

Eros and Psychotic Despair

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The author suggests that Freud's theory of sexuality is not adequate to explain the issue of psychosis. The sexual drive presupposes construction of the unity of the subject, whereas psychosis takes root in a period of life when the ego is not yet integrated. In a neurotic subject, suffering is always an expression of sexuality. By contrast, in a psychotic person, even aspects explicitly connected with sexuality represent an attempt to escape from despair. In the former, it is a question of pleasure, and in the latter of relief. In light of these considerations, the author discusses the problem of erotomania.

Erotomania and its Relationship to Psychosis and Amorous Compulsion

Toward the end of the nineteenth century and in the first years of the twentieth, the topic of *erotomania* found some degree of application in classic psychiatry. This nosographic concept came to indicate the delusional construction of an erotic plot in which the *subject* is represented as an *object* of love, and very often as the protagonist/victim of a sexual interest or persecution by a famous person or persons.

Like all nosographic concepts, once it is inserted in a context of psychoanalytic interpretation, it loses its power, and erotomantic fantasy or delusion becomes one of the expressions of the possible symptoms of psychic suffering. Freud (1908, 1911) used the term only twice, and then simply for descriptive purposes that accorded with the psychiatric model.

Lacan, too, used the concept in his doctoral thesis of **1932** before moving on to focus on psychoanalysis.¹ In France more generally, however, the concept received much more attention,² but here, too, psychoanalytic discussion very soon shifted its focus onto the more general problems concerning paranoia, and especially to the theses **Freud (1911)** introduced in his essay on D. P. Schreber. In fact, the topic of erotomania has by now inevitably dissolved within the province of psychosis.

Recently, however, a French journal has revived interest in the subject by devoting an entire issue to erotomania in a much wider sense.³ Besides its classic psychiatric significance, consideration is given to the “new erotomaniaes” as described in current literature and thought. In this publication, the erotomaniac is seen as a person obsessed by anything erotic, in a very wide sense, and the contributions contained therein advance the theory that erotomania is a constituent of amorous passion in general.

Leaving aside this last point, we might pause to consider the fact that a single word, *erotomania*, created to indicate a psychotic pathology, has practically disappeared from scientific literature, and has assumed a completely different meaning in current language. Now, instead of indicating the articulated plots of delusional fantasies with amorous content, it alludes to an almost indiscriminate, compulsive sexual *behavior*. That is to say, one passes conceptually from the central importance of *representations*, even though psychotic, to the central importance of *action*, which comes very close to a perverse solution. The only point in common between the two accepted definitions of the term is the absence of any authentic object relations. However, beneath the surface, it is

¹ In his 1932 paper, Lacan referred to a case destined to become famous, that of Aimée, who was confined to a lunatic asylum for trying, in a state of advanced delirium, to stab another woman. One of the many aspects of this patient's erotomania manifested in her continuing correspondence with the Prince of Wales; she was convinced that she was carrying on an intense love affair with him (though he, of course, was completely unaware of it).

² See **Clérambault (1921)** or, more recently, **Terrier (1967)**, to mention only two examples.

³ See *Penser/Rêver*, “Des Êrotomanes,” 2004, 5.

possible that these two definitions of erotomania may reflect two sides of the same coin.

In this paper, I intend to show how both the *erotomanic syndrome* as described in classical psychiatry, and the one referred to as compulsive sexual *acting out* are in fact two different solutions to the same problem: both express the need to use sexuality to accomplish nonsexual aims, and to confront *psychotic despair* by means of more or less delusional fantasies or through various types of behavior.

By the expression *psychotic despair*, I refer, broadly speaking, to a spectrum of possibilities: starting from the psychic suffering present in frank psychosis (in paranoid delusions, for example), going on to the kind found in the psychotic nuclei of serious borderline patients, and, finally, to the kind that appears to be hidden behind compulsive sexual behavior. According to my theory, the latter may be an expression of latent psychotic nuclei.

In the second part of this paper, I shall present a clinical vignette concerning a serious borderline patient with both erotomanic fantasies and *pseudosexual* acting out. My focus is on the relationship between Eros and psychotic pathology, as well as between Eros and compulsive amorous behavior. Examination and discussion of this relationship first arose with Freud, and this is the point from which we must necessarily set out to explore the original nodes of the problem—the most important of them being the choice to extend the *explanatory* potential of sexual theory from neurosis to psychosis.

The Origin of the Problem: Psychosis and Sexual Theory

Although Freud (1895, 1896a, 1896b) concerned himself with paranoia at the very outset, his first real psychoanalytic essay on it appeared only in 1911: that is, his commentary on Schreber's autobiography. This is a fascinating essay for both its scientific and historical content. Regarding the former, we find here a description of the dynamics of the projection mechanism; the latter throws

light on the vicissitudes of Freud's relationship with Jung, which can be read in a new way that may well contribute fresh insight to the problems that concern us here.

It is well known that important components of Freudian theory on paranoia derive from the studies of **Jung (1907)** and those of **Abraham (1908)**, which attempted to link *dementia praecox* with infantile sexuality. We also know that, when Jung (who had originally recommended Schreber's book to Freud) read Freud's (1911) essay, his unfavorable reaction became one of the reasons for his more general disagreement with the master. Jung's criticism certainly predated the official publication of Freud's essay and was more generally concerned with the libido as a sexual drive; however, it may be that this essay of 1911 (particularly the third part, on the paranoia mechanism) marked an important stage in their breakup, given that some of its passages may have given Jung an opportunity to sharpen and focus his criticism.

One confirmation of this is what appears to be the somewhat dutiful but naive defense of Freud later taken up by **Jones (1953)**, when he recognized that this essay marked the beginning of the Freud-Jung falling-out. According to Jones, this resulted from some slightly ambiguous passages in the text that could be attributed to the character of the German language, being less precise than either English or French, and Jung may have read one of these in a sense that Freud did not intend. But Jones made no attempt to indicate any specific passage that he claimed Jung misunderstood. The impression remains, however, that the disagreement lay not so much with the theoretical issue of the libido itself.

I advance the theory that Freud's sensitivity to Jung's criticism was heightened by his own disappointment that his first attempt to account for psychotic processes in psychoanalytic theory had produced a result that failed to correspond to his aspirations. Otherwise, how are we to understand the first part of the postscript he felt obliged to add to the Schreber commentary one year later?

I feel confident that every reader with a knowledge of psychoanalysis will have learned from the material I presented more than was explicitly stated by me, and that he will

have found no difficulty in drawing the threads closer and in reaching conclusions at which I no more than hinted.

[Freud 1911, p. 80]

Thus, Freud's real problem did not relate to libido theory in general—which, from the time of his *Three Essays on the Theory of Sexuality* (1905) onward, rested on solid foundation—but rather to the difficulty of using libido theory as an *explanatory* instrument for paranoid etiology, and probably for the entire complex of psychotic pathology.

I think that these preoccupations may, to some extent, have affected the more detailed study on narcissism that led Freud (1914) to construct archaic developmental phases and to give constant attention to reconciling these new ideas with previously developed aspects of drive theory, at times arriving at formulations that were by no means easy to understand (Genovese 2003).

But, to return to Freud's (1911) text on Schreber, let us recall his exact words:

The patient has withdrawn from people in his environment and from the external world generally the libidinal cathexis which he has hitherto directed upon them. Thus everything has become indifferent and irrelevant to him The end of the world is the projection of this *internal catastrophe*; his subjective world has come to an end since his withdrawal of his love from it. [p. 70, italics added]

I emphasize *internal catastrophe* here because this is the cardinal point of Freud's argument. In the light of this passage, the catastrophe appears to be a consequence of libidinal disinvestment that is by no means specific to paranoia; nor does libidinal disinvestment necessarily produce catastrophes. Freud is well aware of the problem as he continues:

The detachment of the libido ... cannot in itself be the pathogenic factor in paranoia; there must be some special characteristic which distinguishes a paranoid detachment from the libido from other kinds From this it

may be concluded that in paranoia the liberated libido becomes attached to the ego, and is used for the aggrandizement of the ego.

[1911, p. 72]

We can see, then, that the unique characteristic of this psychopathological syndrome would be the libido's destination *after* its withdrawal from the external world. However, if we were to conclude with this observation, we would find ourselves left with a phenomenological description rather than an explanatory theory; besides, the problem of the catastrophe would still remain. But why should withdrawal of the libido from external reality be so catastrophic if it is employed thereafter for expansion of the ego? Isn't this what happens in various forms of secondary narcissism, without interior catastrophes being produced—a point that was to be further clarified in Freud's "On Narcissism: An Introduction" (1914)?

Freud's solution here is precise and respects the previously tested model of fixation-regression:

We can suppose that paranoics have brought along with them a *fixation at the stage of narcissism*, and we can assert that the length of *the step back from sublimated homosexuality to narcissism* is a measure of the amount of *regression* characteristic of paranoia. [1911, p. 72, italics in original]

The key component of Freud's explanation can therefore be found in the phrase *fixation at the stage of narcissism*. As noted, this is a coherent solution, although it opens up points for further exploration and reflection because the narcissistic stage has unique attributes quite unlike those of other stages; here the cathexis exclusively concerns the ego, and any alteration at this level will be translated into an alteration of the ego itself and into a possible catastrophic experience.

Consequently, the *internal catastrophe* should not be taken as the effect, but rather as the cause, of the general detachment of libido from the external world. What we take to be the internal catastrophe

in a psychotic crisis—to paraphrase **Winnicott (1963a)**—would actually be the repetition of a catastrophe that has already occurred, and has continued to loom silently for as long as the precarious structure of the ego can resist it.

This need not imply that any alteration in the narcissistic condition is catastrophic, and it can no doubt be agreed that this is only the case when psychotic pathology is present. This point was also implicitly taken up by **Freud (1911)** when he posed the following questions:

Are we to suppose that a general detachment of the libido from the external world would be an effective enough agent to account for the “end of the world”? Or would not the ego-cathexis which still remained in existence have been sufficient to maintain rapport with the external world? [pp. 73-74]

But if we think we have now arrived at a crucial point in Freud's formulations, his conclusion is nevertheless surprising: “But these are problems which we are still quite helpless and incompetent to solve” (**1911**, p. 74). In other words, at present, the *fixation-regression model* appears to be inadequate for providing a full account of psychotic processes.

Freud was to return again and again to the problem of psychosis, introducing, especially after 1923, various modifications to his theories on the mechanisms at work in paranoia and schizophrenia; he and the contributors to the psychoanalytic literature who followed him produced manifold elaborations on the subject, whether the latter have remained on the path charted by Freud or have adopted a more critical and divergent approach. In any case, the crucial problem as put forth by **Freud (1911)** in his Schreber essay, i.e., the *fixation-regression model* as the key to the interpretation of psychoses, remains in the background of most of these contributions, though extensively and variously reformulated, with special attention given to the various possible stages in which to place the fixation.

Catastrophic Anxiety and the Formation of the Subject

The model put forward by Winnicott is extremely useful in clarifying the notion of psychotic processes. I emphasize the expression *psychotic processes* because there are times when Winnicott's contribution is mistakenly interpreted as a radically alternative proposal to Freudian theory as a whole (Genovese 2003). But Winnicott (1959) is very clear on this point:

The term psycho-neurosis implies to the analyst that the patient as an infant and child reached a certain stage of emotional development and that, genital primacy and the stage of the Oedipus complex having been achieved, certain defences against castration anxiety have become organized Where annihilation anxiety, not castration anxiety, is found as an important feature, then on the whole the psycho-analyst will consider that the patient's diagnosis is not psycho-neurosis but psychosis. [p. 130]

As Winnicott explains, we have here two polarities that are hardly ever so distinctly identified in the reality of clinical experience. According to Winnicott, it is common knowledge that the primitive *defenses* structured in psychosis are formed in an attempt to seek protection from *environmental anomalies* in a very archaic period of life. To put it more precisely, the environmental deficiencies that have determined the psychosis belong to a stage of development that precedes the individual's awareness of what the environment provides and whether or not it will continue to do so. In an attempt to establish the time when the psychosis began, Winnicott refers to the degree of the individual's dependence, and not to his or her pregenital drive or to the dominant erogenous zone.

In other words, the psychosis takes root at such an early phase of life that not only has the otherness of the object not been established for the child as the object of cathexis, but also, because the sense of otherness is formed at the same time as the sense of self,

not even the *subject* will have existed yet within the experience of the child's spatial limitation and temporal continuity. Here we are speaking of a phase that precedes primary narcissism. Not until a sufficient unity of the ego has been achieved can it be narcissistically invested in the first place, and only then can it invest the child's objects (cf. **Genovese 2003**).

In this context of primitive indifferenciation, no representational activity is as yet possible. What may develop, for instance, is that

... the loss might be that of certain aspects of the mouth which disappear from the infant's point of view along with the mother and the breast The same loss of the mother a few months later would be a loss of object without this added element of a loss of part of the subject.

[Winnicott **1963b**, p. **222**]

Later on in this article, I will look at the implications of this assumption. First, it is interesting to report that Winnicott's words seem to echo the very words used by **Freud (1926)** in the revision of his anxiety theory:

The traumatic situation of missing the mother differs in one important respect from the traumatic situation of birth. At birth no object existed and so no object could be missed. Anxiety was the only reaction that occurred. Since then repeated situations of satisfaction have created an object out of the mother; and this object, whenever the infant feels a need, receives an intense cathexis which might be described as a "longing" one.⁴ [p. **170**]

The concept of the "traumatic situation of birth" that Freud takes up here derives from a theory of Rank: that this first separation from the mother is the first trauma upon which later separation anxieties are modeled. We know that Freud often disagreed with this theory; as we have seen, he distinguished biological separation,

⁴ For a more detailed discussion of Winnicott's text in comparison with Freud's, see **Genovese (1999)**.

on the one hand, in which the change of status produces objectless anxieties in the blindly unaware infant, from separation as the loss of a libidinally invested object, on the other. And in between these two experienced separations, there is a period—“the repeated situation of satisfaction”—deriving from an *objective* loss, i.e., a loss that is “not subjectively experienced,” as opposed to a loss of *object*, which is at the basis of grieving and mourning.

This is the segment of time explored by Winnicott, and in it we can place the first roots of psychosis. As **Green (1979)** reveals, birth is a catastrophe in the theoretical sense that this term connotes today—a catastrophe overcome by means of the reestablishment of environmental conditions that approach as closely as possible those of intrauterine life. This is the profound and misunderstood sense of Winnicott's *holding*, which is none other than an external “nesting” of the infant. The second birth (though the first for Freud) is the loss of the breast, which will permit the birth of the ego. That is to say, the loss of the breast gives access to the state of reality-ego that assures distinction from the object.

So, in Winnicott's theory, the breakdown occurs as a consequence of the failure of this external “nesting” of the infant, and, to a greater or lesser degree, it is the result of a block to the *subject's birth*, understood as a limitation of the unity of the ego. This type of catastrophe, however, cannot be considered *internal*, since it is set on a psychic level before *internal* and *external* have become differentiated categories in the mind. In this sense, *the end of the world* cannot be a *projection* of the collapse of psychic organization because the one and the other are exactly the same thing. Above all, a catastrophe along these lines does not depend on detachment of the libido from the external world, but on detachment of the infant, which, for many and various reasons, the mother—the infant's *world-self*—effects.

So the loss of “certain aspects of the mouth which disappear,” in Winnicott's (**1963b**, p. **222**) words, then becomes an irreparable laceration, a “black hole” (**Tustin 1981**), into which the embryo of what ought to grow into an integral ego runs the risk of being sucked. And, in extreme cases, this annihilation—regarded as an

overlapping of somatic and psychic—may bear not only on psychic life, but also on the whole of life to come (**Genovese 1999**).

As noted, this is where the first roots of the psychosis take hold. It must be understood that the breakdown, accompanied by the associated anxiety of annihilation, is the precondition for production of psychotic pathology, though such pathology will become organized only later, in the continual and desperate attempt on the part of the altered ego to use its own resources for holding together the fragments of the precarious self. And as for the ego:

There is a difference between the time when the pathology is organized—generally at the second and third years of life, precisely the time that corresponds to the first structuring of the Ego—and the time when it becomes manifest, which varies considerably, from infancy to adolescence and adulthood.

[Gaddini **1985a**, p. 184]

Three Phases of Psychotic Development

From the point of view described above, psychosis can be seen as the result of a three-phase process:

1. First comes the assumption—we might call it the antecedent—that alters the conditions of the *subject's* formation at a primitive stage of life. The emphasis then shifts from the problem of the direction of the libidinal cathexis to that of establishing subjectivity—the differentiation between *me* and *not-me* (Winnicott **1951, 1960, 1962, 1963c**)—and this has repercussions on the achievement of *representation*, which is then transformed into the problem of the formation of the *representational function* (**Genovese 1991**). *Representation* is the capacity to evoke one's own relation with the object (recognized as the other in relation to the subject) in its absence, and hence to elaborate the loss by connecting the resultant anxiety to a potential narration of the experience. In this sense, it is impossible to think

of any activity that is fully representational prior to the differentiation of subject and object, as indeed can be inferred from Freud's text.

It is well known that representation, both conscious and repressed, matures through the connection between sensory experience and language (Freud 1915). Before this can be possible, *thing presentation* will not allow the binding and elaboration of anxiety, which is thus mobilized as indefinite and unlimited. We might even say that primitive anxieties are not only directly proportional to the intensity of the stimulus—internal and external being absolutely the same during this phase—but also inversely proportional to the capacity to bind the latter to the representation. This capacity matures along with the integration of the ego, and any derailment of the ego's structuring can only compromise the stabilization of the representational function. Under these conditions, the problem of laceration (“disappearing aspects of the mouth” or the “black hole”) remains unresolved and continues to drain energy in the subject's desperate attempt to find a way out of an impossible situation.

2. In the second phase, pathology becomes organized and consists in the arduous construction of a solution—one that is never definitive and always wasteful—to the problems of annihilation and vertigo that continue to loom and threaten to suck the individual into absolute *non-sense*. In other words, the original laceration alters the formation process of the more evolved structure, conditioning it to function with the sole purpose of not collapsing, in its turn, onto itself. In order to carry out this function, the ego maintains at its disposal all the ingredients it could collect from the fantastic plot that it has been steadily building up over the course of time, in accordance with the model of the libidinal stages.

With these materials, the ego tries to artificially construct a meaning (through representation, narration, and libidinal investments in them), in order to connect and elaborate an anxiety, which by its very nature and origin can be neither connected nor elaborated. Here the construction has become ineffective because, in spite of appearances, no movement toward pleasure can occur in this model. In the absence of any cohesion of the self, everything is aimed at the desperate *preservation* of its precarious psychic organization.

3. The third phase is that of the crisis and failure of the apparent solution, when the organization collapses and the pathology becomes manifest. Then the artificial connection between representation and nameless anxiety runs the risk of coming apart despite efforts to hold it together, and thus the representation must transform itself into present reality by means of delusions and hallucinations. Alternatively, any distance from the object is concretely abolished in a desperate attempt to restore the primary indifferentiation. This will translate into a compulsive search for sensory contact, which appears to require an object, though in reality it denies and eliminates it.

Catastrophic Anxiety and Sexualization

An important question, therefore, centers around the strategies that the altered ego can implement in order to preserve itself. The most devastating threat to this process comes from the relationship with the object, or, in Winnicott's (1951, 1962) view, with the objectively perceived object, because this involves exposure to the catastrophic reality of its separateness.

Of course, as Bion (1970) stresses, the real problem is not the object as such, but the significance of the relationship established

with it. The multiplicity of objects makes each one relatively easily circumvented, while the relationship itself may threaten to overcome the subject's resistance. We know that Bion's intuition of this led him to shift attention away from the destructiveness directed at the object through invidious attacks, and instead to focus on an attack against the *linking function* that the objects represent (Bion 1959). The breakdown of this linking is one of the most characteristic aspects of psychological defense (Bion 1967), and awareness of this in both theoretical and clinical realms has led to gradual modification of psychoanalytic technique. Technique, in fact, has evolved toward a new focus on the here and now, as well as a far more attentive management of the relational field.

Earlier discussions of the prime importance of the “transformative interpretation” aimed at psychotic levels of the personality have been considerably enriched by contributions that attach more value to the constants of the setting (Bleger 1967), the *analytic relationship*, and especially to aspects that favor the gradual integration of the ego (Winnicott 1962) and the process of constructing the apparatus of thinking and learning from experience (Bion 1962). More recently, these premises have even allowed for positive development in moments of the analysis that were previously considered obstacles to the course of treatment. Ferro (1993), for example, has postulated a developmental function of the analytic impasse as a period necessary for the metabolization of “bastions,” according to the theory of Baranger and Baranger (1969). Undervaluing these spaces or times of gestation or maturation of the psychic structure, instead of recognizing their advantageous influence on the core of the treatment, could lead to the collapse of the ego as a defense, because of the risk that “the lions of the denied unconscious might devour everything” (Ferro 2000, p. 597). Ehrenberg (2000) speaks of the impasse as a real analytic opportunity.

Thus, we may consider the risks that the ego must run in its relation with otherness to be an accepted fact. But less attention has been given to possible confusion between the strategic use of sexuality on the part of the ego to avoid collapse, on the one hand, and sexual problems as an etiological factor of psychotic pathology,

on the other. Relatively recently, the theory has been put forth that a connection exists between the content of psychotic delusions and the masturbatory fantasies of psychotic patients (**Freeman 1989**), but this hypothesis risks confusing the *similarity* of manifest contents with a *causal connection* between the two.

Among the very few who have intuited this risk of confusion, **Green (1997)** addresses the problem of the *sexualization of conflicts that did not have a libidinal origin*. Green postulates a transposition from an early dependence on narcissism to a reliance on object libido. He responds to possible objections that the libido, autoerotic or not, is always the same by stating that any reference to classic theory will prove inadequate, since analytic work shows how easy it is to conclude that the motivating force behind this phenomenon is destructive rather than libidinal.

Very probably, this seeming contradiction derives from the misunderstanding that so often arises when we refer to *primary* narcissism: actually, it is primary only in relation to secondary narcissism, and not because it constitutes the first stage of development. Once we give closer attention to this misunderstanding, classic theory opens the way to getting beyond the narcissistic libido and, in my opinion, beyond the libidinal drive, *tout court*. Let us recall Freud's (**1914**) well-known, above-mentioned comment that:

We are bound to suppose that a unity comparable to the ego cannot exist in the individual from the start; the ego has to be developed There must be something added to auto-erotism—a new physical action in order to bring about narcissism. [pp. **76-77**]

This allows us to posit an area of protomental functioning in which incubation of the ego's integration takes place. In this sense, the process of constructing subjectivity is a necessary condition that not only precedes the possibility of investment in the object, but also of *narcissistic* investment, because it is the unity of the ego that constitutes the *object* of the drive in this second case. We can even go on to state that it is only when the ego becomes the *subject* that it can also pose as the object of its own investment.

This viewpoint allows us to provide a solid foundation for the *inseparability of the drive-object coupling*, as discussed by **Green (2000)**. And, as we have seen, it is in this pre-narcissistic phase that we can place Winnicott's **(1963a)** examination of the issue of catastrophe, because, in my opinion, the individual does not then possess a supply of libido independent from the drive investment that he or she receives from the mother/environment. If, for any reason, this acquisition of object libido fails, the infant—not yet the *subject*—is left with no alternative but to dissolve into non-integration.

Assuming the *inseparability of the object-drive coupling*, it would necessarily follow that the *pre-object* dimension must exist *pre-drive* as well as *pre-subject* at the same time (**Genovese 2003**). The sole institution in this context is the *mother-infant unit*, which contains and condenses the *mother/drive-infant/object* coupling. Sexualization of the individual is a process that plays an active part in the more general process of its *subjectivization*. Consequently, the use of the sexual act to mitigate despair is part of the strategy that the ego can adopt only at a more advanced stage of development, when more evolved capacities have been attained and can then be employed to support the fragile original nucleus.

Hence, erotomania is an expression of this type of strategy articulated through a spectrum of possibilities and modulations: it begins with the phenomena referred to in relation to current usage of the term—not usually loaded with seriously pathological implications—and continues on to those attributes found in the classic psychiatric concept that is directly associated with psychosis. This strategy is used to *invent* an apparent libidinal link with the object, but, in reality, it aims at the opposite objective of avoiding it. In the first case, it is a bid to counteract the threat of the *otherness of the object* by compulsively resuming sensory contact with the *object-environment*. This permits the magical but momentary illusion of restoration of the primary relationship, and requires continual repetition—though this proves to be as useless as it is necessary.

The problem lies in the fact that, although the concept of erotomania suggests some kind of material excitement, it in fact lends

itself to mistakenly regarding an unconscious *compulsive necessity* as *sexual desire* (or *sexual activity*)—while this compulsive necessity pursues the aim of re-proposing the infantile need for fusional physical contact, in order to magically produce a sense of self in the body that does not exist in the mind (Gaddini 1969). Thus, the erotization of the contact cannot be of a drive type, since the drive is a function of the subject-object relation. The famous erotomaniac Casanova, for example, continually sought out amorous relations, but only on the condition that they lasted merely for one morning, in order to prevent the intrusion of real love.

From this, we may conclude that

... a certain number of assumed “love affairs” are really encounters determined by the need for contact. Unlike desire ... a need is by its very nature peremptory and indiscriminate. Driven-by-need reality does not exist as such, but only insofar as it serves what the need demands The need is to feel loved (through physical contact) and this removes any possibility of experiencing love.

[Gaddini 1985b, p. 728]

However, we find “a well-developed seduction capacity” to provide for this need. On the whole, “it is an indiscriminate and markedly infantile seductivity” (Gaddini 1985b, p. 728).⁵

In this sense, the erotomaniac shores up the anxiety of dissolution by means of the momentary relief that bodily contact and the fantasized love of the other can occasionally provide. Moreover, by endowing him or herself with libidinal pseudoinvestments, the individual keeps a hold on the thread connecting him or her with a shared reality. But this connection is obviously no more than a superficial construction that in fact escapes any encounter with the real object. Erotomania of this type, i.e., a sort of

⁵ We do not yet possess enough material to form a theory on the unconscious processes of Casanova, an erotomaniac par excellence. However, the biographical data that is available tells us that he was born to an itinerant actress of sixteen, who left him in the care of his grandmother as a very small child; and also that his actor father died when Casanova was still a child. So we find all the conditions that would deeply alter the integrative process of the ego, according to the model presented here.

mitigating autocure, might be viewed as a repetition without the possibility of resolution in memory or in working through.

At the other extreme, we find an erotomanic delusion that comprises an attempt to transform the original *catastrophic* dimension into the *tragic* dimension, which can extend to the sphere of *representability* and thus to the modulation of anxiety. In this way, the ego is confronted with a paradoxical task: for the first time, it must signify, by means of representations, its own catastrophic anxiety, which by its very nature is unrepresentable.

It is clear, then, that the concept of *signifying* carries implications that are altogether different from Freud's *nachträglichkeit*, in that the latter presupposes an original significance that is reelaborated on the basis of subsequent experiences in a later phase. Freud's *nachträglichkeit* lies at the real core of the tragic dimension; in fact, the tragedy of Oedipus is brought about not when the protagonist kills Laius or sleeps with Jocasta, but when, later discovering that Laius is his father and Jocasta his mother, he resignifies the experience as parricide and incest. It is only at this point that horror, guilt, and conflict enter in. Repression/blindness is a possible "solution" in that it makes everything unrepresentable to consciousness. Here the failure to represent is the tragic consequence of a solution—which is tragic also because, though unconscious, the repressed content remains potentially narratable; and the amount of energy required for holding it in a condition of unrepresentability is enormous. The tragic and neurotic dimensions are therefore intimately connected.

By contrast, in the cases of psychosis that we are discussing, *unrepresentability* is the genesis of the problem, which does not necessarily involve intrapsychic conflict or repression. Unrepresentability simply consists in the fact that the conditions still do not exist in which the representational function can transform crude data into experience, and therefore the situation can only be catastrophic and attended by nameless anxiety. Tragedy is impossible because narration is impossible.

Here, too, of course, much energy is employed, but for the opposite reason, which consists in the attempt to link nameless anxiety

to some form of tragic narration borrowed from subsequent experience—starting from the second phase of the development of the pathology. Thus, the representational function is engaged in the anomalous task of artificially constructing a *sense* in order to explain an anxiety that is devastating for the very reason that it is meaningless. This is a consequence of archaic events that transpired before the subject was formed, and therefore they have never been lived through as subjective experience. What happens is that some kind of *prosthesis* is invented, a *prosthesis of sense* to cover the hole, masking the mutilation in a way that may have some credibility, but without healing it⁶; but like all prostheses, this, too, is rigid, in the sense that it cannot possess enough plasticity to resist all the assaults made upon it by reality, both external and internal. In extreme cases, when the risk of catastrophe is imminent, the prosthesis needs to step up its efforts, and, as previously mentioned, it must find sense within the fabric of delusional representations or hallucinations (Genovese 1991, 2003).

In order for this operation to produce effective results, the tragic material (artificially constructed), or content of the delusion, requires amorous components because the most important aim is to reach the rescuing element hidden behind the libidinal pseudoinvestments—the one and only possible alternative to dissolution into the void. Therefore, in psychosis, a close relationship is formed between Eros and despair—a special relationship, the inverse of so-called normal or neurotic functioning.

Schematically, we might say that in the neurotic individual or in one who is relatively “sane,” even when no trace of suffering may be found on a manifest level, suffering is always an expression of the sexual. Repression, with many possible symptomatic formations, is the more or less pathological solution; and at stake in the game is pleasure. In the psychotic, however, everything on the manifest level appears to be explicitly linked to sexuality, which

⁶ In spite of its theoretically different framework, one model that this psychic process may perhaps vaguely resemble is Bion's (1970) *premature saturation*, which “has the paradoxical effect that all acts are symbolic and yet the patient is incapable of symbol formation” (p. 68).

has become the expression of a variously constructed attempt to emerge from the despair. Here the solution is sexual *action* or delusion, and the only objective is *relief*.

In fact, we can presuppose a functional continuity between sexual compulsion and the plot of a delusional fantasy, constituted by this same attempt to utilize sexuality to accomplish the ego's need to avoid dissolution into despair. The seemingly more direct need for physical contact may prevail, yet there remains a condition of the difficult-to-maintain equilibrium between the search for *sense* and avoidance of the object.

In the clinical situation, the processes we have described very rarely appear in the immediately recognizable forms of these two polarities. In the majority of cases, they are intertwined or located on varying levels of psychic organization. Some frankly perverse manifestations, for example, could perhaps be explained in the light of these considerations.

Clinical Presentation: The Despair Of Mirko

Mirko is thirty-four years old. For some time, he has nearly given up on his university studies, though without deciding to abandon them altogether. He lives with his parents and has no job and no romantic attachment. He reads voraciously, mostly books on Egyptology, which is his passion, and keeps up a regular correspondence with friends living in other towns.

From the very beginning, his relationship with the analyst has been characterized by insistent pressure to resolve what he calls “an immense and by now unbearable despair.” He talks about this despair, insistently and anxiously, as something concrete and devastating, yet at the same time entirely undefined. He shows marked resentment toward family members, who never seemed to realize that, while other teenagers were going through their first sexual experiences, he remained exclusively absorbed in his reading and totally ignorant about anything pertaining to sexuality. Now, as

an adult, he is conscious of an unbridgeable gap in his history and very badly needs to settle the matter, but has no idea of how to handle it because he knows nothing about it.

The first half hour of each session is given over to repetitions of this topic, always in the same words. Mirko tosses on the couch —yelling, sometimes crying, but always expressing his suffering with fierce resentment. His communication contains no free associations or extemporaneous narration, but only axioms about his life; his rampant self-assertion leaves no space for the formation of alternative constructions. He reacts furiously to my silences, accusing me of indifference toward his despair (“Don't your pulses throb when I tell you how terribly I'm suffering?!”). But every time I break in, usually in an extremely cautious and exploratory way, he interrupts just as angrily, reproving me for not really seeing him and for using a preconstituted model to keep him caged in. From this point on, every phrase I utter he interrupts, labeling my words as a clumsy attempt to defend myself because he has “caught me out,” and, to prove it, he mentions some particular tone he notices in my voice, or a certain movement I make when I change position in my chair, etc., which he thinks gives me away. Some aspects of his diatribe amount to a real attack on linking in the sense **Bion (1959)** illustrated; but in the light of what developed later on, we may say that perhaps this dynamic could also be interpreted in terms of a more specific metaphor.

Indeed, it gradually became clear that this relational dynamic could not be explained simply as an expression of an attack on linking. Mirko's continual and identical repetition has certainly indicated some kind of unconscious process that was not exclusively aimed at preventing the analyst from breaking in. The meticulous attention he paid to my nearly imperceptible physical movements and the slightest change in the tone of my voice implied both suspiciousness and attraction.

However, months go by before I offer Mirko an interpretation. Often, though very carefully and without much success, I draw his attention to the repetition of this dynamic. I am waiting for him to say something that will allow me to use his own words

to express *his* emotion and *his* anxieties.⁷ My countertransference includes intense feelings of impotence, alternating with equally intense feelings of pity. At the end of every session, Mirko asks to go to the bathroom, where he spends quite a long time; later, it occurs to me that he goes there to masturbate.

After about a year, through tentative openings and fleeting allusions, it all comes out: Mirko has an irresistible need to masturbate, both day and night, up to four or five times in twenty-four hours—if he can manage it. But the really interesting thing for our present topic is his masturbatory fantasy, which with marginal variations is always the same. The scene is set in ancient Egypt, against its landscapes and incorporating its costumes. The patient sits enthroned in a high-backed chair, and at his feet grovels a young male slave in chains to whom he issues orders—“do this, do that.” Mirko gets his excitement from observing every detail of the slave's body: the movement of the muscles in his arms while he works, or the veins in his neck or the sweat of his brow. The slave is exhausted, sweating, but—most important—submissive. In the fantasy, the slave may assume the features of a boy Mirko knows who works at the bakery, or the one at the gas station, or other boys with menial jobs who in real life throw him into a high state of excitement mingled with acute suffering. This is where the fantasy stops, as no further elaboration is necessary, and it never ends in any form of the sexual act.

At this point, the psychic picture seems clearer, and it looks as though I can now attempt an interpretation. The theory I cautiously introduce is that, in the analysis, Mirko tends to establish a relational dynamic of the same kind, reducing me to a condition of impotence, while he keeps a sharp eye on my slightest movements. This suggestion infuriates him, but he appears struck by it.

⁷ My decision not to interpret is not due to any theoretical prescription about timing. I agree with **Smith (2003)** that the same methods cannot be adopted in all situations. In this case, I knew that, quite apart from the merits of any intervention I might make, the patient would be unable to accept it simply because it would signal his failure to reduce me to impotence. It was only by using *his* words that I could hope to discern a glimmer of progress.

By actually sharing his secret masturbatory fantasy with the analyst, Mirko has exposed himself to the *risk* of trusting him, and this is one of the basic sources of his despair. We can trace the expression of this dynamic in the following fragments of dialogue, which occurred during the second year of analysis; episodically, and for only a few minutes at a time, he could manage to get away from his insoluble autobiographical reconstructions just long enough to recover a flash from his childhood.

Patient: When I was two or three and my parents were both working, they would leave me in a big house belonging to some aunts of mine. I remember that the rooms were always very cold and dark. I remember there were some mangy kittens living in the garden; my aunts had brought them home to “save” them, only to completely abandon them after a while. I felt very sorry for those kittens ...

Analyst: The kittens were left alone, out in the cold and dark, like you were, away from the warmth of your parents. It must have been very hard to trust someone who gets you to trust them and then abandons you like that.

This was almost the first time that Mirko did not react to my words by attacking me, but lay silently on the couch, thinking it over, until the end of the session. The next day, however, the moment he lay down, he exploded in intense anger.

Patient: [yelling] Yesterday was a complete waste of time! You refused to say a single word to get me through my despair. You just kept waffling on about kittens!

Analyst: Maybe you're angry with yourself because you let yourself go for a while: you're scared by the thought that you may come to trust me and run the risk of being abandoned.

Patient: [still yelling] Of course you would turn it around the way *you* want it! Picking out of the things I tell you exactly what suits *you!*

Analyst: Perhaps you'd like to make a slave of me, so that I'm shackled. Isn't that it?

Patient: I suppose you're right!

Analyst: This idea could be linked to your masturbatory fantasy. The anxiety of having to depend on my "picking things out" can only be faced once you've chained me up like a slave and are watching me sweat, helpless.

This last statement of mine was not only pertinent to the patient's material; it also struck an emotional resonance for me because I really did feel I was being put through the mill. A moment beforehand, I had caught myself thinking, "He's making me sweat." And Mirko appeared to be struck by my remark, too. He said nothing for a while afterward. Finally, he reacted by again accusing me of wasting time and of "trailing off into psychoanalysis."

A few weeks later, he told me his first dream ("but only because I know you analysts are interested in dreams," he said sarcastically). In the dream, a school bus packed with children drives along a road at the edge of a precipice. The driver does his best to steer a steady course, but some of the children realize they will have to take over. They push the driver aside and take the wheel.

Of course, the fact that Mirko is finally capable of telling me a dream is in itself an important sign of change. First of all, in the form of dream *representation*, it was the very first time that he was *narrating* something, that he could communicate something from his inner world. This could mean that, in spite of the laboriousness of the procedure, the analytic work was gradually having an effect on the process of integration of the ego, its function, and particularly on its capacity to reveal—through an evolved activity of representation—the meaning of his primitive anxieties and the defensive maneuvering that accompanied them.

In the second place, the content of the dream expressed Mirko's fear of entrusting his fragile self to the unreliable analyst/bus driver, at the same time that it revealed his latent need to do exactly this. There were also indications of something that had been evolving in the transference. Obviously, the conflict between his need and his anxiety in placing himself at someone else's mercy could not become manifest or ever shared with me, because that would pitch him into the frightening situation of having to confide in me the impossibility of the situation—or, indeed, into the situation of establishing a real relationship with the object, which was exactly what terrorized him.

So I waited in vain for Mirko to let himself go to the point that he could make some free associations. He himself found it incredible that he had created this hole in his defensive dam. He sat in the session motionless, petrified, obviously frightened by what he had done: he had told me his dream! Now he was probably struggling to invent some way to right the situation and take over the wheel of the bus—although, like the children in his dream, he knew he could not drive.

And in fact, my attempt to link his dream to a session of some weeks earlier (when the bus driver/analyst had been arbitrarily steering the analysis, exposing him to the risk of dependence and thus to a plunge into his catastrophic anxiety) was firmly contested by Mirko, who had determined to resume control of the analysis.

Patient: [He yells while grimacing as though in pain.] What interests me is my spasmodic sexuality, the masturbatory fantasies I can never realize. The number of times I need to masturbate is exhausting me. *That's* what we have to talk about. I don't give a damn about dreams!

Analyst: The sexuality you're talking about doesn't seem to give you any pleasure. You experience it as a mark of despair.

Patient: Well, I know that, don't I? I don't need you to tell me! [Here I think to myself that his bellowing

could be heard all the way down the staircase of the building.]

What I don't know is how to get out of it!

Analyst: You feel trapped in a situation where there's no way out. You can't trust the bus driver because you're afraid of falling off the cliff; but once you get behind the wheel, you don't know where to go from there. In your anxious condition, all you can do is chain up the driver/analyst and get a grip on your anxiety through the excitement of this maneuver. Masturbation may have something to do with this type of excitement, don't you think?

At this point, Mirko suddenly sits up on the couch, and then his grimace of pain gives way to desperate sobbing.

The depth of the abyss that this man was so afraid of falling into became more clear some months later. He was able to relate an episode from when he was a very small child, which his parents had often told him about. An elderly aunt had been holding him in her arms when she suddenly suffered a stroke and died instantly. Obviously, this was a particularly representative example of a traumatic event for the child, exposing him to an experience of catastrophic discontinuity that was unrepresentable by its very nature, and therefore not one that could be elaborated—the “falling forever,” as Winnicott (1962, p. 58; 1963a, p. 90) might put it.

The psychic levels involved in this episode, like those of the gradual developments in the analysis, were naturally many and varied. Mirko is still in analysis now; we are approaching our fifth year of work. Many things have happened, especially in his social life (he now lives alone and holds a part-time job), although the core of his despair has scarcely been scratched. However, I will limit myself here to a return to the aspects of the case on which this paper focuses.

Mirko's description of his masturbatory fantasy allows us to understand his relationship with the analyst in the session. We can now begin to appreciate the *sense* the patient has given to his nameless anxiety through the imagined action. As we have seen, he is constantly in the grip of an intense and indefinable despair, as though always on the point of plunging over a precipice. His mode of interaction allows us to theorize an experience of a primary relationship characterized by two complementary extremes, both catastrophic: on the one hand, he had experienced a lack of confidence in a negligent mother who was not sufficiently "worried" about him; on the other hand, he experienced a mother who posed as a sort of premature other, forcing the child's desires to conquer her own, thereby obstructing his gradual acquisition of a *sense of continuity of self* beginning with the bodily one.⁸

The only possible emotional reaction to such a situation is a mixture of catastrophic anxiety and impotent rage, expressed through persecution-type defenses (the original matrix of the masturbatory fantasy very probably cast Mirko in the role of the impotent slave). But, above all, it was absolutely necessary for Mirko to repress every experience that could expose him to a definition of self (for example, it was not possible to finish his studies or to take his driver's licence exam) and actually enter into the otherness of the object (for example, working on his relationship with the analyst).

In order to survive the depths of despair, such a patient needs to deal with the dramatization of the master-servant dynamic by reversing it and eroticizing it. The patient thereby transforms impotence into omnipotence and possesses the object, so that it becomes a subject-object (which is one of the reasons for the homosexual nature of Mirko's fantasy). The object thus chains the patient, looks him over closely like the analyst does, and, in masturbating, the patient finally finds momentary relief, as Mirko probably did after his analytic sessions.

⁸ On the very rare occasions when Mirko mentioned his mother, he described her as an unloving woman with whom he could not remember ever exchanging a gesture of tenderness.

Concluding Remarks

The reference to nameless anxiety, to a “falling forever” and to an intense, indefinable despair, is fundamental in positioning Mirko's case in the theoretical framework under discussion. If we fail to do so, we will find ourselves addressing the subject in a way that it has already been extensively dealt with, in various ways, in the psychoanalytic literature. In fact, many writers have described a possible defensive use of sexuality, particularly in regard to perversions (see, for example, **Bak 1953; Eidelberg 1945; Greenacre 1960, 1968, 1969; Khan 1965, 1969; Kohut 1977**). In particular, the concept of *sexualization* has been searchingly dealt with in connection with narcissistic disturbances of the personality (**Goldberg 1975; Green 1979, 1997, 2000; Kohut 1971, 1977; Stolorow 1975a, 1975b**).

In any case, as **Coen (1981)** reports, these contributions reveal an excessively widespread and imprecise use of the concept of sexualization; Coen notes that many authors who use this term do so in reference to at least three different levels of phenomena. These phenomena begin with a mere description of general nonsexual behavior that is then transformed into something sexual or that becomes something similar to sexual, and then proceed to the presence of an overabundant libidinal energy that can be associated with a mental process, and finally on to a defense by which narcissistic pathology is translated into a perverse behavior.

The theory I present here, however, describes a very precise psychic maneuver that consists in the use of sexualization as an *artifact* and as a psychotic solution that draws on subsequent periods of development, with one aspect of the dual purpose oriented in an opposite direction to the real sexual drive: that is, toward the avoidance of the otherness in the object through the construction of a narratable plot in fantasy. This is the reason why, paradoxically, Mirko's use of autoerotic sexuality resembles the use that Casanova made of it in his unbridled love affairs. In both cases, the sexual aspect is always manifest (partly because it appears to insert the individual into the real plot of life, or at least of fantasy),

while what it contributes is an avoidance of the object in real otherness; and what it masks is the despair caused by the ever-present risk of unrepresentational dissolution.

So, to gather up an initial thread of my argument, it is not at all surprising to find Schreber (1903; see also Freud [1911]) constructing his delusion in such a way that the object fails to materialize in concrete reality, just at the point when he is slipping away into the abyss. Furthermore, the erotomaniac delusion fulfills the paradoxical function of weaving connections with representable reality, and, in this sense, of fulfilling the need to share; but it does so only when the chasm is opening underneath, driven by the ego's terror of being sucked into the original "black hole." If every important change in an individual's development always has a catastrophic character in the theoretical sense mentioned by Green (1979, 1997, 2000), then, in the case of a precarious psychic organization, the same change can have a clinically devastating effect and threaten the very resistance of the ego itself. It seems that attention has rarely been given to this aspect of the problem. In his autobiography, Schreber (1903) explicitly connects his first psychotic crisis with his candidacy for the Reichstag, and the second to his promotion to president of the Court of Appeals;⁹ naturally, in discussing this, Freud does not depart from the biographical data, but he does focus attention on the *sense* that the data assumes in the dramatic *content* of the delusion, and not on the *catastrophic* potential for the ego brought about by the change in the self.

The content of the delusional fantasy is certainly important and requires a searching analysis of its various aspects. But what I wish to emphasize here is that the content is always an attempt—"mad," perhaps, but not to be ignored—to artificially construct the sense by means of a sharable (even if not actually shared), narratable tragic plot, which in fact transforms the catastrophe into

⁹ Likewise, in the reconstruction of the case of Aimée (Lacan 1932), we find an important factor to support this theory: the patient's first psychotic manifestation coincides with her first pregnancy (she later gave birth to a stillborn baby), while her second pregnancy only made the crisis more acute, with constructions of delirium and the *action* of attempted murder.

pain, persecution, anger, guilt, jealousy, mourning, and so forth. In any case, the tragic representation leads the individual into a libidinal universe of affects and memory, while the catastrophe in itself is nothing other than dissolution into the void and nameless terror.¹⁰

Freud (1911) intuited the rescuing motive of such a delusional fantasy when, in regard to Schreber, he drew attention to the fact that “the delusional formation, which we take to be the pathological product, is in reality an attempt at recovery, a process of reconstruction” (p. 71). What should be clearly understood, however, is that the apparent failure of this attempt is due to the fact that healing and reconstruction are not the real goals of the game. Rather, the aim is the very survival of the ego, and, in respect to this, the attempt, brought into existence as a pathological solution, may be considered fundamentally successful.

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¹⁰ From this standpoint, the grandiose scenario of a relation with the Prince of Wales, for example, created by Aimée in her psychotic delusion, is obviously very far from an expression of intense erotic excitement, however it is interpreted (**Lacan 1932**). Here, Eros is the “literary” content of an auto-narration, which is all the more emphatic in accordance with the extent of the despair it was created to alleviate.

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