximalization, even leading to death, as a way of achieving orgasm. I think it is for this reason that very often, if the bias is against acting out in our clinical handling, the treatment of perversion in a potential pervert can get very stuck, because of the inherent threat that in a one-body situation the process will go beyond the means of the ego to control and regulate it. This may lead to an area where death or self-destruction is a by-product of this search for the completed sexual experience.

6

Fetish as Negation of the Self
Clinical Notes on Foreskin Fetishism in a Male Homosexual

Thus chapter gives an account in two parts of the treatment of a patient, relating to two phases of analytic work with him. Part I reports on the first five years of analysis. At the end of the first phase of treatment, the patient had gone abroad to take up an appointment. I saw him next ten years later, and the second part reports on a year's work since his return.

It is not my intention to superimpose an artificial unity on the two parts. Yet I hope that the inherent logic of the two phases will become clear in so far as such a logic can be conceptualized. One of the things that I learnt from the treatment of this patient is that some patients are enmeshed in a tradition of their own self-cure, which only gradually begins to manifest itself and follow its own relentless course. Inherent to any therapeutic effort that is true to the patient's need and character is one's capacity to allow for the full articulation of this process of self-cure. The title of this paper reflects largely the understanding of the fetishistic reveries and practices as we began to comprehend them in the second phase of his analysis.

PART I

In psycho-analytic literature the fetish has been discussed exclusively as an auxiliary object or device in the service of heterosexual gratification, and as a defence against perversions proper, particularly homosexuality. Freud (1927e) had derived the aetiology of fetishism from castration anxiety relating to the phallic phase. He had established the psychic contents of the fetish as denial of castration and had stated: 'The fetish is a substitute for the woman's (mother's) penis that the boy once believed in and does not want to give up.' By his emphasis on the singular importance of the mechanisms of denial (disavowal) and splitting in the ego's attempt