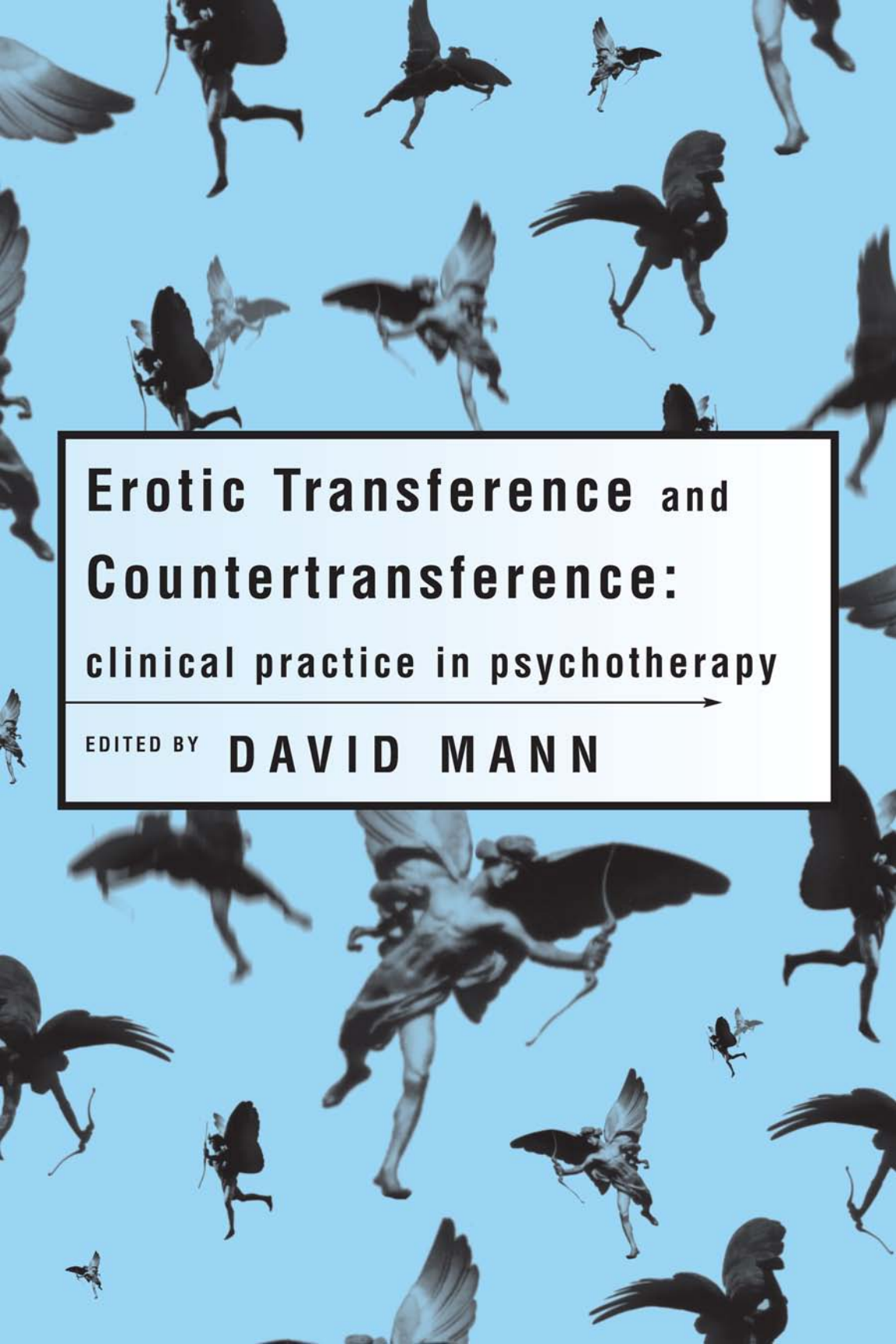

Erotic Transference and Countertransference:

clinical practice in psychotherapy

EDITED BY **DAVID MANN**

Erotic Transference and Countertransference

Erotic Transference and Countertransference brings together, for the first time, contemporary views on how psychotherapists and analysts work with and think about the erotic in therapeutic practice.

Representing a broad spectrum of psychoanalytic perspectives, including object relations, Kleinian, Jungian, self psychology and Lacanian thought, the contributors highlight similarities and differences in their approaches to the erotic in transference and Countertransference, ranging from love and sexual desire to perverse and psychotic manifestations.

E*rotic Transference and Countertransference* offers ways of understanding the erotic which should prove both useful and thought-provoking.

D**avid Mann** is a psychoanalytic psychotherapist and a member of the London Centre for Psychotherapy. He works in private practice and primary care. His previous book *Psychotherapy: An Erotic Relationship—Transference and Countertransference Passions* is published by Routledge.

Contributors include Marco Chiesa, Ronald Doctor, Nathan Field, Fiona Gardner, Jackie Gerrard, Sheila Gordon, David Mann, Andrew Samuels, Martin Stanton and Jean Thomson.

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Edited and introduced by

David Mann

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For Michelle and our sons Mark and Peter

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Erotic narratives in psychoanalytic practice

An introduction

David Mann

> How do I love thee? Let me count the ways.
> Elizabeth Barrett Browning, *Sonnets from the Portuguese,* XLIII

THE SHADOW OF THE EROTIC IN THE PSYCHOANALYTIC NARRATIVE

In the beginning the ancient Judaic thinkers who conceived the Book of Genesis realised that knowledge and sexual awareness went hand in hand: when Adam and Eve ate the apple from the Tree of Knowledge they became aware of their own and each other's sexuality. The acquisition of knowledge and awareness of sexuality are thus pivotal to consciousness. In the biblical context, they feel shame and incur the father's wrath for concealing their nakedness, are thus banished from paradise, and henceforth, we are told, childbirth will be painful. The ancients astutely observed that real knowledge about oneself is intimately linked to sexual curiosity and that there is a price to pay for consciousness; losing peace of mind might seem like a poor swap for a piece of apple but the development of consciousness is the only way to individuate. Put another way, we might say that erotic thoughts about ourselves and others are a major, if not the most important, way we have to separate from our parents.

Of course erotic thoughts are not that simple. The recipient of our adult erotic desires is never entirely free from incestuous influence. Individuals acquire their capacity for erotic desire or love in the context of their own familial experience. We learn the language of love by conscious and unconscious experience, becoming aware of its possibilities and prohibitions (and perversions) through our relationship with both parents. Although the eroticism of childhood finds its culmination in adult sexual experience there is no hiatus here: it is all one life. In the arena of the erotic we find the most intense mingling of infantile and adult passions. The ancients missed that connection: while the erotic leads us away from our parents its incestuous foundations bind us to our mother and father. Our experience as infants and children will flesh out how we manage our erotic relations (both love and sex) as adults. The erotic is primarily object related. Since any two people will have an erotic transference to each other this brings their mutual need for object relating into an erotic bond: related and connected at the point of their most intense unconscious erotic desires. The purpose of the erotic bond is that it deepens the individual's capacity for connection and relatedness to others as well as to him or herself. The erotic bond therefore highlights issues of intrusiveness and intimacy. The erotic

entails the breaching of boundaries always psychological and, as far as mothers and babies and adult lovers are concerned, physical as well. In that manner, the erotic challenges our sense of self and other, when somebody gets under our skin, whether this is experienced as enhancing and intimate or intrusive and threatening.

The erotic subjectivity of the individual is thus inextricable from his or her psyche. There is exemption out from this erotic subjectivity: the analytic rule of abstinence will stop neither erotic fantasy life nor the erotic nature of the unconscious. The analysand and the analyst have that much in common: they are connected by their erotic bond at deep layers of the unconscious.

The erotic has a paradoxical status in psychoanalysis. There is general agreement that it is a universal experience and, therefore, probably part of every therapeutic transaction. Yet such a ubiquitous phenomenon is scarcely reported in the literature and is excluded from most training programmes. The prevalence of the erotic is thus acknowledged as a universal feature that is rarely discussed.

But the paucity of discussion is not the same as an absence from discourse. The erotic has dominated psychoanalytic theory and practice since its inception: from the therapeutic debacle between Breuer and Anna O which floundered on the erotic transference and countertransference, via Jung's sexual misconduct with Sabina Spielrein and Ferenczi's experimental love techniques and misconduct right through to the present day and the public horror at the sexual exploitation of patients. Freud (1915) could only recommend repression as a way of dealing with the erotic countertransference (his own understanding of psychoanalysis failed to inform him of the futility of that tactic). Jung was so unable to work with the erotic transference and countertransference that, in my view, he took flight into a desexualised theory of Eros.

What the patient, therapist and public are worried about is sexual misconduct. The general public is now alert to sexually abusive therapists. A number of publications have directly looked at this issue (Rutter 1989, Jehu 1994, McNamara 1994). In fact, there is sexual abuse among all professions: social workers, solicitors, lawyers, teachers, priests, businessmen and women, doctors, etc. Yet a particular horror grips the public when it is perpetrated by psychotherapists and counsellors. Perhaps this is because there is a dim awareness of the incestuous transference issues involved with vulnerable patients. The positive side of this public outcry is to break the silence about malpractice that has followed psychoanalysis in every step of its history.

The veil that has been unconsciously drawn around the erotic transference and countertransference merely draws attention to its fantastical importance. The presence and influence of the erotic are felt by their lack of discussion and draw attention to themselves by being almost unspeakable. For example, the British School of Object Relations has explored every conceivable aspect of aggression—up and down, left and right, inside and outside—but barely a word has been said about the erotic. This is defended by apologists saying that aggression is the underlying issue behind the erotic. But it could equally be said, and indeed I am saying, that the erotic is often the underlying issue behind aggression. By not forming part of analytic discussion the erotic transference and countertransference thus become the dominating influence in analytic discourse: a subject to be bypassed, avoided, circumvented. By requiring avoidance, the erotic has exerted a structuring influence over the formation of psychoanalytic theory and

practice: everything constellates around the erotic and what is discussed is framed by what has to be left in silence; the path of circumvention is defined by what is being side-stepped. I am not describing a conscious conspiracy here. Rather, I am drawing attention to the unconscious processes in the psychoanalytic research programme itself. [1]

Since about 1985 the erotic transference and countertransference has achieved much more open discussion. This has to be seen in the context that this same period has brought unprecedented public awareness of some patients being sexually taken advantage of by their analysts and therapists. (Concomitant with this is an awareness of sexual abuse in other domains: actual incest in the family, sexual abuse in teaching and social services, exposure of organised paedophile gangs, etc.) This has not only led some therapists to discuss malpractice openly but, equally importantly, has also provoked a flurry of books and articles reevaluating the erotic transference. Two processes have come together here: the realisation that the erotic nature of therapy cannot be foreclosed by silence and the admission that, historically, psychoanalysis has not dealt with this subject effectively. These dynamics have propelled therapists to come to terms with the erotic nature of the unconscious and its effect on the transference and countertransference. One hundred years after the sorry state of relations between Breuer and Anna O, therapists are now realising that perhaps the erotic might be more than merely a problematic resistance to the analytic dyad.

THE REGRESSIVE AND PROGRESSIVE DUALITY OF THE EROTIC NARRATIVE

The subject of this book is how the universal experience of eroticism impacts on the therapeutic adventure. There is, in fact, a remarkable degree of agreement between various analytic schools in that Freudians and Jungians alike prioritise the status of Eros in therapeutic practice, though for seemingly different reasons. For Freud (1915) the erotic or love transference led back to the infantile origins of the Oedipal triangle; through the erotic, childhood experience or memories could be rediscovered. Jung (1911) saw Eros as a need to return to an earlier state from which to grow and progress. Despite the difference in interpretation, at least they could agree about the importance of Eros. However, the point I wish to make at this stage is that classical psychoanalytic thinking sees the role of the erotic as central to therapeutic process.

In my opinion, the split in the views between Freud and Jung replicates the split found in the narrative of love first outlined by Plato. In *The Symposium,* Plato had seen love as either a backward glance (searching for our lost and missing other half of a hermaphroditic whole) or a forward motion, a progressing along stages in a hierarchy (the ladder of love). In making such a division Plato split the nature of love and divided its regressive and progressive elements, love being one or the other rather than both. The difference in approaches between Freud and Jung might be viewed as a continuation of that platonic split. We can see the Freud/Jung split (quite apart from all the other issues between them) as representing two sides of a schism arising from the duality in the nature of the erotic; Freud and Jung become the bicephalous mouthpieces on the erotic body of knowledge. In effect, I am proposing that Freud and Jung are representatives of two ways

of thinking about the erotic, providing two accounts, two descriptions, two ways of reading the story of the erotics, the bifurcation of the erotic narrative. In that sense, the progressive and regressive sides of the erotic narratives are thoughts in search of speakers, Freud and Jung can be seen as representing the two strands of this narrative, the division having been ushered in by Plato in ancient Greece. The narrative of the erotic transference and countertransference has tended to emphasise one of the two sides of the erotic in therapeutic practice. As a gross simplification of these views, we may call them the progressive or regressive narratives. In the model I am suggesting it is not a matter of 'either/or': the erotic is both backward-looking to infantile origins and components and forward-looking, seeking a developmental progression which allows the individual to be transformed into something different from the past. It is both things simultaneously, though one or the other may be stronger at any one time. [2]

As in so many things, this duality in the erotic narration is more apparent than real. Let us take an example from another discipline, quantum physics. At different times over the last three hundred years physicists have thought that light was made of either waves or particles and each description had its own supporters and evidence. The contemporary view is that light is made of both waves and particles: that under certain conditions of measurement light behaves as though it were made of particles while under other conditions it appears to exist as a wave. In viewing the narration of the erotic in psychoanalytic practice we find a similar dichotomy: the erotic can appear very backward-looking, a form of resistance, essentially infantile in nature. Under other conditions the erotic appears progressive and innovative. It incites and excites growth and development and leads to higher and deeper and more intricate forms of relationships; it is transformational. Depending on the relative position of the viewer, either strand can seem paramount. It is only latterly that some psychoanalytic thinkers have come to the conclusion that these disparate observations are actually part of the same thing.

It may reasonably be objected at this point that the erotic transference and countertransference cannot be simply reduced to two narratives: there are as many narratives as there are analytic couples. Actually this is also my view. The bifurcation I am describing for the moment is best understood as an umbrella concept like other bipolar opposites: body/mind, masculine/ feminine, mother/father, heterosexual/homosexual. Any of these terms are not fixed but are capable of being lived, described, illustrated or understood in a variety of ways. To acknowledge the plurality of such dualities it might be more accurate to delineate bipolar opposites differently: bodies/ minds, masculinities/femininities, mothers/fathers, heterosexualities/homosexualities, etc. Using such a broad bipolar continuum it might be more accurate to make my terms plural: 'progressions' and 'regressions'. Of course, there is an additional issue that bipolar opposites describe extremes with a considerable amount of grey area in between. My point is, however, that they are linked and inseparable.

This book takes the centrality of eroticism and explores its significance on the transference and countertransference. There are two immediate rationales behind this current volume. The first is that the book emphasises clinical practice with authors focusing on how analysts and psychotherapists work with erotic material rather than just writing a theoretical treatise on Eros. In that regard, it is intended that this book will have useful insights for the analytic practitioner. The second aim of the book is to present, in a

single text, a variety of analytic views illustrating how therapists from various schools of thought have come to think about the erotic in therapy. In that respect I have attempted to represent as wide a range of perspectives as possible from mainstream analytic practice. By including authors from a variety of analytic traditions the reader may compare and contrast the similarities and differences between schools as they resonate on a single subject: the erotic in therapeutic practice. The discerning reader will also realise that authors of a similar school do not necessarily think in the same way, and such divergences and similarities of thought within a single school may also be teased out as they cluster around the subject of the erotic transference and countertransference.

EROTIC TRANSFERENCE AND COUNTERTRANSFERENCE LITERATURE: HISTORICAL DEVELOPMENT OF THE EROTIC NARRATIVE

The erotic transference and countertransference needs to be viewed in the context of the development of the psychoanalytic understanding of transference and countertransference. This is not the place to review the extensive literature on these twin subjects, but a useful summary of the pattern of development might be made.

Wolstein (1988) highlights three major trends in the development of understanding the countertransference (and I would add that these also significantly influenced the understanding of the transference). The first begins with Freud himself. Freud's view (1910) was that the direct consideration of the countertransference would threaten the analytic endeavour (and this theory was despite the evidence from his own case studies which showed him exercising his personal imagination to the fullest) and should be repressed. Many of the classical analysts attempted to follow his formula that the analyst acts like a mirror or a surgeon, an uninvolved expert.

This view of the countertransference remained largely fixed until a new approach emerged in the 1950s when analysts realised the inescapability of countertransference. The impetus came from changing views about resistance, shifting from the absolutism of the single universal perspective to a pluralism of perspectives based on direct experience. Wolstein cites Anna Freud, Reich and Sullivan as instrumental in this change. The 1950s also saw a shift in the understanding of the interpretation. The development of reality-testing skills in patients meant they tested these skills on the analyst, thus enlarging the scope of awareness of self and other. Patients were now observing unconscious and dissociated aspects of the therapist. Wolstein writes: 'If adaptive or consensual observation moved psychoanalysts into closer relational proximity to their patients, it also moved patients into closer relational proximity to their psychoanalysts' (1988:11). Patients and analysts were now seen as both participants and observers.

Gradually this trend in psychoanalysis came to a dead end, unable to reach the generative roots of counter anxiety. The third wave of developments in understanding the countertransference (and transference) occurred during the 1970s with the formulations of the psychology of the self. This provided for a reflective activity in the personal and interpersonal experience of analysis. Thus every psychoanalytic inquiry had its own personal stamp. This embraced such ideas as self-object psychology and self-subject

where the transference/ countertransference flows in the experiential field of therapy.

It is useful to map the bifurcated strands of thinking about the erotic in therapeutic practice on to the schema outlined by Wolstein. In this way we can perhaps see more clearly how investigation into the erotic transference and countertransference has not only paralleled the general movement within psychoanalysis but in many ways also highlights the changing picture during the twentieth century. In a manner of speaking, how psychoanalysis has thought about the erotic transference and countertransference can be seen as a gauge of how psychoanalysis has thought about transference and countertransference generally. In that sense, because current analytic thought sees the analytic process as a personal, interactive process between two participants we can make two observations. First, the bifurcated strands of erotic desire have come together in recent analytic thinking in a way that parallels the general understanding of the analytic process of how the analytic dyad comes together. Secondly, with the current preoccupation with the relationship between the analytic dyad, we may describe this as a return to the origins, how two people affect each other or, in my terms, find an erotic bond at the deepest layers of the psyche. The erotic bond brings people into relationship. As psychoanalytic thinking has been able to contemplate the deep layers of relationship between analyst and analysand so the question of unconscious eroticism has needed to be addressed by more and more authors as the century progresses. This brings analytic thinking back full circle to its origins in contemplation of the erotic, psychoanalysis being born from Freud's understanding of the erotic countertransference and erotic transference between his mentor Breuer and Anna O. The gap between the patient and therapist that classical analysts saw has not been sustained over the last hundred years. As our understanding of their overlap has come together, so too have the two strands of thinking about the erotic, the regressive and progressive, converged. But to state as much now I jump ahead of the path I wish to trace.

It would be tempting to say that as the nature of the transference and countertransference changed with greater understanding, so the erotic transference and countertransference accordingly evolved as part of the general flux, perhaps, a good barometer of general change. In fact, I think it could be argued just as strongly in the other direction. The erotic connects people at deeply unconscious levels, driving them into relationships at least at the level of fantasy. The erotic bond forms links between individuals. Because the erotic was never going to go away in analysis this propelled analysts into a greater realisation of their connection and closeness to the patient, into an understanding that there is a connection between the transference and countertransference. From that point of view the underlying erotic unconscious of the analytic couple can be seen as an instigator that energised and compelled greater awareness and investigation of the transference and countertransference generally. Indeed, it is probably a chicken-and-egg argument to wonder which came first, developments in the transference and countertransference or the erotic bond. More likely the two influenced each other in a dynamic relationship and stimulated development.

Wolstein's description of the first phase of understanding countertransference, dominated by Freud's thinking that it should be repressed, is neatly illustrated by looking specifically at erotic processes in therapy until the 1950s. As Tower (1956) noted, virtually every previous writer on the subject of countertransference had stated

unequivocally that no erotic reaction to the patient by the analyst was to be tolerated.

As analysts began to think differently about the countertransference we see a change in the view of the erotic transference and countertransference, though bifurcation of regressive and progressive notions remained. By the 1950s, some analysts now saw countertransference as inevitable and that the analyst and analysand were more involved with each other than the classical model of the detached expert had foreseen. On the one hand there is the view derived from Freud's classic paper of 1915 that the erotic distorts perceptions, is unreal and is a resistance to the therapeutic process. Rappaport (1956, 1959) discusses this particular manifestation in terms of the erotised transference, which he considers a particularly tenacious resistance of a psychotic nature that inhibits the patient's capacity to form real relationships. Similarities between the analyst and the patient's parent may perpetuate such an erotised distortion. Essentially the therapist must remain unstirred by the patient's feelings if the latter is to continue therapeutic progress.

Saul (1962) also takes up the idea of resistance qualities, though he does not consider the erotic to be necessarily psychotic. He describes the erotic transference as a negative therapeutic reaction in therapy with young women in 'full sexual vigour' who use sexuality as a major channel for expression. He acknowledges that this makes it hard for the therapist to keep a 'modulated countertransference'. Only by the analyst staying aloof can the treatment progress: the analyst's task is to remove inner blocks, not to give love.

Writing around the same period are a number of analysts I would group together in the progressive strand. Tower (1956) notes that various forms of erotic fantasy and countertransference are normal, though she thought it was aim-inhibited and without impulse to seek expression. She describes falling in love as a state between the biological and psychological and relates two cases, one therapeutically successful the other not. The difference resided in her countertransference: she felt 'connected' and affection towards the patient who was successful and this was unconsciously communicated between them.

Searles (1959) was also articulating the progressive strand of thinking. He saw the development of Oedipal love as a maturational milestone arising towards the end of analysis and signifying progression from a more infantile phase. From his perspective ego impairment arises if the child cannot experience him or herself as erotically desirable by the beloved parent of the opposite sex. If a little girl cannot win the heart of her father how can she have confidence in her womanliness as an adult? In another paper Searles (1958) saw that the greatest threat to the therapeutic process was not the presence of sexual desires, but the analyst's inability to own them consciously, when the patient's unconscious is receptive to disassociated states in the therapist.

The third wave of development in understanding the countertransference that Wolstein describes begins in the 1970s. Every therapy was seen to have its own personal stamp and the demarcation between what the analyst and patient experiences to some extent fades. Regarding the erotic transference and countertransference particularly, we now begin to see a convergence of the bifurcated strands of regressive and progressive aspects of the erotic. They began to appear less clear cut, with more ambiguity and overlap and less polarisation of views about the erotic transference and countertransference. A number of writers seemed to reflect this change of thinking. Previous writers had generally spoken for or against, seldom integrating both points of view. In the writing of the 1970s onwards, we can see that analysts are still predominately at one end of the progressive or