(1982). International Journal of Psycho-Analysis, **63:**449-456

Addiction to Near-Death

Betty Joseph

There is a very malignant type of self-destructiveness, which we see in a small group of our patients, and which is, I think, in the nature of an addiction—an addiction to near-death. It dominates these patients' lives; for long periods it dominates the way they bring material to the analysis and the type of relationship they establish with the analyst; it dominates their internal relationships, their so-called thinking, and the way they communicate with themselves. It is not a drive towards a Nirvana type of peace or relief from problems, and it has to be sharply differentiated from this.

The picture that these patients present is, I am sure, a familiar one—in their external lives these patients get more and more absorbed into hoplessness and involved in activities that seem destined to destroy them physically as well as mentally, for example, considerable over-working, almost no sleep, avoiding eating properly or secretly over-eating if the need is to lose weight, drinking more and more and perhaps cutting off from relationships. In other patients this type of addiction is probably less striking in their actual living but equally important in their relationship with the analyst and the analysis. Indeed, in all these patients the place where the pull towards near-death is most obvious is in the transference. As I want to illustrate in this paper, these patients bring material to analysis in a very particular way, for example, they may speak in a way which seems calculated to communicate or create despair and a sense of hopelessness in themselves and in the analyst, although apparently wanting understanding. It is not just that they make progress, forget it, lose it or take no responsibility for it. They do show a strong though frequently silent negative therapeutic reaction, but this negative therapeutic reaction is only one part of a much broader and more insidious picture. The pull towards despair and death in such patients is not, as I have said, a longing for peace and freedom from effort; indeed, as I sorted out with one such patient, just to die, although attractive, would be no good. There is a felt need to know and to have the satisfaction of seeing oneself being destroyed.

So I am stressing here that a powerful masochism is at work and these patients will try to create despair in the analyst and then get him to collude with the despair or become actively involved by being harsh, critical or in some way or another verbally sadistic to the patient. If they succeed in getting themselves hurt or in creating despair, they triumph, since the analyst has lost his analytic balance or his capacity to understand and help and then both patient and analyst go down into failure. At the same time the analyst will sense that there is real misery and anxiety around and this will have to be sorted out and differentiated from the masochistic use and exploitation of misery.

The other area that I am going to discuss as part of this whole constellation is that of the patient's internal relationships and a particular type of communication with himself—because I believe that in all such patients one will find a type of mental activity consisting of a going over and over again about happenings or anticipations of an accusatory or self-accusatory type in which the patient becomes completely absorbed.

I have described in this introduction the pull of the death instincts, the pull towards near-death, a kind of mental or physical brinkmanship in which the seeing of the self in this dilemma, unable to be helped, is an essential aspect. It is, however, important also to consider where the pull towards life and sanity is. I believe that this part of the patient is located in the analyst, which in part, accounts for the patient's apparent extreme passivity and indifference to progress. This I shall return to later.

Presented to the scientific meeting of the British Psycho-Analytic Society, 20 May 1981.
(MS. received October 1981)

It will be seen that much that I have outlined in this introduction has already been described in the analytic literature. For example, Freud (1924) discusses the working of the death instinct in masochism and distinguishes the nature of the inner conflict in a negative therapeutic reaction from that seen in moral masochism. He adds at the end of the paper 'even the subject's destruction of himself cannot take place without libidinal satisfaction'. In the patients that I am describing it seems to me that the near destruction of the self takes place with considerable libidinal satisfaction, however much the concomitant pain. The main additional aspects, however, that I want to discuss are: the way in which these problems make themselves felt in the transference, and in the patient's internal relationships and his thinking; and the deeply addictive nature of this type of masochistic constellation and the fascination and hold on them that it has. Later I want to add a note on some possible aspects of the infantile history of these patients. I shall start by getting into the middle of the problem by bringing a dream.

This dream comes from a patient who is typical of this group. He started analysis many years ago, and was then cold, rather cruel, loveless, highly competent, intelligent, articulate and successful in his work—but basically very unhappy. During the treatment he had become much warmer, was struggling to build real relationships and had become deeply but ambivalently emotionally involved with a gifted but probably disturbed young woman. This was a very important experience for him. He was also now deeply attached to the analysis although he did not speak of it, did not acknowledge it, was often late and seemed not to notice or be aware of almost anything about me as a human being. He often had sudden feelings of great hatred towards me. I am going to bring a dream from a Wednesday. On the Monday he had consolidated the work we had been doing on a particular type of provocation and cruelty silently achieved. By the end of the session he had seemed relieved and in good contact. But on the Tuesday he 'phoned just at the time of the end of his session and said that he had only just woken up. He sounded very distressed, but said that he had hardly slept in the night and would be here the following day. When he arrived on Wednesday he spoke about the Monday, how surprised he was that following the better feeling in the session he had felt so terrible and tense physically, in his stomach and in every way on the Monday night. He had felt much warmer towards K, the girl friend, and really wanted to see her, but she was out for the evening. She said she would 'phone him when she got back, but she didn't, so he must have been lying awake getting into a bad state. He also knew that he very much wanted to get to analysis and he expressed a strong positive feeling that he felt was emerging since the last session. He had found the work we had done during the Monday session very convincing and a real culmination of the work of the last period of analysis. He altogether sounded unusually appreciative and absolutely puzzled about the complete sense of breakdown, sleeplessness and the missing of the Tuesday session.

When he was describing the pain and misery of the Monday night, he said that he was reminded of the feeling that he had expressed at the beginning of the Monday session, the feeling that perhaps he was too far into this awful state ever to be helped out by me or to get out himself. At the same time during and immediately after the session there had been feelings of insight and more hope.

He then told a dream:

> he was in a long kind of cave, almost a cavern. It was dark and smoky and it was as if he and other people had been taken captive by brigands. There was a feeling of confusion, as if they had been drinking. They, the captives, were lined up along a wall and he was sitting next to a young man. This man was subsequently described as looking gentle, in the mid-twenties, with a small moustache. The man suddenly turned towards him, grabbed at him and at his genitals, as if he were homosexual, and was about to knife my patient, who was completely terrified. He knew that if he tried to resist the man would knife him and there was tremendous pain.

After telling the dream, he went on to describe some of the happenings of the last two days. He particularly spoke first about K. He then spoke about a meeting he had been to, in which a business acquaintance had said that a colleague told him that he, the colleague, was so frightened of my patient, A, that he positively trembled when on the 'phone to him. My patient was amazed, but linked this with something that I had shown

him on the Monday, when I had commented on a very cold, cruel way in which he dealt with me when I queried a point about another dream. This association was connected with the idea of the man in the dream looking so gentle but acting in this violent way, and so he felt that the man must somehow be connected with himself, but what about the moustache? Then suddenly he had the notion of D. H. Lawrence—he had been reading a new biography of Lawrence and remembered that he was enormously attracted to him in his adolescence and felt identified with him. Lawrence was a bit homosexual and clearly a strange and violent man.

I worked out with him that it seemed therefore that this long, dark cavern stood for the place where he had felt he was too far in to be pulled out by himself or by me; as if it was his mind, but perhaps also part of his body. But the too-far-in seems to be linked with the notion that he was completely captured and captivated, possibly, by the brigands. But the brigands are manifestly associated with himself, the little man linked with Lawrence, who is experienced as part of himself. We can also see that the giving-in to this brigand is absolutely terrifying, it is a complete nightmare, and yet sexually exciting. The man grabs his genitals.

Here I need to interpose—I had been impressed for some time about the pull of despair and self-destructiveness in this man and one or two other patients with similar difficulties, and was driven to conclude that the actual despair, or the describing of it in the session, contained real masochistic excitement, concretely experienced. We can see it in the way these patients go over and over their unhappinesses, failures, things they feel they ought to feel guilty about. They talk as if they are attempting unconsciously to pull the analyst into concurring with the misery or with the descriptions or they unconsciously try to make the analyst give critical or disturbing interpretations. This becomes a very important pattern in the way that they speak. It is familiar to us and has been well described in the literature **(Meltzer, 1973)**; **(Rosenfeld, 1971)**; **(Steiner, 1982)** that such patients feel in thrall to a part of the self that dominates and imprisons them and will not let them escape, even

though they see life beckoning outside, as expressed in my patient's dream, outside the cavern. The point I want to add here is that the patient's experience of sexual gratification in being in such pain, in being dominated, is one of the major reasons for the grip that the drive towards death has on him. These patients are literally 'enthralled' by it. In this patient A, for example, no ordinary pleasure, genital, sexual or other, offered such delight as this type of terrible and exciting self-annihilation which annihilates also the object and is basic to his important relationships to a greater or less extent.

So, I think the dream is clearly a response, not just to the girl friend K being out on the Monday night and A lying in bed getting more and more disturbed about it, of which he was conscious, but to the fact that he had felt better, knew he had and could not allow himself to get out of his misery and self-destruction—the long cavern—or allow me to help him out. He was forced back by a part of himself, essentially sado-masochistic, which operated also as a negative therapeutic reaction, and which used the distress about the girl friend as fuel. I also stressed here, and shall return to, his triumph over me when our work and the hope of the last weeks is knocked down and he and I go under.

I am discussing here, therefore, that it is not only that he is dominated by an aggressive part of himself, which attempts to control and destroy my work, but that this part is actively sadistic towards another part of the self which is masochistically caught up in this process, and that this has become an addiction. This process has always, I believe, an internal counterpart and in patients really dedicated to self-destructiveness, this internal situation has a very strong hold over their thinking and their quiet moments, their capacity for mulling things over or the lack of it. The kind of thing that one sees is this. These patients pick up very readily something that has been going on in their minds or in an external relationship and start to use it over and over again in some circular type of mental activity, in which they get completely caught up, so that they go over and over with very little variation the same actual or anticipated issue. This mental activity, which I think is best described by the word 'chuntering', is very important. The Oxford Dictionary describes chuntering as 'mutter, murmur, grumble, find fault, complain'. To give an example, A, in the period when I was trying to

explore in him this dedication to masochism, described one day how he had been upset the previous evening because K had been going out with somebody else. He realized that on the previous evening he had, in his mind, been rehearsing what he might say to K about this. For example, he would talk about how he could not go on like this with her, while she was going around with another man; how he would have to give up the whole relationship; he could not go on like this, and so on. As he went on speaking about what he was planning to say to K, I got the feeling, not only from the ideas, but from his whole tone, that he was not just thinking what he might say to K, but was caught up in some kind of active cruel dialogue with her. Slowly then he clarified the ideas that he had had, and how he had been going over things in his mind. On this occasion and indeed on others, he realized that he would be saying something cruel, for example, and that K in the fantasy would reply or cry or plead or cling, she would become provocative, he would get cruel back, etc. In other words, what he then called 'thinking about what he would say' is actually actively being caught up in his mind in a provocative sado-masochistic fantasy, in which he both hurts and is hurt, verbally repeats and is humiliated, until the fantasy activity has such a grip on him that it almost has a life of its own and the content becomes secondary. In such cases unless I could begin to be aware of the problem of their being caught up in these fantasies and start to draw my patients' attention to them these fantasies would not come into the analysis, although in some way or another they are conscious. Patients who get so caught up in these activities, chuntering, tend to believe that they are thinking at such times, but of course they are living out experiences which becomes the complete antithesis of thought.

Another patient, when we had finally managed to open up very clearly the enormous importance and sadistic grip that such going over and over in his mind had on him, told me that he felt that he probably spent two thirds of his free time absorbed in such activities; then in the period when he was trying to give them up he felt that he had almost too much free time on his hands, and had a vague feeling of let-down or disillusionment as he began to do without them; the sense of let-down coming from the relinquishing of the exciting pain of this internal dialogue.

My point about the circular mental activities being the antithesis of thought is, of course, important in the analytic situation. I am stressing that the internal dialogue, the chuntering, is lived out in the analytic dialogue as well as in these patients' lives. Such patients use a great deal of analytic time apparently bringing material to be analysed and understood, but actually unconsciously for other purposes. We are all familiar with the kind of patient who talks in such a way as, they hope unconsciously, to provoke the analyst to be disturbed, repetitive, reproachful or actually critical. This can then be used by the silently watchful masochistic part of the patient to beat himself with, and an external 'difficulty' can be established in the analysis and perpetuated internally, during the session, with the patient silent and apparently hurt; or outside in an internal dialogue. We can then see that it is not 'understanding' that the patient wants, though the words are presented as if it were so. These self-

destructive patients appear very often to be passive in their lives, as on one level did A, and a very important step is taken when they can see how active they are, by projective identification, for example through the kind of provocation that I am describing or in their thinking and fantasy. But there are other ways of expressing this type of self-destructiveness in the analysis. For example, some patients present 'real' situations, but in such a way as silently and extremely convincingly to make the analyst feel quite hopeless and despairing. The patient appears to feel the same. I think we have here a type of projective identification in which despair is so effectively loaded into the analyst that he seems crushed by it and can see no way out. The analyst is then internalized in this form by the patient, who becomes caught up in this internal crushing and crushed situation, and paralysis and deep gratification ensue.

Two issues arise from all this. First, that this type of patient usually finds it very difficult to see and to acknowledge the awful pleasure that is achieved in this way; and, second, I believe it is technically extremely important to be clear as to whether the patient is telling us about and communicating to us real despair, depression or fear and persecution, which he wants us to

understand and to help him with, or whether he is communicating it in such a way as primarily to create a masochistic situation in which he can become caught up. If this distinction is not clearly made in the analysis from moment to moment, one cannot analyse adequately the underlying deep anxieties because of the whole masochistic overlay and the use that is being made of this. Further, I think that one needs to distinguish very clearly between the masochistic use of anxieties that I am discussing and dramatization. I am here describing something much more malignant and much more desperate to the personality than dramatization.

I want now to bring an example to illustrate further this connexion between actual anxieties and the exploitation of anxieties for masochistic purposes: and the connexion between genuinely persecuted feelings and the building up of a kind of pseudo-paranoia for masochistic purposes. I shall bring material from the patient A in a period when he was in great distress. It had been indicated to him that he would be likely to be promoted to a very senior position in the firm where he worked, but he got into a bad relationship with a principal man—himself probably a difficult and tormenting person. For a period of about two years things quietly deteriorated until there was a major reorganization in which he was to be demoted. He was deeply disturbed and decided he would almost certainly have to leave rather than be put in an inferior position. It should, however, be remembered that in his position there would be no likelihood of his having difficulty in finding other high-grade and financially rewarding work.

I bring a session from a Monday at this time. The patient came in most distressed, then remembered he had not brought his cheque, but would bring it the following day; then described the happenings of the weekend and his talk with his principal on Friday and how worried he felt about his job. K, his girl friend, had been helpful and kind, but he felt sexually dead and as if she was wanting sex from him, which became rather horrifying. Then he queried, 'was he trying to be cruel to her?'—already that question has something a bit suspect about it, as if I was supposed to agree that he was trying to be cruel to her and get caught up in some kind of reproaching of him, so that the question became in itself masochistic rather than thoughtful. He then brought a dream. In the dream,

> he was in an old-fashioned shop at a counter, but he was small, about the height of the counter. There was someone behind it, a shop assistant. She was by a ledger but was holding his hand. He was asking her, 'was she a witch?' as if wanting a reply, persistently asking, almost as if he wanted to hear from her that she was a witch. He felt she was getting fed up with him and would withdraw her hand. There were rows of people somewhere in the dream and a vague feeling of being blamed for something he had done. In the shop a horse was being shod but with a piece of white plastic-looking material, about the shape and the size of the material one would put on the heel of a man's shoe.

In his associations he spoke about his anxiety about his relationship with K at the moment and his sexuality. He was the height of a child in the dream. He had tremendous feelings of panic and anxiety at night. What would he do? Would he really run out of money, and what would happen to his whole position? We spoke about the realities of this a bit more.

He had seen a lot of horses being shod as a child and well remembered the smell of the iron going into the horse's hoof. He spoke about his guilt about the situation that he felt he had helped to create at work and realized that he must actually have acted very arrogantly with his principal and that this had probably really helped to bring the ceiling down on him.

I linked the ledger with the forgotten cheque and his anxiety about finances. He is worried about his lack of sexual interest at the moment, but seems to want me to be nasty about the cheque, and K about his lack of libido. In the dream he wanted the woman to say that she was a witch and this attitude appears to be an old story, since he is the height of a child. The guilt, I believe, is not just about his faulty handling of his work situation,

his arrogance and harsh attitude, which has really led to serious work problems, but this is used both in his mind and actively in the transference in an attempt to draw me into agreement with his despair, to criticize his arrogance in his relationship with K and shatter him and create utter despair and a sense of uselessness in both of us. This is the masochistic

use of anxiety in his mind and in the session. We can then see something about the sexualized excitement, of a very cruel kind, that he gets in this attitude by looking at the associations to the shoeing of the horse. There is the picture of a burning iron being put into the horse's foot and the fascination and horror of this as a child, feeling that it is bound to hurt, though in fact one subsequently knows it doesn't. So, I could then show him the indulgence in a tremendously masochistic attitude that was going on visibly in the dream, currently in the session, as misery, despair and pseudo-paranoia were being built up. There is almost a fragment of insight in this dream, as when he demands that the woman tells him if she is a witch and vaguely he knows that he hopes that she will agree that she is. As we went over this he began to see it again very clearly and his whole attitude became more thoughtful and quiet, as opposed to desperate and hopeless. He slowly added that, of course, there is the problem that this kind of sexual excitement and horror seems so great that nothing else can be so important and exciting to him. Now, when he said this, at first there was clearly a sense of insight and truth about, but then there began to be a different feeling in the session as if he really meant there was nothing one could do about it. Even the insight began to contain a different message. So I showed him that there was not only insight, not only anxiety and despair about being so much caught up in this kind of masturbatory excitement, but now there was also a triumph and a kind of sadistic jab at me, as if he were digging a burning iron into my heart to make me feel that nothing we were achieving was really worth anything and nothing could be done. Once again he could see this and so it was possible to link the desperate sexualized masochistic excitement with the triumphant doing down of his object, external and internal.

I have tried to show in this example how this masochistic excitement was covering up at that time deep anxieties stirred up by his work situation, connected with feelings of rejection, being unwanted, failure and guilt. But it is only possible to get through to them if the masochistic use, exploitation, is first dealt with. If one does not do this then one gets a situation which is so common with these patients that interpretations may appear to be listened to, but some part of the patient's personality will treat the analyst with contempt, with sneering and with mockery, though the mockery and and contempt will be silent.

But we are still left with a major problem as to why this type of masochistic self-destruction is so self-perpetuating; why it has such a grip on this type of patient. One reason which I have discussed in this paper—the sheer unequalled sexual delight of the grim masochism—is undeniable, yet it is usually very difficult for a long time for such patients to see that they are suffering from an addiction, that they are 'hooked' to this kind of self-destruction. With A, by the time we reached the dream about the sexual assault in the cavern, we had worked through a lot of this, and he felt consciously that he was in the grip of an addiction from which he believed he would like to be free. But he felt that the part of him that would like to be freed was nothing like as powerful nor were the possible results as attractive as was the pull of his addiction. And this he could not understand.

This problem needs considering from the angle of these patients' passivity that I mentioned at the beginning of the paper when I described how the pull towards life and sanity seems to be split off and projected into the analyst. One can see this in the transference, in severe cases going on sometimes over years, roughly like this. The patient comes, talks, dreams, etc. but one gets the impression of very little real active interest in changing, improving, remembering, getting anywhere with the treatment. Slowly the picture builds up. The analyst seems to be the only person in the room who is actively concerned about change, about progress, about development, as if all the active parts of the patient have been projected into the analyst. If the analyst is not aware of this and therefore does not concentrate his interpretations round this process, a collusion can arise in which the analyst carefully, maybe tactfully, pushes, tries to get the patient's interest or to alert him. The patient briefly responds only quietly to withdraw again and leave the next move to the analyst, and a major piece of psychopathology is acted out in the transference. The patient constantly is pulling back towards the silent kind of deadly paralysis and near complete passivity. When these lively parts of the patient remain so constantly split off it means that his whole capacity for wanting and

appreciating, missing, feeling disturbed at losing, etc., the very stuff that makes for real whole object relating is projected and the patient remains with his addiction and without the psychological means of combatting this. To me, therefore, the understanding of the nature of this apparent passivity is technically of primary importance with these patients. Moreoever, it means that with such splitting-off of the life instincts and of loving, ambivalence and guilt is largely evaded. As these patients improve and begin to become more integrated

and relationships become more real, they begin to feel acute pain sometimes experienced as almost physical—undifferentiated but extremely intense.

I think it is often at these periods of analysis, when concern and pain near to guilt begin to be experienced, that one can see a quick regression to earlier masochistic methods of avoiding pain linked essentially with infantile and childhood behaviour. To give a very brief example—A, following a good analytic experience had a dream in which *his mother, dead or near dead, was lying on a slab or couch, and he, to his horror, was pulling off bits of sunburnt skin from one side of her face and eating them*. I think that instead of becoming aware of, and guilty about, the spoiling of the good experience, he is showing here how he again becomes identified with his damaged object by eating it up, and it is also important to see the link between the painful exciting physical horror and his earlier nail-biting and skin-tearing, familiar to us.

Freud, of course, describes this process of identification in 'Mourning and melancholia' **(1917)** and he also adds 'the self tormenting in melancholia … is without doubt enjoyable …' Despite certain important similarities the patients that I am describing are not 'melancholic'—their guilt and self-reproach being so much evaded or swallowed up by their masochism.

My impression is that these patients as infants, because of their pathology, have not just turned away from frustrations or jealousies or envies into a withdrawn state, nor have they been able to rage and yell at their objects. I think they have withdrawn into a secret world of violence, where part of the self has been turned against another part, parts of the body being identified with parts of the offending object, and that this violence has been highly sexualized, masturbatory in nature, and often physically expressed. One sees it, for example, in head-banging, digging nails into fists, pulling at one's own hair and twisting and splitting it until it hurts, and this is what we are still seeing in the verbal chuntering that goes on and on. As one gets into this area and these patients are able to recognize, usually at first with great difficulty and resentment, the exitement and pleasure they get from these apparent self-attacks, they can usually show us their own particular personal predeliction. One of my young male patients of this group was still pulling at and splitting his hair when he was well into his analysis. Another, an older man, who spoke of the amount of time used up by his chuntering, used, in times of great disturbance, to lie on the floor drinking and putting on his radio as loud as possible, as if caught up in a wild orgy of rhythmical bodily experience. It seems to me that instead of moving forward and using real relationships, contact with people or bodies as infants, they retreated apparently into themselves and lived out their relationships in this sexualized way, in fantasy or fantasy expressed in violent bodily activity. This deeply masochistic state, then, has a hold on the patient, that is much stronger than the pull towards human relationships. Sometimes this is to be seen as an aspect of an actual perversion, in others it is part of a character perversion.

It will be seen that in this paper I have not attempted to discuss the defensive value of the addiction, but there is one aspect of this problem that I would like to mention before ending. It has something to do with torture and survival. None of the patients whom I have in mind as particularly belonging to this addictive group, have really very seriously bad childhood histories, though psychologically in a sense they almost certainly have—as, for example, a lack of warm contact and real understanding, and sometimes a very violent parent. Yet in the transference one gets the feeling of being driven up to the edge of things, as I indicated, and both patient and analyst feel tortured. I get the impression from the difficulty these patients experience in waiting and being aware of gaps and aware of even the simplest type of guilt that such potentially depressive experiences have been felt by them in infancy, as terrible pain that goes over into torment, and that they have tried to obviate this by taking over the torment, the inflicting of

mental pain on to themselves and building it into a world of perverse excitement, and this necessarily militates against any real progress towards the depressive position.

It is very hard for our patients to find it possible to abandon such terrible delights for the uncertain pleasures of real relationships.

SUMMARY

This paper describes a very malignant type of self-destructiveness seen in a small group of patients. It is active in the way that they run their lives and it emerges in a deadly way in the transference. This type of self-destructiveness is, I suggest, in the nature of an addiction of a particular sado-masochistic type, which these patients feel unable to resist. It seems to be like a constant pull towards despair and near-death, so that the patient is fascinated and unconsciously excited by the whole process. Examples are given to show how such addictions dominate the way in which the patient communicates with the analyst and internally, with himself, and thus how they affect his thinking processes. It is clearly extremely difficult for such patients to move

towards more real and object-related enjoyments, which would mean giving up the all-consuming addictive gratifications.

REFERENCES

FREUD, S. 1917 Mourning and melancholia S.E. 14 [→]

FREUD, S. 1924 The economic problem of masochism S.E. 19 [→]

MELTZER, D. 1973 Sexual States of Mind Perthshire: Clunie Press. [→]

OXFORD ENGLISH DICTIONARY 1979 Compact Edition London: Oxford Univ. Press.

ROSENFELD, H. 1971 A clinical approach to the psychoanalytic theory of the life and death instincts: An investigation into the aggressive aspects of narcissism *Int. J. Psychoanal.* 52:169-178 [→]

STEINER, J. 1982 Perverse relationships between parts of the self: A clinical illustration *Int. J. Psychoanal.* 63:241-252 [→]

Article Citation [Who Cited This?]

Joseph, B. (1982). Addiction to Near-Death. *Int. J. Psycho-Anal.*, 63:449-456