

DESTRUCTIVE SEXUALITY IN PSYCHOSOMATIC “LOVE’S AVATAR”*

Luiz Miller de Paiva ¹

Ariana Vegesack Kadocsa ²

Alina Monte A . de Paiva da Silva ³

UNIFESP- SÃO PAULO- BRAZIL

1 - Introduction

During four years the treatment of groupanalyses was applied to this specific group, coming from the protogroup and archgroup or from chaotic stages, oedipal calamity. Some of the participants suffering from neutral disease (periods of indifference where one turns the therapist into the “dead-alive-parents”, refusing to lose the “introjected bad object”)

The second period that this group went through was the stage of fusion and disintegration (great phallic mother and mis-conceptive transference), or the patients de-nied all the therapist’s interpretations and the group’s advice. At last, they entered into the communitas’ stage. From the chaos came the entropy: the conquest of the self- knowledge, self-confidence, self-esteem and collective altruism: they went from neutral disease to active individuals with minor guilt.

Our intention in this work is to show the mechanism of groupanalysis in the sexual disturbances (Destructive Sexuality, Ammon, Finke, Wolfrum, 1998) through the stages mentioned above. For better understanding we will define the following items:

1. Reprogression in groupanalysis is a regression in order to reach progression, ex.: when an animal is born, it immediately walks differently of what happens to a human being who needs approximately one year to walk. This phenomenon is the result of the mutations human brain had suffered through the evolution of mankind (pre-frontal brain’s higher development as well as to the dendritic connections, biochemical capacity of neurons and superego’s configurations - characteristic of the hominidae).

2. The Myth of Eternal Abandonment: This dependence concurred to increase the fear of being abandoned, feeling of not being prepared for life, carrying the Myth of Eternal Abandonment as a consequence of lack of love, specially if the

baby did not receive rêverie, dedication and affection from the mother (Bowlby, 1984).

In the group, the collective dreams (archtypes or mythos) are dependent of the brain’s alpha function. The individual reacts to this abandonment through a compulsive repetition.

3. The compulsion to repetition is anxiety, associated to the dependency on the primary object, reactivating the most archaic situation of envy. The hate and ambivalency that result from this situation which unavoidably results into guilt and depression, become unbearable. The repetition seems to superimpose the principle of pleasure.

In the Neutral disease, the patient needs to repeat the sensation of being abandoned over and over again, this way using all his/her aggression against the analyst: the need of being abandoned once more.

The Myth of the Eternal Abandonment (Miller de Paiva, 1997) only becomes reality when an archetype is repeated; this way reality is only achieved through repetition.

4. Innate envy, hate to the persecutory combined figure (sensation of the baby to have father-mother as persecutors) produce intense guilt and many psychosomatic and mental diseases, mainly in the 1º period of molding (age of 1-3 years).

5. The molding period has gained more and more importance in the shaping of personality and mainly in the constitution of aggressive behavior. We psychoalysts, have only a few patients in which we can observe the assassin behavior originated from traumas in the molding period, but we have enough cases to understand the assassin mind.

A study involving 4.269 births, done by researchers in Los Angeles and Denmark, shows that the children who have been rejected by their mother and that have also had birth traumas, committed violent murders mainly during teenage (at the age of

(*) XVI WORLD CONGRESS of the PSYCHOSOMATIC MEDICINE - I.C.P.M. GOTTBORG, SWEDEN, 24-29 AUG. 2001

(1) Prof. Escola Paulista de Medicina Ex-presidente e Didata Int. Psicossomática e de Grupanálise; Member: Deutsche Gruppentherapeutische W. A. D.P. American Psychosom. Soc. Int. Ass. Japanese Psychosom. Soc. Int. College Psychosom. Med.

(2) Prof. Escola Paulista de Medicina. Instituto de Psicossomática Brazil

(3) Instituto de Psicossomática, Grupanálise SP e Ludwig Maximilians Iniversitat Munchen.

18, in the peak of the statistic curve) (Reine et al, 1994)

This statistic study directed by Mednick (1994), therefore confirmed our clinical observations the importance of love and security in the molding period.

Since thought is linked to sexuality, the appearance of sexual destructiveness is frequent, as a persistence of childhood impressions (Stoller, 1982)

Desire is the phenomenon that tends to accentuate the basic lack and, consequently, the feeling of castration when the child experiences separation from the mother.

The child desires to be the mother's phallus- that is, to be the desire of the desire of the mother, or the reinforcement of maternal desire. (Lacan)

The need of the baby (result of internal tension) is not desire; it's a perception through the cellular or primitive, non-conscious memory localized in the basal nucleus of the brain, (with origin at the age of 1-3 years).

A conflict in the primitive memory, such as lack of reverie, is the main producer of the adult's psychosomatic and behavioral disorders. Desire is linked to mnemonic traits (linked to memory of remembering, that occurs in the childhood- the second molding period) by temporal and hippocampic regions. The molding period has gained more and more importance in the shaping of personality and mainly in the constitution of aggressive behavior.

When there is separation of the child, the mother produces a decrease of ornithine-carboxylase-enzyme production.

Laboratory experiences proved that rats, submitted to an ornithine deficient diet, or alteration in the production of vasopressin and oxytocin, demonstrate incapacity to take care of their babies, although the labor was normal.

In men, the increase of vasopressin and oxytocin production, leads them to an aggressive orgasm (Murphy et al. 1967), complement of testosterone action.

In Ammon's (1994) ego-structure-test (ISTA) there scales of sexuality: constructive, destructive and deficient.

The transvestite could be included in the not developed sexual potential.

Man is androgynous from his origin (holistic personality concept) and comprises all dimensions of identity; therefore, people live with equality of the sexes, in freedom and peace.

Androgyny means emancipation of both sexes.

We will see how fetishists can present a primitive disorder of thought

2. Clinical Material

2.1 - A man aged 35 submitted himself to analytical psychotherapy because he suffered from duodenal ulcer and he did not want to be operated on. During the analysis this patient revealed that he could only have a sexual relationship with his wife after she had put on a new pair of shoes, one that had never stepped on cement. She should then walk around the room seducing him and then stand on the bed and step on his abdomen. Only then he could have an erection and satisfy his wife's orgasm. When he was a child he would lay at the foot of his parent's bed where his mother would rub his abdomen with her foot. His wife submits herself to this sexual perversion because it is the only way of having a sexual relationship. This patient has always been seduced by feet and shoes (this case is similar to the one described by J. Glover) (1927).

The case above is the one of a man with ontological insecurity in almost all fields of his professional and social life. He felt frustrated by his mother since an early age and consequently he felt fear of annihilation. Since childhood he was afraid of the dark and staying alone (Myth of the Eternal Abandonment). (Miller de Paiva, 1997). He had a feeling of internal emptiness (a hole inside himself).

This fetishist patient was indifferent to his wife and ambiguous towards his children (just like a schizoid) always behaving as if something was missing and always in search of something that, in our opinion, was the consequence of the lack of reverie from his parents and his wife. The interesting thing is that this patient sucked his wife's breast with voracity, similar to an homosexual, which would suck the penis of all men - this is the ontological insecurity (in which, according to my classification, drug addicts and homosexuals would be in together - in ontological insecurity - weak egos). (Ammon, 1947). In analytical groups, we could identify, the followings conflicts:

2.2 - Perverted fetish, as a way of solution of the genitals, At group sessions, the projective identification happens very often, as a way of recognition of the patient's conflicts. For example, patient A, married, faithful to his wife, prevaricates and falls in love with the lover, putting himself through humiliating situations to receive affection, although he remains impotent.

He says: "I feel her as a fetish or taboo, I don't know, the only thing I know is that I cannot be without her... I need to touch her, to feel her by my side. I feel ecstasy, as a baby stuffed from mother's milk".

The group discuss the causes of this prevarication and verifies the patient's need to prove his masculinity (he doesn't have a complete erection for the intercourse but has libido, that satisfies his ego or "I do not feel castrated).

The masculine members B and C felt depressed with patient A's masochism (his lover abuses him, she has another lover and he knows about it but feels impotent to solve this tiring situation) fault of the androgynism (Ammon, 1986).

2.3 - Patient A, impotent, calling his lover fetish and sometimes feeling her as a taboo or someone who could be touched and adored but could take him to damnation, was as well feeling the lover as a solution to his castration complex and using her as a substitute for the intercourse because he was feeling her as the "vagina dentata". Consequently, he was afraid of being devoured, similar to what happens to myths as Medusa or Gorgon, Lilith, the black moon.

(Sicupero, 1987), Lamia, Harpy, Empusa, Sphinx, Danaides, Mermaid, Nemésis or Seres (the mother from Ingmar Bergman's "Face to Face") and finally, Lyriope (bad mother internalized by Narciso- (Miller de Paiva, 1990).

Patient A, feeling the lover by his side, didn't need the complete genital relationship, but he did need to feel that he wasn't being abandoned. The abandonment would be worse than the castration.

2.4 - During the sessions, the dreams of several members of the group revealed fear of the intercourse, panic of being destroyed by the "vagina dentata", therefore the quick orgasm or fear of introducing the penis or only the clitoral orgasm for the woman. On a deeper analyses, we got to the complex's primo movens, fear of the combined figure. It could be observed also in the case of patient A, Transvestite, who joined the group because of alcohol dependence and fear of sexual intercourse. He secretly dressed himself with the mother's clothes. His father's total indifference induced him to insecurity about sexual identity. The combined figure was projected on the therapist, felt as well as perverted fetish (superimposing the lover's image), or being desired for having a significant phallus and being an object of an imaginary orgasm and for the way he would solve his sexuality without destroying it, although he felt it as persecutory object. By the way, every child fantasizes a cannibalistic intercourse. Several of patient A's dreams revealed the anger, lack of affection, and the unfairness of his parents, specially during his childhood, leading him to impotency, or the fear of unconsciously being part of the parent's cannibalism (see Salvador Dalí's "Autumn's Cannibalism").

2.5 - Fetish and the Name of the Father. The patient, through the pleasure without orgasm, would protect himself from the dreadful orgasm, assuring the metonymic desire's chain. We had

some patients who were able to have an erection, they had pleasure but couldn't reach the orgasm because if the orgasm was reached, they would be castrated, as a consequence of their unconscious fantasies of killing the feminine figure- it's the boomerang system. The Name of the Father limits the orgasm (Lacan, 1985).

2.6 - The Analytical Group as a fetish. The group appears, at this specific moment, as massive potency, totally over the "adhesive Identifications bases"- the archgroup's image (thanatical objects dominating members, creating the Oedipal Calamity- getting attracted to death (devourer) which first devours, then annihilates, swallows, penetrates and gets through all the openings of the participant's bodies. Masochism as a structural condition (in our point of view, connected to the ontological insecurity that comes with a genetic predisposition) is different from a perverted subjective position. The erogenous masochism gets linked to the moral masochism through punishment and guilt. The perverted masochist incarnates the object through the fetish- for which he offers the Other's orgasm- he plays the dejection, but stays on the scene for the fetish.

It's vital to break the group skin surface, the mirror that reflects the bad image (some Tribes of Niger have its house walls decorated with the same pictures the owners have tattooed on their bodies). In Orson Welles cinematographic version of Kafka's "The Process" (1963), the main character kills himself at the basement of his own house, a symbol of the maternal womb. In the "Exterminate Angel", Luiz Buñuel movie, the group is not able to move, meaning: the angel is the same angel who guards the flamed curtain that obstructs the way to Citere or "Lost Paradise"- being free- therefore, similar to Jean Paul Sartre's "A Puertas Cerradas" e "Les Jeux Sont Fait" (1957).

2.7 - Fetish and Primary Scene. The psyche of the group has the primary scene as a special paradigm, (Bion, 1996). The tendency is to fantasize the fights of its member's (or only one participant) against the death instinct, then the group would create a group psychic apparatus (Kaes 1997), that would come from the members antagonistic pulsing. This apparatus receives by projective identification, the bad parts of the participants' internal objects as a way to keep their self destruction in silence- it would be similar to the alpha capacity (Bionian) of the analyst mother.

2.8 - Analytical Group experiencing the fetish.

During this period of group analyses, sadistic-anal situation, after having a lot of work interpreted and several insights, we notice a Heroic Epiphany or Group illusion (Anzieu, 1953) - party related to the fight against the monster- the parents that castrate! Therefore, a chronological and topic regression would happen, mobilizing the defenses against archaic angst and would try to unite the members of the group through projective and introjective identifications.

The perverted fetishist lives on permanent compulsive repetition (complains about the sessions that are always the same, about the repetitive themes, the slight improvements, etc.). Some other times, he feels the therapist as a perverted fetish too, the kind of external, ideal and inaccessible object. Therefore, the envy of the good ones appear, resulting in a rebellious behavior and resistance to the interpretations. He complains about the therapist's voice, attitude and indifference.

2.9 - Little João's phobia was an imaginary object of his fear. (Freud, 1912). The object of phobia inhibits, limits, and produces repulsion and angst (ex: AIDS virus, cockroaches, etc). On the contrary, the fetish produces satisfaction, because there is no fear of being castrated or destroyed as it happens with the shoe-fetish example. The fetish offers advantages, therefore it is sexual. Fetish is a symbol, but it becomes more valuable because of the phobic object. The shoe is an inanimate and irrelevant object, but it works with the symbolic function of being the missing object, the maternal phallus.

In this same group, there were two male members, B and C, who suffered from panic syndrome and several phobias. They were afraid of contracting the AIDS virus even without having sexual relationships, and one of them used to have crises of diarrhea during his lunch. They were accompanied by intense angst which was discovered through their dreams and unconscious fantasies of parricide.

2.10 - These two patients had given group analyses up, as patient H had done, because of the fear of knowing themselves. As was interpreted several times, the panic would be a consequence of the fear of killing the parents, because the perversions always repress something.

One of them, patient C, presented premature ejaculation every time his wife showed some hostility.

2.11 - Patient D's guilt feeling was so strong that it inhibited her curiosity for knowledge and knowing herself. By the way, patient F, who wanted to be a catholic priest, took his libido away from the women for seeing them as inaccessible, forbidden, and incestuous. That's why he idealized to lead the procession towards the Virgin Mary. When the prohibition is to be incestuous, the desire is taken away. Impossible to have intercourse with the woman/mother/saint (Virgin Mary). We find a similar fact in Caravaggio's painting "Sacred Love and Profane Love".

2.12 - Torpid Love and incestuous prohibition. At the group couple analyses (the wife in one group and the husband in another), when they reunite on a special and private session, specially in the beginning of the treatment, the therapist observes that when one speaks, the other understands exactly the opposite. This fact demonstrates that the couple has a moti-

vated preconception for feeling the partner as a incestuous object.

3. Comments

The patient with destructive sexuality treat their objects as a thing, the idealization of infantile sexuality to the detriment of adult sexuality. This kind of perversion, foot fetishism, represents defenses, in the early days of the constitution of thought.

According to Bionian and Amati-Mehlerian hypothesis: "there would be production of beta element and the individual, at this moment, would feel surrounded by inanimate objects" (in the case of our patient, the shoe). The fetishist can not accept the mother's alpha function and her reverie, because of her frequent absence or lack of contact, reason why the patient can never come to the solution of his Oedipus Complex. Due to his persecutory anguish, he needs to use the fetish as a means to find a solution for his genitalia, without destroying it. This would be a defect in the alpha function. The mother fails in allowing a normal "separation-individuation", this will increase the baby's death instinct and encourage aggressive fantasies.

We understand that we have here the main point of origin, the genesis of pervert states of mind, that is, the beginning would be in the alpha function's pathology.

"The splitting, in the case of fetishism, on one side has the function of denying the castration, and on the other side of considering it. In fetishism, there would always be the search for something which was lost, establishing the Myth of Eternal Abandonment (ontological insecurity). Since the patient turns the mother into a "thing" so that he can be protected by her, this also results in Neutral Disease (Miller de Paiva, 1995).

We judge nervous anorexia much more as an obsessive neurosis, psychotic type, similar to sexual perversion (deviated sexuality, when dealing with a target), which according to Amati Mehler (1996), is a specific structural defect. In our opinion, in cases like this one, the nervous system would have been badly structured, mainly in the reptilian brain, making positive re-structuring reactions difficult and needing a compulsive repetition attitude. The obsessive also need psychotherapeutic drugs to help their sacrificed neurons. This attitude can be confirmed through the experience of a dog fixed on an object, a stick or a doll for instance. If this object is thrown far away it will go and pick the object up, but if the dog is given fluoxetine it will not need the object any more. If the dog has the "acral lick" disease it will also stop licking its paw (Rapaport et al, 1992). This substance invigorates the reptilian brain of the dog.

The same phenomenon, that is, the deficient structure of this part of the brain (mainly the nucleus caeruleus), in our opinion, must occur with the obsessive and religious compulsive people, during the repeated prayers with ablutions (Mahgoub and Abdel, 1991).

The genesis of compulsion for repetition would be in the primitive relation with the breast, with the mother, with the father or even with the analyst that had given nothing - the patient would have to continue proving, until his / her death, that nothing has been received - this is thanatism, preponderance of the death instinct in the envy feelings.

Through the conflicts that have affected the hypothalamus, blocking the action of the appetite hormones - neuropeptide Y, the anorexic would stop with the desire of eating. On the other hand, an anorexic patient also suffers the action of the colecistokinin which produces the satiating feeling, therefore eating little and feeling satisfied, the patient even needs to throw up like what only occurs in bulimia. She wants unconsciously, to suicide in order to avoid killing the mother. Because of anguish, the bulimic patient responds periodically through gluttony, for the act of fulfilling and the anorexic for the act of "closing all ways out".

In our opinion, nervous anorexia is first cousin to schizophrenia, as much in psychosis as in hormonal and biochemical dosages. The anorexic patient feels the breast (milk) as a toxic object, as if she were in a situation of, "no way out", nevertheless there is a way out, a deep analysis in order to discover the etiology. This is similar to obesity, for the adipose tissue can symbolically represent, in some cases, the evil mother punishing the patient due to his aggressive fantasies to her in the molding periods.

Before the attack against the body, came the primitive experiences that lead to psychosis. It is the excessive envy of the combined figure. One does not admit being born of the father and specially of the mother - evil mother, toxic milk. This conflict can lead to himeneuphobia (fear of marriage), not only because of the fear of getting pregnant, but also because of not having an entanglement with her husband and being abandoned afterwards. This is the myth of eternal abandonment, a consequence of aggressive fantasies towards the maternal breast. These individuals have genital pleasure, but do not reach an orgasm due to unconscious guilt feelings. The man has an erection without ejaculation, and the woman would have only clitoral orgasm, through masturbation, because in her fantasy, if she reaches an orgasm she could destroy the penis - this is the fantasy of the "vagina dentata", a way of lacanian foreclosure.

The patient with destructive sexuality represses something, the infantile part of his / her personality. The pervert,

like the anorexic, acts under such an intense protest, that he / she is dominated by thanatism. If there is a wide predominance of death instinct, perversity (evilness) follows and there would be no sense of defense. In destructive sexuality denies the absence of the penis in the mother, creating in its place some other "thing" that substitutes it, establishing the fetish.

We also think that death instinct acts since intra-uterine life, through predominance of hormones.

Winnicott (1960) does not deny that the impulses maybe operating since birth and that the aggressive impulses do not have mental significance. Eugênio Gaddini (1982) believes that the events acquire sense when starting from the body in relation to the mind. Primitive levels continue coexisting and interacting with more mature levels within the object relations; he classifies them in two types:

1) psychosensorial area, more primitive, which is at service of fusion and omnipotence, it is the imitation to be the object, this is the case of the male transsexual - he is and feels female and at the same time has horror of the penis. It is the "póthos" (the absentee's desire) which would cause contact with frustration, stimulating the thought in the catastrophic sense, the bionian conflict between masculine and feminine in the transformation into O (last reality). In this matching between pre-conception and the correspondent retying, the object that unites (persecutory combined figure) would become threatening. According to Sapienza and Junqueira Filho (1996), the reversion of perspective establishes an intersection between sexuality and thought, impeding the integration of the "psychosomatic breast", what would lead to the "universal tendency, to the degradation of love life", (Freud, 1912,1948) In the cases of the fetish and the transsexual, the object of sexual desire, psychotically idealized, becomes inaccessible and as curiosity is prisoner of K linking negativity, this would fit in compulsive repetition, making the normal development of personality and sexuality difficult.

2) psycho-oral function, identified together with fantasies of owning, possessing the object. There is a confrontation between the subject and the real object, in which concerning conflict is the case of transvestitism, one has the illusion of being the object, through which one avoids the anxiety of separation and keeps the illusion of possessing, omnipotently, both sexes. Nevertheless, the transvestite confers a penis to his mother (through his own body and his female clothes), trying to avoid the fear of castration. He cannot accept that his mother does not have a phallus, therefore, he transforms himself in the mother, but with a penis,

becoming "the double". (it's common men wearing women's clothes during carnival).

In Ammon's concept (1986) neither sexuality nor androgynism can be reduced to biological dimensions. In both cases, transsexual and transvestite, the mothers have predominant roles in their femininity, as we have already shown (Miller Paiva, 1994), because they learn to hate the male figure - this is the foreclosure of The Name of The Father.

The transitional area is precisely the psychological "place" where illusion and omnipotent magical creation of the absent object can lead to mental representation, to the birth of thought. If the mother does not have reverie there won't be conditions to deal with the absence (or with the presence of the penis in the male transsexual). The illusion then, prepares its way to delirium. That is why we consider the transsexualism and the transvestitism as partial forms of (mono-symptomatic) psychosis. The pervert attitude allows the appearance of a hidden psychotic part. There is a tendency in the pervert of dehumanizing the erotic object - which is the case of the necrophiliac sexual relation. Besides, pedophilia would represent fear for the castrating adult woman, as it was felt towards the mother during childhood; the person then, fears the "vagina dentata" and so there is a tendency to have satisfaction with a child, who would not react aggressively.

It is a good indication for the treatment of pedophilic, rapist, murder, the anti testosterone depot or castration.

Balint (1935) believes that the sexual satisfaction obtained by the perverts happens when they put the object on themselves. The shoe would represent the vagina or the mother's body and the patient's penis would represent to him the father's penis.

The fetish is related to the delirious ideas of a maternal phallus. The fetish would symbolize therefore, the absent penis in the woman. The transvestite puts the fetish on himself. When the internalized object is projected on the fetish, this would represent the loved object and the superego.

The fetish is not an object with a calming influence, since it is full of rage, while the transitional object would calm down and is full of tenderness.

It would be like the living-dead, neither dead so he does not live the guilt, nor alive so he does not love or miss someone.

The fetish is a paradox of presence-absence - it is a magic to substitute the emptiness - the mother's absence or "the black hole" of Grostein (1991) - chaotic state which damages the good structure of the reptilian brain.

The fetish would also be a protection against homosexuality,

but on the other hand, the patient would suffer from strong anxiety, for fear of corporal disintegration, separation anguish, for having his corporal self-image unstable and threatened of castration (ego weakness). (Ammon, 1974)

Bion (Caesura, 1977) says "there still is a part of human mind which brings signs of an embryological intuition". We do think so, in front of modern knowledge about transsexualism. The mother can influence the fragile ego (Ammon, 1974) or the D.S.S., interference in the gene SRY in the sex of the embryo, through hormones and enzymes, since the XY is not characteristic of male sex anymore, but it is the antigen HY that commands masculinity. This antigen can suffer the influence of maternal thoughts and feelings reaching the Waldeyer crest, organ of hormonal formation.

The transsexual is already feminine before 3 years old, and also suffers from a symbiosis with the mother, becoming "feminine" and wanting obsessively to amputate the penis which is, for him, transsexual, an anathema - he needs to emasculate himself, in order to get rid of an object which persecutes him, and that, in our opinion, is the fantasy of the persecutory combined figure (Miller Paiva, 1990).

4. Conclusion

a) Desire is the phenomenon that tends to accentuate the basic lack and, consequently, the feeling of castration when the child experiences separation from the mother. The child desires to be the mother's phallus - that is - to be the desire of the mother, or the reinforcement of maternal desire. Need (the result of internal tension) is not desire. Desire is linked to mnemonic traits.

b) If the baby does not receive reverie and if he/she is born with ontological insufficiency, that is, without a good structure in the reptilian brain, (specific structural defect of Amati Mehler, leading to preconceptions) this would cause a defense in the early ages of the thought formation (predominance of the beta element, deficient alpha function, emptiness, "black hole" and "absent breast") and in the adult, the sexual perversion (fetishism and transvestitism). On the other hand, if the structural defect happens in the Waldeyer crest, it would cause transsexualism.

c) The envy of the combined figure (always persecutory) is innate. The pleasure linked to death is more frequent than we believe it to be, as well as orgasm and fear of death (vagina decathexis or erection without pleasure, that is, pleasure different from orgasm). Fetishists could have a disturbance in thought, that is, defenses in the origin of thought formation as thought is linked to sexuality, the sexual perversion diseases are frequent, because defect of the androgyny.

d) Trough deep analyses of the destructive sexuality,

fetishism and group resistance, the therapist arrived to the center of the conflicts (thoughts-sexuality hypothesis) produced by the mother, without reverie, lack of respect for the Name of the Father and hunted by the combined figure.

e) In sequence the author makes a correlation between perversion, anorexia- bulimia and shows mainly, the distinction between transvestitism and transsexualism in which there is also a disturbance in the origin of thought formation, repressing the infantile part of sexuality and stressing the primary envy (primitive defenses).

The fetish would be according to the author, a form of solution of genitalia without destroying it, rejecting the castration and, at the same time, accepting the castration. The transvestite imposes in his/ her reality the form of his/her fantasy (the illusion to be the object), while the transsexual practices the imaginary (imitate to be the object).

f) As a solution the therapist had to utilize the therapeutic Eros (extremely controlled). The interpretations were made by a melodic and firm voice, this way he could take the group, that was presenting perverted and fetishist manifestations, to satisfactory clarifications and to good therapeutic results. Only when they transformed the perverted-fetish-therapist into a significant phallus and alpha mother (full of reverie), the figure was no longer combined but united by love and androgynism.

g) The analytical work is to dismantle the fetish and the conflict of thought- sexuality and the idealization is necessary to make possible the entrance to these zones in which genitaly still has not been born, and be the support for this transformation, opening a way to rescue sexual pulsion, through erotic transference, real singularity of the analyst's figure as a good- strong-parents, that not- abandoned.

Trough this group technique, that is, searching the Graal (symbol of the idealized good mother), the participants could penetrate into the Holy Trinity (father, mother or daughter with no envy the devil).

Afterwards, each participant had lived the other's feelings, all became one with their own identity.

5 - Summary

If the baby does not receive reverie and if he/she is born with ontological insufficiency that is, without a good structure in the reptilian brain, (specific structural defect of Amati Mehler, leading to preconceptions) this would cause a defense in the early ages of the thought formation (predominance of the beta element, defi-

cient alpha function, emptiness, "black hole" and "absent breast" and in the adult, the sexual perversion (fetishism and transvestitism). On the other hand, if the structural defect happens in the Waldeyer crest, it would cause trassexualism.

The envy of the combined figure (always persecutory) is innate. The pleasure linked to death is more frequent than we believe it to be, as well as orgasm and fear of death (vagina decathexis or erection without pleasure, that is, pleasure different from orgasm). Fetishists could have a disturbance in thought, that is, defenses in the origin of thought formation as thought is linked to sexuality, the sexual perversion diseases are frequent, because defect of the androgynity.

Through deep analyses of the perversions, fetishism and group resistance, the therapist arrived to the center of the conflicts (thoughts-sexuality hypothesis) produced by the mother, without reverie, lack of respect for the Name of the Father and hunted by the combined figure.

In sequence the author makes a correlation between perversion, anorexia-bulimia and shows mainly, the distinction between transvestitism and transsexualism in which there is also a disturbance in the origin of thought formation, repressing the infantile part of sexuality and stressing the primary envy (primitive defenses).

As a solution the therapist had to utilize the therapeutic Eros (extremely controlled). The interpretations were made by a melodic and firm voice.

The analytical work is to dismantle the fetish and the conflict of thought-sexuality and the idealization is necessary to make possible the entrance to these zones in which genitaly still has not been born, and be the support for this transformation, opening a way to rescue pulsion, through erotic transference, real singularity of the analyst's figure as a good- strong-parents, that not-abandoned.

Bibliografia

- (1) **AMATI MEHLER, J. (1996)** "Perversões: estrutura e sintoma ou mecanismo". Rev. Brasil. Psicanal. 30: 429-438.
- (2) **AMMON, G. a) (1974)** Das Narzistische Defizit als Problem der psychoanalytischen Behandlungstechnik- Ein Beitrag zur Theorie und Praxis nachholenden Ich-Entwicklung. Dynam. Psychiat. 27:201-214. **b) (1986)** Androgenität und ganzheitliches Menschenbild'. Dynam. Psychiat. (19): 133-146. **c) AMMON, G. FINKE, G. Wolfrum, G. (1994)**. The Revised Form of ISTA-Sexuality 10^o Congr. WADP S. Petersburg (Russia).
- (3) **ANZIEU, D. (1953)** "O grupo e o Inconsciente". Trad. Kuks e Gerovitz. Edit. Casa do Psicologo S.P.
- (4) **BALINT, M. (1935)** "Contribution to fetishism". Int. J. Psychoanal. 22,3 .
- (5) **BION, W.R. (1995)** - **a)** "Group Dynamics: a review in Klein, M. et al". New directions in psychoanalysis. Tavistock Publ London (1996) - **b)** "Learning from Experience" - Edit. P. Heinesman - London **c) (1991)** Calsura in "Second Thoughts" Edit. Heinemann, London
- (6) **BOWLBY, J. a) (1984)** Separação. Trad. L. Hegenberg e O. Mota. Edit. Martins Fontes, S.P. **b) (1980)** Separation anxiety. Int. J. Psychoanal. 41:89-113.
- (7) **BUNUEL, L. "O anjo exteminador"** apud Kaes opus cit, pg 100
- (8) **CHASSEGUET-SMIRGEL, J. (1991)** "Ética e Estética da Perversão". Trad. V. Jacques. Edit. Artes Med. Porto Alegre.
- (9) **FIUMARA, R. (1991)** "Brain, mind and matrix from an Evolutionary view point". Group Analysis. 24:409-423.
- (10) **FREUD, S. (1912)** "Contribuições à psicologia do amor". Edit. Standard. Vol. 11, pg. 177. (1948) "Obras Completas", Trad. L.L.B.Y. Torres Edit. News Madrid.
- (11) **GADDINI, E. (1982)** "Early defensive fantasies and the psychoanalytical process". Int. J. Psychoanal. 63: 379.
- (12) **GLOVER, J. (1927)** "Notes sur une forme inaccoutumée de perversion". VIII Int. Congr. Psychoanal. (Salzburg).
- (13) **KAES, R. (1977)** "El Aparato Psíquico Grupal" Edit. Granica Barcelona, pg 173
- (14) **KAFKA, F. (1963)** "O Processo". Trad. S. Cajado Edit. Nova Epoca Editorial São Paulo
- (15) **KLEIN, M. (1964)** "Contribuciones al psicoanálisis". Trad. Aberastury, A. e H. Fredenthal. Edit. Hormé. Buenos Aires.
- (16) **LACAN, J. (1985)** "Escritos". II Kant con Sade. Edit. Siglo XXI. pg. 773.
- (17) **MAHGOUB, O. B. & ABDEL-HOFEIZ, H.P. (1991)** "Pattern of obsessive compulsive disorder in Eastern Saudi Arabia". Brit. J. Psychiat. 158:840-842.
- (18) **MARUCCO, N.C. (1996)** "Édipo, Castração e Fetiche". Rev. Brasil. Psicanal. 33: 547-553.
- (19) **MILLER PAIVA, L. a) (1968)** "Regressão em doenças psicossomáticas" (in colab. Capisano, F. H.; Blay B.; Mariz, E. e Kock, A.) Rev. Brasil. Psicanal. 2:315-322. **b) (1995-1996)** Neutral Disease. Dynamische Psychiatrie 150 (156) 19-28 e 18-30 **c) (1987)** "Técnica de Psicanálise - bricolage e filigranas". **d) (1997)** Mito do Eterno Abandono, Séculos XX e XXI n^o VIII - Os mutantes do terceiro milênio - pags. 11-23 Cost. Lemos S.P. **e) "Orgasmo e Morte"** in "Depressão e Suicídio - psicossomática e psicanálise". Edit. Imago. Rio **f) (1990)** "Psychosomatic Psychiatry Vol. I Diagnósis Vol. II Psychoanalytical Treatment of the Psychosis. Edit. Garatuja S.P. **g) (1997)** Pensamentos-Sexualidade (função alfa de Bion) nas perversões sexuais. Cong. Brasileiro Psicanálise, Gramado. Brasil.
- (20) **MUPHY, R.R.; SECKI, J.R.; BURTON, S.E.; LIGHTMANN, S.L. (1987)** Changes in oxytocin and vasopressin secretion during sexual activity in men. J. Clin. Endocr. Metab. 65:738-744
- (21) **RAPAPORT, J.L.; RYLAND, D.H. & KRIETE, M. (1992)** "Drug treatment of canines acral lick. An animal model of obsessive-compulsive disorder". Arch. Gen. Psychiat. 49: 517-521.
- (22) **REINE, A; BRENNAN, P. & MEDNICK, S.A. (1994)** "Birth complications combined with early maternal rejection at age 1 year predispose to violent crime at age 18 years". Arch Gen. Psychiat. 51: 984-988.
- (23) **SAPIENZA, A. & JUNQUEIRA FILHO, L.C. (1996)** "Eros tecelão de mitos". Conf. Soc. Brasil. Psicanal. São Paulo, 25/09.
- (24) **SARTRE, J.P. (1957)** "A Puertas cerradas" "Les Jeux Sont Faet" Apud Grinberg. L. Langer, M. Rodrigue E. Psicoterapia del grupo Edit. Paidós B. Aires. (1957)
- (25) **SICUPERO, R. (1987)** "Lilith - a lua negra". Trad. N. Telles. Edit. Paz e Terra. Rio.
- (26) **STOLLER, R.J. (1982)** "A experiência transexual". Trad. M.C. Pech. Edit. Imago, Rio.
- (27) **WINNICOTT, D.W. (1965)** "The Maturational Processes and the Facilitating Environment". Int. Psychoanal. Library Hogarth Press, London.