Book review of Basseches, Ellman and Goodman’s Battling the Life and Death Forces of Sadomasochism: Clinical Perspectives, Karnac Books, 2013

By Elizabeth Fritsch

Harriet Basseches, Paula Ellman and Nancy Goodman’s co-edited book, entitled Battling the Life and Death Forces of Sadomasochism: Clinical Perspectives, is an invaluable clinical and teaching text. Their work gives us remarkable access to current thinking about patients in this spectrum. They document the challenges to our capacities as psychoanalysts to bear overwhelming affective experience and offer a guide to psychoanalytic technique in this arena. The authors’ format is effective. Twelve psychoanalysts are invited to speak about their understanding of four detailed case reports provided by four experienced analysts. The clinical reports include a focus on the analyst’s mind and experience. The authors gave their discussants these instructions (p. 4):

“This is not supervision – this is an opportunity to associate freely and comment to show the best of psychoanalytic dialogue.”

This format leads to a treasure trove of close psychoanalytic reading of clinical text examined from multiple theoretical perspectives.

In a revelatory New Yorker cover (Nov 11, 2002), cartoonist Danny Shanahan pictures an analytic patient on the couch and a bespectacled male analyst wearing a three piece suit and bowtie seated behind him looking down at his notepad. There is an intruding object. The patient is reacting to the indignity of a pie smashed into his face. To my analytic eye, Shanahan is able to grasp and illustrate the collapse of the analytic space that occurs in work with patients who struggle with sadomasochistic dynamics. The magazine cover depicts slapstick but reads humiliation. The humiliation of a pie in the face concretely enters and disturbs the sanctity of the consulting room. It is also obvious that the analyst needs to be doing something other than jotting down notes. The analyst who studies Battling the Life and Death Forces of Sadomasochism will find help in responding to the proverbial pie in the face suffered by patient and analyst alike when clinical process becomes infused with sadomasochism.

At the outset of this book, Paula Ellman presents a riveting picture of her work with a high achieving academic who has physically crippled herself by relentlessly driving her body and ignoring pain. The patient over and over again denigrates her analyst. Ellman speaks in detail about her efforts to bear up while her efforts to help are ripped apart by her patient. She seeks not only to contend with the disparaging torrent but to translate her emotional experience so that she over time makes therapeutic contact with her patient.

Alan Bass’s discussion of Ellman’s case includes an exploration of sadomasochism from the point of view of Freud, Klein, McDougall, Jack and Kerry Kelly Novick, Berliner, Ghent, Steiner and Rosenfeld. Among his many specific technical recommendations, Bass suggests that a patient’s defenses against acknowledging his or her own parent’s destructiveness during childhood may need to be interpreted in order to navigate away from the “demonic” transference repetition first identified by Freud. Bass uses the concept of the trauma of Eros to elucidate the threat a patient experiences to psychic equilibrium as
the analyst offers help. Bass reminds us that Freud (The Ego and the Id) termed Eros a “mischief maker.” Bass takes a Loewaldian turn in addressing the clinical implications that follow from understanding that Eros creates psychic tension. Dr. Bass argues that keen attention to the patient’s simultaneous valuing and dismissal of the differentiating function of the analyst is essential to maintaining an optimal clinical stance in the face of such vicious cycles in treatment.

In their conceptualization of the psychoanalytic work with Ellman’s patient, Jack and Kerry Kelly Novick bring a rich understanding gained from their longstanding focus on sadomasochism. They elucidate the clinical picture by describing two psychic regulatory systems. One system is closed, organized according to magical omnipotent beliefs, involves the repetition of aggressive and self-destructive behavior cycles and opposes change. The other is open and organized around the use of competencies and gaining mastery. They describe the therapeutic changes that come from a well working analysis as one that increases choice between closed and open systems of self-regulation. They argue that empathy alone can make the analyst part of the closed system. The Novicks advise that the analyst keep firmly grounded with a foot outside of the patient’s emotional reality. As one of their technical suggestions, they detail the importance of exploring a patient’s model of cure at the outset of treatment.

Marianne Robinson takes a Bionian tack on Ellman’s case but first succinctly summarizes the way Bionian ideas organize her clinical thinking. She describes this patient’s impossible dilemma as unconsciously wanting a seamless relationship with her mother analyst but at the same time wanting to be freed from all reminders of her vulnerability. Robinson places sadomasochism on a spectrum of intensity of hatred of psychic reality and the amount of cruelty is related to the intensity of hatred of reality and the ability to bear frustration. In an emotionally evocative and textured reading of the clinical material, Robinson details this patient’s struggle to move toward greater recognition of psychic reality. She notes points in which the patient begins to tolerate her emotional hunger followed by paranoid attacks.

In the second detailed case in this volume, Nancy Goodman offers a dramatic rendering of a six year analysis with a profoundly isolated man whose approach to dating was to critique and reject countless women during his analysis. Goodman gives us a lively account of the “agonizing deadness” she experienced in sessions with this man. She works to contend with the ways her patient repels the relationship with his analyst while managing her own yearning for some level of contact with this despairing individual. The rupture with the analyst at the end of their work has tragicomic aspects.

Margaret Ann Hanley carefully considers the implicit technical approaches in Goodman’s work and their link to therapeutic action. Among the change that Hanley elucidates in Goodman’s patient over the course of his treatment is an increased capacity for symbolization, a greater tolerance of discordant affects, the imagining of a more loving primal scene and, finally, an expanded capacity for being in relationship. Hanley traces the therapeutic action in Goodman’s consistent attention to the impact of early trauma and infantile unconscious sexual fantasy and links this to the understanding of a destructive primal scene which robs the couple of procreativity. Hanley is impressed by the perverse features of Goodman’s patient and describes the development of a perverse transference as the patient comes to life.
James Grotstein sensitively details the features of the analysis that lead Goodman’s patient to feel terribly frustrated and tantalized by the emotions he experiences toward his analyst. Among his many fascinating conjectures, Grotstein contends that this patient may have an unconscious fantasy of seeking to become unborn and invisible by disappearing inside the analyst mother’s body and then to being re-born with this analyst mother. Grotstein applies his concept of analysis as a "passion play" and discusses the ways that this patient recrates, reenacts and re-dreams his "painful loving" (139). Grotstein highlights the pain of analytic intimacy and in this wide ranging essay he covers fascinating intellectual ground including hypothesizing the control of the object may be related to the underlying predator instinct of hunting and stalking the object.

In his consideration of Goodman’s work, Terence MacBride emphasizes the importance of delineating the interplay of oedipal and preoedipal dynamics in the patient’s emotional life. He takes the view that the patient’s conflicts between his sadomasochistic strivings and his fears of reprisal and loss are the primary area of this patient’s disturbance. Highlighting the role of trauma in the development of this pathology, he also posits the likely reality of early severely frustrating and overstimulating aggression in the maternal interactions.

In the penultimate case of this compendium, Andrea Greenman vividly relates the development of the analysis of a bulimic woman who came and went through the course of a long analysis. Among the challenges in the treatment were her patient’s frequent “vacations.” Her patient took as many as ten days off every six weeks. Greenman is particularly effective at giving us a picture of her own mind in this presentation.

In his commentary on Greenman’s material, Steven Ellman advocates a patient approach. He is in favor of a technical stance that allows the development of “a consistent and utilizable transference” by gradually coming to know the details of the patient’s anxiety and pain. Ellman argues that it is of critical importance to grapple with the difficulty the patient has in tolerating the treatment situation. Ellman discusses transference cycles and speaks about the problems of premature transference interpretation in clinical work. He underlines the necessity of having two parties who can “allow for periods of separation and tolerate the frequent sadomasochistic reunions that will follow” (p. 192) before transference interpretation is introduced.

Shelley Rockwell brings to life the projective identifications that dominate Greenman’s patient and, hence, a way to understand the enormous pressure on the analyst. Rockwell helps us see the slipperiness of “who’s who” as the patient introjects her analyst and turns the tables. In this way, we understand how the analyst can feel stymied, even hopeless, about the analytic enterprise with such a patient. Rockwell demonstrates the ways she sees sadism as continuous in the treatment between this patient and her analyst. Rockwell links the productive aspects of the treatment to Greenman’s capacity to accept the inevitability of interpretation being cast as a sadistic activity and her analytic tenacity.

Leon Wurmser highlights the central role of unconscious depersonalization and unconscious shame in the work with Greenman’s patient. Understanding the patient’s need to “pierce the wall of not-feeling”
is a critical dimension of clinical work in his estimation with patients with these dynamics. Wurmser observes that this presentation is usually rooted in massive traumatization and describes the use of sexualization to modulate affect which in turn stimulates aggression. Wurmser alerts the analyst to the possibility that there can be an iatrogenic re-traumatization if the analyst responds to the patient in a “soul blind” way.

The case detailed by Reichbart, perhaps more than all of the other cases, epitomizes the “too muchness” (p. 5) of the experience of sadomasochistic clinical phenomena as described by Basseches, Goodman and Ellman. Reichbart presents a deeply disturbed man with a tenuous ego who floods the clinical situation with explicit and perverse sadomasochistic fantasies. Reichbart documents the growth in his patient as this very challenging analysis unfolds.

In approaching this material, Sheldon Bach suggests that the “extremely primitive level of pathology” of Reichbart’s patient is difficult for the clinician to grasp. He argues that the patient is caught between choosing perverse or sadomasochistic fantasies or psychic death. For this patient, perversion wins out. He sensitively describes the patient’s constant terror of annihilation early in the treatment. Bach details how the patient is gradually able to use the analyst to locate an experience of psychic aliveness which leads to a greater degree of separateness and differentiation.

In her clinical commentary on Reichbart’s patient, Harriet Basseches usefully draws on her theoretical and clinical immersion in the topic of sadomasochism. She artfully illuminates the identifications, affects and imagery in this patient’s sadistic pleasures. She highlights the impact of an enacted fantasy which simultaneously frightens the patient but heightens his feelings of grandiosity. Basseches notes that these re-enactments make therapeutic work verge on the edge of impossible. She also grapples with the problem of how the analyst has to experience a kind of torturing by the patient.

In the final clinical essay, Leo Rangell’s remarks are published posthumously. The authors pay tribute to Rangell and his remarkable contributions to psychoanalysis over his career in their introduction. Surprisingly, Rangell suggests that Reichbart’s patient presents “chronic neurosis.” He expresses relief that there is an interpretation of castration anxiety and sees this as a pivotal moment of insight in the treatment for this patient. Rangell’s remarks serve as a counterpoint to the more contemporary theoretical perspectives offered in the many commentaries in this volume.

It is difficult to synthesize the many contributions to this study of sadomasochism in the clinical situation. Perhaps, some readers may object to having to work to compare and contrast the multitude of voices in this volume. There are competing points of view about how best to work with the transference in the detailed process material of these case studies. Some of the debate about addressing transference also seems related to divergent conceptualizations of transference in the clinical situation. However, there is full agreement among these many authors that there is the possibility, even likelihood, of impasse with patients for whom psychoanalytic work evokes unbearable trauma and acute narcissistic vulnerability and sadomasochistic solutions to such pain and vulnerability. Hence, the study of clinical work with patients in this spectrum is vital.
Basseches, Ellman and Goodman observe that memoir, fiction and the stage also illuminate and bring to life sadomasochistic relationships. A recent example of this oeuvre is Tracy Letts’ compelling play, *August: Osage County*, which depicts the reunion of a deteriorating family with its cruel truth-telling mother, Violet. One can readily imagine Violet’s character as one of the analysands in this volume perversely “truth telling” the analyst about every flaw and failing. In Letts’ play, as the play closes, Violet is left muttering “this is the way the world ends,” a line from T.S. Eliot’s poem “The Hollow Men.” What diverges from this script in the clinical tales in *Battling the Life and Death Forces of Sadomasochism: Clinical Perspectives* is that something changes, some truth and understanding emerge over time, and life prevails in these moving accounts of real psychoanalyses.

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