

Erotic Transference
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My comments will begin with the opening shot from the, “In Treatment” episode, and then I will divert to some related matters before returning this. A fifty-something aged male (presumably heterosexual) is seated on a chair facing his quite attractive thirty-something year old patient, seated across from him on a couch. Her legs are opened, her off-the-shoulders (with bra straps displayed) dress is hiked-up somewhat, and the camera (representing the therapist’s view) takes us for a direct and clear look up her dress, and we have a muted look at her vagina clothed by panties or panty hose. I infer that this is the therapist’s typical view, and nothing is said by him about this dramatic non verbal interaction over the course of one years worth of treatment. As the cliché goes, a picture is worth a thousand words, and as I will argue, this image has much to say about the concept of erotic transference in general, and about this therapeutic misadventure in particular. In a nutshell, I submit that there is no such thing as erotic transference in a vacuum – it is always in the context of a jointly constructed and/or facilitated erotic transference-countertransference configuration.

As I see it, the term, erotic transference is not synonymous with either loving or sexual feelings toward one’s analyst. The analytic situation (or perhaps most psychotherapy situations) lends itself to patients feeling aspects of love and/or sexual desire toward their reserved and powerful partner. This is especially true for us fortunate male analysts, since, for better or for worse, so many heterosexual women are stimulated by the power and authority of often older men, of course harkening back to a common, though not universal Oedipal father-daughter romance. Female analysts are often deprived of this pleasure in the eyes of their male patients, since so many men protect

themselves from symbiosis by desexualizing the mother or mother figure. Though each analyst's receptivity to or flirtatious encouragement of patients' sexual desire is key to the development of such feelings, I believe the term erotic transference is, or ought to be reserved for feelings that are more extreme and less quotidian. I think of erotic transference, by the way very well illustrated in this episode of "In Treatment", as something obsessive and consuming - feelings about one's analyst that dominate a patient's life and, indeed, seriously impede the quality of that life. It is beyond plain old analytic love and/or sexual excitement - it is obsessive, and it is harmful to the patient and to those significant others in the lives of patients. More accurately it is destructive (and destructive to the treatment as well) when either unaddressed and/or actively promoted and inadequately examined, thereby allowed this extreme transference situation to persist over extended time. This was so egregiously the case in this filmed episode. Most likely, when patients are as sexually consumed with their analyst as Ne'ama was, it is either a means, probably characterological, of avoiding other very important feeling states, and/or a mutual enactment of an earlier significant parental relationship. I do not, however, think we should assume that we know in this case what her transference means and what the antecedents are - we have only minimal data about her life or life history outside of her session, and theory ought not dictate our efforts to understand each unique individual. All I can say is that she seems more comfortable with sex than she does other forms of intimate attachment. When we function optimally as analysts we assume a strong measure of ignorance about our patients' unconscious motives, and we become curious about these and learn about them slowly.

When unaddressed erotic transference persists over time, I think that the analyst is either dissociating his own erotic desire, or is manifestly enjoying his patient's feelings too much to address them, and risk losing this. I think that our innocent-looking and bewildered therapist, Reuven, was likely either dissociated from his erotic desire for his sexy young patient, or aware of his desire and avoiding using this countertransference productively. From this I conjecture that his desire for her was possibly of even a higher magnitude than hers for him. In a sense, the concept of projective identification is relevant here - when one party in a dyad either dissociates or fails to therapeutically use strong affect, the other may well experience this affect for both parties. Reuven's failure to use his countertransference to investigate his patient's transference contributes significantly to Ne'ama carrying all of the sex in the room, indeed, becoming preoccupied with this to her considerable detriment.

At this point, using another published clinical illustration, I will try to distinguish the difference between a therapist's avoidance of addressing erotic transference, as was the case here, and a therapist who actively co-constructs erotic transference with some premeditated consciousness. That is, there are two basic ways that we analysts help construct this phenomenon. Paul Dewald, back in 1972, published an entire book with some transcript and some commentary about his analysis of a very bright and physically attractive young woman. On the one hand he was unusually brave to expose such a large quantity of transcribed material to the reading public, though on the other hand he was thrilled at the outcome of this treatment, and believed he was presenting his psychoanalytic treatment in its pristine and ideal form. In dramatic contrast with our Israeli therapist, Dewald did everything conceivable from the very beginning to facilitate

his patient's verbal articulation of her love and her sexual desire for him. Before you get bored with hearing about a treatment from an old psychoanalytic book as distinct from a film that you just saw, let me excite you with brief excerpts from one of his patients' dreams and two of her fantasies. Early in treatment she reports a dream where, "I was climbing up a flight of stairs to a man at the top ____". In her associations she reports, "You are the one I am having feelings for, and this is not about my parents ____". The following two fantasies reported separately are representative - that is this patient speaks this way constantly throughout her analysis. "Right now I want to put your penis in my mouth and nurse on you and have you make love to me." "I think how fascinating your penis is and I want to touch it and feel it and taste it and know what it is, because I don't have one."

Now, I suspect an important motive in Dewald's writing this book was an effort to validate his psychoanalytic theory and the interpretive schema that comprised this theory, and to convey what an outstanding practitioner he was in bringing this theory home. Oedipal sexual transference is central to this theory, and this entire large volume is replete with erotic fantasies toward "the man at the top", similar to the two quotes just cited. At no point did Dewald indicate anything about what it felt like to consistently hear such delightful fantasies from the receptive mouth of this beautiful, sexy and articulate woman. He implies clearly that he was not sexually excited by her consistent eroticized transference commentary, nor how compliant she was in enabling him to publish a book that exhibited his extraordinary analytic potency. I do not believe him. I think that his failure to accept or own his own erotic feelings contributed significantly to his patients being erotically and masochistically consumed with him. Dewald takes the theoretical

position that strong erotic feelings will emerge in any proper analysis, regardless of any external factors like the age of the analyst and what the analyst actually looks like physically. This theoretical hiding place allows him to make believe that he is not personally affected by his patient's incredible flattery – allegedly this is standard analytic material. Indeed, were these erotic feelings not to emerge he would attribute this to a patient's resistance.

Is it humanly possible, despite the best of theoretical rationalizations, for a heterosexual male analyst to not be sexually aroused by the presence of an attractive woman who devotes herself to figuratively fellating him for 5 to 8 years, 3 to 5 times each week? I suggest that this configuration has helped preserve the longevity of generations of us aging male analysts, and probably works better than SSRI's, Viagra or Lipitor to promote a long life and a sense of relative well-being. Circling back to our film, my major point here is that an erotic transference, harmful to a patient's well-being, can be co-created not only by seeming obliviousness to a patient's desire (as with Reuven), but as well, by actively pitching an interpretive schema that facilitates it (as with Dewald). That is, we can pay *too much* attention to our patient's sexual interest in us –we can help build it, and like Dewald, co-create an erotic transference with a woman who is prone to idealization and compliance. What these two types of participation (ignoring and promoting) have in common is that the analyst, at some level of consciousness is enjoying the transference too much to give it up. It is in the analyst's self-interest to maintain this delightful configuration of being the object of an erotic transference from a woman who is the object of the analyst's own strong sexual desire. This is my main point. In, "In Treatment", Reuven's blindness or inattention to his own

desire is the fuel that maintains his patient's erotic transference – if there is 100lbs. of mutual desire in the room, he accepts none of it and his patient is burdened with all of it.

However, it is hard for me to be very angry at Reuven, and this, unfortunately is true for his patient as well. He deserves to be excoriated for his extraordinary obliviousness to a graphically obvious situation existing in front of his eyes. However, while Dewald appears arrogant, grandiose and condescending, Reuven seems so serious, well-intentioned, warm, caring, decent, interested, accepting, non-judgmental and unintrusive, that his utter incompetence as an analytic therapist for this patient can be overlooked (It may be relevant that according to reliable sources in this production, Reuven is not formally trained as an analyst). He has some very appealing therapist qualities. His puppy dog innocence and naivety was charming and seductive to me, and I imagine that this is some of what turns-on his patient too. How do you get angry at a sweet and innocent appearing, adorable little child who accidentally burns down your house while playing with matches? One would have to search for either the dissociated or hidden malevolence behind this act. Reuven asks Ne'ama why she never brought-up her sexual desire for him before. She replies that she has – that it's been here all along. She is incredulous that he has not noticed it. He asks her for how long she has felt this sexual, and she tells him that he's been the center of her life from day one in the treatment. Reuven looks totally surprised, embarrassed and bewildered. It even takes awhile for him to understand what she is talking about, and the link she is making between her sexual escapade in the barroom bathroom, and her fantasies about her therapist. He operates as if the only way an analytic therapist is aware of anything is when his patient tells him explicitly in words. He has spent one year looking up the dress of his bright and sexy

patient who graphically exposes her vagina to him, and this powerful, dramatic and dominant non-verbal configuration apparently does not consciously register, or does register and is deliberately ignored. What if Ne'ama walked in and fully undressed, yet said nothing about the removal of her clothing? Would this too go unaddressed? Would Reuven continue the conversation about extra-transference matters? Perhaps, the weather?

I suggest here that Reuven's motive, conscious or unconscious (I do not know), for failing to examine Ne'ama's erotic feelings was his wish to maintain this wonderful, yet unspoken transference situation. The only way that Reuven, given who he appears to be as a person and a therapist could have managed to maintain this cherished erotic situation was for him to not allow this to register in words. In contrast with Dewald, once Ne'ama spoke her feelings her analyst's pleasures were on the way out, and he knew at some level of consciousness that this unspoken affective situation between them was just too damn good for him to risk losing. At one point after her confession Ne'ama asks Reuven if he is excited by her sex story. It is hard to imagine that he is not, though one cannot tell from his expression whether or not he acknowledges this excitement to himself. A full embracing of his own desire will be the only way Reuven can act to help resolve his patient's transference.

Ne'ama knows that she is being unfaithful to her boyfriend with her therapist, and her boyfriend too senses this clearly. If Reuven focused even a little bit on transference matters he'd have to know this also. Avoidance of transference inquiry almost guarantees a failed analytic experience – it is counter to everything that psychoanalysis represents. Yet, as Merton Gill always reminded us it is often all too comfortable for us to forget this

core principle. When Ne'ama talks about her fights with her boyfriend about commitment, Reuven is interested only in who started the argument and/or her boyfriend's motives for the fight. He's not even analyzing his patient – he tries to analyze someone outside of the room. He does not see or want to see that their fight is about Ne'ama's conflict surrounding the two main men in her current life, and that her primary commitment in this rivalry is to her therapist. The closest he comes to addressing anything in the transference is seen in his paternalistic encouragement for Ne'ama to “let go” and cry or vomit. He's liberating her tears and her vomit, but it does not occur to him to liberate her from speaking about sex with him. If he plays benign and affectionate father to this beautiful daughter he cannot let himself deal openly with the palpable and mutual sexual excitement between them. Among other things, the failure to address such feelings leads to a treatment replete with boundary violations.

In addition to the constant sex that is enacted through their normal seating arrangement, under the guise of Reuven's being paternally caretaking he and Ne'ama transcend repeatedly the normal boundaries of analytic treatment. Reuven offers to make tea; she lies down and he covers her with a blanket; he follows her out of the consulting room into the kitchen and hands her the tea he has made for her; he offers to get her a taxi and tells her of his worry about her getting home from his office. While Reuven covers sexual desire by acting the role of caring father, Ne'ama is much more direct. She sits outside of Reuven's office for hours in an effort to be with him sexually, and she brings to him dried semen on her hands from her bathroom sexual encounter the night before. She also manages to spend time in her therapist's bathroom, likely hoping that Reuven

will finally get the message and join her there for a “bathroom fuck”, as did the guy in the bar.

I will stop here, for it is becoming redundant to continue to emphasize the degree to which the failure to address palpable transference themes invariably leads to transference-countertransference acting-out. That is, when enactments are not talked about they eventually congeal into acting-out. And, as I have suggested throughout, transference themes are avoided by a therapist when he wishes to maintain the presence of these themes. I reiterate that Reuven never articulated his patient’s feelings because this would have led to his eventual loss of his patient’s erotic preoccupation with him, and this situation was too damn good for him to give up.