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Erotic transference: dream or delusion?

Abstract

Erotic transference can lie between two extremes: it can stem from the positive images necessary to build new shared emotional realities or it can be fuelled with falsifications and distortions, namely fraught with dissociation from psychic reality.
In the first case the erotic transference expresses the capacity to dream the affective relationship, and for this reason Freud highlighted its mutative aspects as "forces impelling to make changes". In the second case the erotic transference is tantamount to a flight from psychic reality and can imperceptibly turn into real delusion. Within this manifold and diversified spectrum the analyst needs to know how to place him/herself in order to give the right response, making a distinction between the developmental and the involutional elements, and to bring the patient in the realm of emotional relationships and mental growth.

It is not easy to distinguish the different mental states that emerge during the erotic transference and it is not simple to circumscribe them from other analytic phenomena.
A clue about the meaning of erotic transference comes from Freud himself, who deals with it systematically in his paper *Observations on Transference Love* (1915).
Here he emphasizes how no doctor, who experiences this event, "*will find it easy to retain his grasp on the analytic situation and to keep clear from the illusion that the treatment is really at an end."*(p.161) He adds that *"transference love is a particular expression of resistance"* p.163)

In other words, Freud states very clearly that erotic transference is an attempt, on the part of the patient, to escape what will later be called infantile dependence transference ("*destroy the doctor's authority*").
However, this analytic fact is not only an expression of resistance but it is also a potential source of development: "*The patient's need and longing* – he says – *should be allowed to persist in her, in order that they may serve as forces impelling her to make changes, and that we must beware of appeasing those forces by means of surrogates*", (p.165) such as dropping the amorous proffers or, conversely, accepting them just platonically.
Thus, for Freud it is important to keep the erotic transference alive in order to disclose its infantile roots. He suggests to treat love as something "*unreal*", which is not easy, he adds, when you are dealing with some women "*accessible only to the logic of soup"* (p.166)
To Freud the fact that this falling in love repeats almost stereotypically the experience from the past and the childhood of the patient is "*unreal*": ultimately, that love would not be addressed to the analyst. But which love, we wonder, does not repeat the past, once it strikes us?
In concluding his paper Freud ends up wondering whether love can actually be considered *"unreal"* and, respecting how extraordinary this analytic fact is, he ceases his inquire.
Freud oscillates between two polarities: is transference love a defence of the dependence relationship or is it an actual analytic relationship?
Is erotization a compulsion to repeat the past, a defence against what is new, or rather a new and powerful analytic relationship ("*forces impelling to make changes"*), a thrust towards the new?

Blum (1973) is the first who describes the different configurations whereby erotic transference can appear; ranging from the lightest forms with positive and affectionate traits to the extreme cases, which he calls *erotized transference* that carries explicit sexual offers.
Blum does not agree with Rappaport (1959) who believes that transference always implies a deficient reality testing or an ego disorder typical in borderline and psychotic patients. The therapeutic evolution depends on the developmental capacity of the patient and not on overt symptoms.
Schafer (1977) makes another important contribution when he explores the real and unreal character of amorous transference. He believes that transference love is tantamount to some kind of transitional state, real and unreal at the same time, progressive and regressive, an attempt at

coordinating fantasy and reality and, in particular, matching an old organisation and a potential new one.
When I (1988) examined the nature of "love" and "sexuality" of the amorous transference, I emphasized a discontinuity between idealization, erotization and malignant sexuality that are the hallmarks of differents erotic transferential modes with opposite clinical outcomes.
Bolognini (1994) outlines four types of erotic transference: erotised, erotic, loving, and affectionate transference. The first type is based mostly on psychotic modalities, the second on neurotic modalities. The loving and the affectionate transference, on the other hand, turn out to be clinical forms corresponding to a normal substantially sane development, different from each other by virtue of a diverse level of maturation in the Oedipus complex.

Idealization in the erotic transference

Anna is a woman in her fourties. She came to analysis for a depressive disorder that worsened over the years, although its outset dated back to early adulthood. She lives by herself, busy with her job that does not satisfy her in the least; she is not interested in any romantic relationship since she feels that whatever she tried to build has resulted into nothing. In the first period of analysis her dreams of marshes and cramped places where from she tries to get out seem to show a wish to emerge from the isolation she has confined herself for some time.
It has not been easy to identify a possible emotional bond with me. My attempts to highlight some emotional perturbation before separations have been taken skeptically and have triggered ironic comments on her part.
She surprised and puzzled me when, after some sessions when she had mentioned how fascinated she was by India and Ayurvedic massage, she stated that she felt she was in love with me. In her declaration the idea of travelling together was implicit. As I tried to frame her declaration of love in the right perspective, I must have shown some embarrassment, since the patient did not go back to that topic in the following session; in fact she told me that the previous night she almost slept with a colleague. In the following sessions too she behaved as if her declaration of love had never happened.

Since I was convinced how important it was to go back to that issue, a few months later I tried to understand with her why she had passed over her feelings in silence after her declaration. Anna said that my hesitation in responding to her proposal had hurt her and she had therefore effaced all feeling about it. Her attraction to me was like a dream that dissolved because of me being reluctant to take part in it. As we discussed together, it became clear that the amorous transference did not have any oedipal quality, it rather corresponded to her yearning to experience union with a mother within the sensory beauty of nature. This had probably been the original deficit in her childhood, and during adolescence it induced her to have a privileged relationship with her father where she shared her experiences with him at the expense of her feminine identity.

As Anna's analysis proceeded, it became possible to reconsider her experience of love transference approaching its various aspects more in depth.

Anna clarified that an important element of her love dream was her wish to achieve a total union with me. If we had travelled together, she would have seen the world through my eyes. Now she realized how she actually strived to achieve her own separate identity and to experience her life directly. Anna did not deny that her declaration corresponded also to the wish of a woman seeking a love relationship, but she perceived that the merging part had been overriding and it had interfered with a potential adult experience. While, as an adult woman, she would be able to tolerate frustration, her other part – the merging one – claimed an immediate adhesion; therefore, she withdrew when my hesitation hurt her. But for her it was important that she had been able to experience with me such a mental state which, because of its novelty, was different from her habitual erotic experiences.

Well into the analytic treatment, the patient said that she could not express her love anymore as she had done in the past. Now she felt that she liked and appreciated me, and she was thankful for the analytic experience I was giving her, but she could clearly feel the differences between us. She could not see me as similar to her now, nor could she share the facts of life in the same way. It was as if the patient, for the first time, had the perception of a generational difference and she was able to consider me as a parental figure – an experience that she certainly had not had with her own father, with whom she had lived a privileged and confusing relationship.

A special trait of the erotic transference of this patient is that it lacks all sexual factor. The patient was certain that she was not censoring any erotic fantasy about me: she just could not have any. This woman, in fact, had had sexual experiences that had always been separate from emotional investment. If we examine the sequence – declaration of love and extra-analytic sexual acting-out – it becomes clear that the acting-out in the subsequent session was a defensive act in relation to the declaration of love that had left her bare and too exposed. Yet, her love dream experience, for the first time in analysis, seemed her first attempt to achieve an emotional involvement that, up to that point, was missing and it looked like a preliminary to an actual cathexis of the love object.

Sexualization

Erotic transference is manifold and ranges from situations in which the affectionate element plays a role to cases in which a coarse sexuality with pornographic traits increasingly prevails.
I shall extract some elements of this latter condition, that we can define as *malignant sexualization*, from a brief clinical vignette about a female patient during her first two years of analytic treatment; she brought in the analytic relationship a particularly extended sexual transference.

In the first stage of analysis the erotization of the analytic relationship was ceaselessly presented as "captivating and vital"; subsequently, even at the patient's dismay, it became an aggressive and brutal sexuality, capable of frightening her in her dreams and day-dreaming and, sometimes, entrapping her in her relational life as well.
I report here a dream which marked the end of this first stage in her analysis and highlighted the time when the patient was able to escape this sexualized madness with greater awareness. "In an atmosphere of a science-fiction movie she looks for an apartment with her daughter. Two friends suggest a place; but as she approaches it she realizes that it is a burial niche, a white coffin. The only possibility to live there is to move in coupled with a man. The patient decides not to go in because if she did, she would loose her daughter forever."

In this case we are closer to a form of sexualization which is symbolised as being very dangerous. In the dream the sexualized object, capable of trapping the self of the patient, shows a disquietening side. It becomes clearer how this repetitive and voracious sexuality risks to incorporate the patient for good, dragging her into an irreversible and deadly state of mind.
This danger finds a very clear expression in the dream, testifying how the capacity to usefully "see" and symbolize the dangerous nature of sexualized excitement lies in the unconscious.

A parallel reality

Some analysts, who have explored the erotic transference (Rappaport, 1956; Gould, 1994; Person, 1985) have emphasized rightly enough that this mental state implies a loss of contact with reality. In the erotic transference (be it considered as a repetition of the relationship with the mother or father in childhood) the analyst looses his role of intermediary with the past and he becomes the actual object.
I would like to consider this issue from the perspective of the relation between withdrawal into fantasy and psychic reality.

Living withdrawn into fantasy seems to be a condition that some patients value more than the possibility to experience the reality of human relationships.
The existence of this fantasy world explains the loss of reality in the erotic transference. Withdrawal into fantasy is in contrast with and replaces psychic reality. There are two realities which proceed for a long time without ever meeting.[1]
To this end, I want to present a case that I have recently seen with a colleague in supervision.[2]

The patient, who had had a difficult childhood, had left home by marrying to a man of her same age. He had soon shown his unavailability to her (he

[1] This discrepancy between fantasy and reality would explain why in the erotic transference the love object incorporates "impossibile"characteristics, as pointed out by Bolognini (1994) in his paper.
[2] The case was brought to me in supervision by the colleague Claudio Nicoli.

had stated his homosexuality), and this had triggered a crisis in the patient's life. She had come to analysis with a strong depression.
While her analysis proceeded apparently well and the patient benefited from it, the analyst became increasingly aware that the woman was idealizing him strongly. He often appeared in the patient's dreams as a guide or someone entertaining affective and intimate exchanges with her. The idealization of the analyst was developing along with a process of devaluation of her current partner, in fact the patient tended to choose partners with weak character and liable to disparagement.
The analyst had tried several times to draw the attention of the patient on the dreamy aspect of their relationship, but his interventions had no result.
The erotic transference appeared overtly into the fourth year of analysis in a dream that the patient had after an exchange at the end of a session. As the patient was about to pay the sessions of the month, the analyst noticed that on the enevelope containing the money it appeared only his first name without his surname.
At his puzzled look, the patient had explained that this was her way to make the therapist's identity anonymous; she had done the same in her phonebook where, near the analyst's phone number, she had marked only his name and not his surname.
The analyst commented that it seemed to him a way to represent a clandestine relationship. He had deliberately made this remark to induce the patient to deal with the issue during the session. In the following meeting the patient ended up not mentioning the issue and, instead, she talked about some of her difficulties at work.
In the subsequent session she started with the account of a dream. "Last night the two of us made sex for the first time. I have never dreamed that we made sex, at most you kissed me. You were very gentle and sensitive and I loved it. You were touching my nipples and I had an oral intercourse with you. What struck me was that you were enjoying it, but in such a way that I did not know if it was true or if you were overdoing it."
The patient herself related her dream to the analyst's remark that hinted at a potential clandestine relationship. She said that she loved to be touched on her nipples and she repeated that in the dream the enjoyment of the partner-analyst was so intense that she almost felt that he was partly overdoing it.
She noticed that now she was able to talk easily about this kind of things, whilst she would not have done it in the past.

Then she recalled the beginning of the dream prior to the erotic scene. "I came to your place and you were married. There were several people, one of them was your wife. I felt comfortable there, but I noticed that you had a strange look, as if you were winking at me… at that point the atmosphere changed and something happened…. It surprised me because, although you had not had any erotic experience with me, you seemed to know how to turn me on and the same was true for me with you… but it was not a real sexual intercourse… it was something different."
While the erotic dream had been partly spurred by the exchange that occurred at the end of the session of the payment, the analyst's remark contributed to stir that parallel reality which the patient had cultivated for a long time.
A brief and allusive eye contact had been enough to push the patient into the erotic situation.

The importance of the dream is that, in my view, both realities – the oedipal one (in the first part of the dream the analyst's wife also appears) and the erotized merging one – exist. The patient shows how, in the dream, one can easily shift from one to the other.
If we look more closely at the erotic situation, as it is outlined in the dream, we need to observe how the patient enjoys to turn the analyst on but the latter, on his part, overdoes it to highlight the patient's performance and to turn her on.
When the analyst worked on this aspect of the dream, the patient realized how she could not resist against the fascination of turning her partner on and that explained why she actually chose partners who were easy to seduct.
In accepting the analyst's interpretation, the patient recognized her tendency (that in the dream was projected into the analyst) to pretend an enjoyment that sometimes she did not feel. She admitted that in analysis too she would gloss over things that were not fine.
In other words, it became clearer that dealing with crucial issues but remaining in a shallow relationship was a specialty of hers, who in life had never let herself experience an authentic love relationship.
Love did not correspond so much to a desire of relating to an appreciated partner, but rather of living something exciting in her fantasy. For this reason she needed to find pliable men.

In analysis it became possible to visualize the double reality in which the patient lived: the reality of the analytic relationship from which she benefited (psychic reality), and the dimension of her parallel life in fantasy – a secret and highly valued reality.
The life of dissociated fantasy had always accompanied the patient. In her memory from childhood she had her days of glory when her father invited her to ride with him. Although her father was a very quiet and rather cruel man (the patient recalled his coldness and cruelty especially with animals), in those moments she could dream to be his privileged partner. Being an object of his desire, capable of arousing pleasure in her father, was very exciting for her.
In the dream both analyst and patient seem to be mutually geared to reach this goal.

Delusional transference

Up to now I have tried to describe some configurations of the complex constellation of erotic transference.
The most unfavourable condition of this mental state is its transformation in a delusional transference.
I had an experience of this kind with a patient called Maria[3].
At the beginning of the treatment this patient was not delusional, she had not had any psychotic episode and she did not have any overt symptom of such condition. I had learned from her that in the past she had unsuccessfully fallen in love with some man of older age (on one occasion with a priest) but I had not anticipated – a mistake on my part – that the very same event would have re-emerged strongly in the form of a delusion toward me.
Until then in my analytic experience a dream or a hint had been enough to make me understand on time the event that was about to occur and I had been able to intervene and steer the analysis in the right direction. But such communication had not been conveyed in Maria's treatment. In the course of the treatment we often found ourselves dealing with a painful attachment which made analytic separations very difficult and traumatic. I regarded Maria as a needy and depressed person, but I did not think that

[3] I have described this case in the book *Vulnerability to psychosis* (2009).

she could have a psychotic break-down, which was actually proved to be the case, with hindsight.
Into the third month of treatment she had a dream, of which I could not make sense but a few months later when the erotic transference emerged.

In the dream the patient, who is in a group, decides to take a lift by herself to get high up, but she realizes that she is no more able to operate the buttons to get out and she is trapped in the lift.

At that time I was very far from thinking, as I did only later with hindsight, that in her dream the ascent to psychosis was represented (the lift corresponded to the description of a manic state), and the patient feared not to be able to get out of it. For a long time my analytic understanding was that the patient suffered from a form of melancholic depression, which seemed to be clear to me given the kind of aggressive and painful attachment that she showed in her transference. She had had a troubled childhood and adolescence because of the presence of an aggressive and violent mother, whilst her father died when she was still very young. I thought that this infantile experience had beared upon the life of the patient, but every attempt to get her in touch with her infantile suffering was unsuccessful and did not give rise to any emotional response.
Over time the patient developed a delusional relationship to me which became overt when she shared her plan to marry me.
Her intention to marry me was not a dream (it did not have the emotional and symbolic characteristic of a dream) but a goal practically pursued with awareness. By contrast, the patient would not talk about her “dreams”, in fact she ostentatiously did not say anything about them: she was daydreaming and her “dreams” had a strong illusional quality to them. Maria was determined not to disclose these “dreams” to prevent them being wiped away if confronted with my unwillingness to share them with her. Clearly, Maria got a great narcissistic pleasure from these “dreams”: as such they had to be concealed to the treatment and the analyst, hence they could not be transformed.
In other words, in Maria’s amorous transference the secret and illusional side was maintained as a life dissociated from reality and often the dissociated reality overruled and became her delusional world.
Since I wanted to regard her falling in love and her decision to marry me as a symptom to be analyzed, her relationship with me became more

stormy. The patient, furious at me, told me that she wanted to stop her analysis with me to start a new treatment with a female analyst.
After one of these interviews with a colleague of mine she brought a dream where she was a guest in the garden of the woman analyst in a wonderful and timeless atmosphere. But the whole thing was interrupted by a park keeper who arrogated the right to himself to close the gate and stop the entertainment.

From that dream it became clear that the patient hated me because I had tried to quench her delusion (which she hid skillfully, though) and that she was reconstructing it in the lateral transference with my fellow analyst.
But the dream also showed that the enchanted garden corresponded to an experience from her childhood which she had never mentioned to me. Her maternal grand-mother used to take her to a country house where they spent months together, the two of them withdrawn from the world, and the patient did not have any wish to go back to school to meet her classmates again. I believe that the seduction of her grand-mother, within an ideal and timeless atmosphere (a kind of a *psychosis-à-deux*), set the stage for the patient to look for a special relationship, with delusional traits, with me.

Final considerations

In outline, it is possibible to make a distinction between *benign* amorous transference and *malignant* erotic transference.
My hypothesis is that *benign* amourous transference contains emotional experiences, covered up or stuck in the past, that the patient has not been able to experience fully and that re-emerge in analysis in the affective relationship with the analyst.
This kind of transference, imbued with nostalgy and characterized by a strong melancholic vein is partly a delusional defence denying distance and separateness. Over time this experience can become a more permanent part of the inner world and it can turn into the prototype for a good emotional relationship.
It is a primitive relationship that is placed in a pre-oedipal dimension, which does not imply any difference of gender and can be found both in female and male patients. It reveals a nostalgic relation to the maternal

object which is likely to be present in an early stage and has been interrupted too precociously.
This is the case for the young patient Aldo and for the patient Anna who, after a long period of mistrust and emotional distance, developed an idealized amorous transference.
Naturally, long silences or suspension follow such emotional kindling. The therapeutic issue here is to support the affective experience that is trying to grow in order to keep it in a dimension of development. Our colleague Gould (1994) describes a similar case with a male patient who developed a violent amorous transference to her. After some puzzlement the analyst saw the potential inherent in the declarations of love of her patient and treated them accordingly. This gave rise to an important change and the initial love throng became a deep emotional bond that helped the analytic treatment in its progress.

Transference with a strong sexual component – in which "the logic of soup, with dumplings for arguments" is prevailing – submits to a completely different fate.
In those cases the declaration of love of the analysand has not the delicate and dreamy feature I mentioned earlier. Instead, a concrete stance emerges with an overwhelming request of "everything or nothing" where the patient invests all his/her power to convince the analyst that the erotic solution is much more rewarding than analysis itself.
The pressing request of the analysand interferes strongly in the analytic work and it confronts the therapist with the improper dilemma of either becoming the patient's lover or rejecting firmly his/her advances.
In this case the analyst is not a real relational object but just a means (however interchangeable with the multiple objects of the extra-analytic life of the patient) used to kindle the sexualized state of mind of the patient.
In my view, the *sexualization of the analytic relationship* does not have any element that can actually develop and it needs to be treated in a different way than the amorous transference proper. I believe that this kind of sexualized transference needs to be dealt with as a pathological structure; the analyst needs to help the patient shun its power, by clarifying the nature of this state of mind and working in alliance with the healthy part of the patient.

A few words about the loss of reality in the erotic transference.

Winnicott (1971) makes an important distinction between dreams and psychic reality on the one hand and the fantasying on the other.
He holds that the dream is in touch with the emotional reality: *"Dream fits into object-relating in the living world, and living in the real world fits into the dream-world, instead."* Whereas *"fantasying remains an isolated phenomenon, absorbing energy but not contributing-in either to dreaming or to living"* (p. 26).
Dreams and real-life experiences tend to be repressed, whereas fantasying submits to a different fate: *"Inaccessibility of fantasying is associated with dissociation rather than with repression"*[4] (p. 27).
In other words, Winnicott suggests us consider the need to distinguish the world of fantasy and creative imagination and the *withdrawal into fantasy* in which some patients live.
The erotic transference, in my view, stands between these two extremes: it can initiate from positive images necessary to build new shared realities or it can be fueled with falsifications and distortions, namely with dissociating from psychic reality.
In the first case the erotic transference indicates the capacity to *dream* an affective relationship, and that is why Freud valued its mutative aspects as "*forces impelling to make changes.*" The more benign amorous transference, with a strong nostalgic component, can be gradually transformed into meaningful relationships, thus testifying an opening of the patient who becomes able to develop his/her emotional world in a condition of separateness.
Because this kind of relationship implies elements of development, it would be improper or counterproductive if we did not understand or analyse them in terms of a simple defence against the analytic relationship.
Viceversa, the erotic transference, which is tantamount to a flight from psychic reality and a retreat where the patient lives, can imperceptively turn into a real delusion like in the case of Maria that I have described earlier.

[4] In a note Winnicott (1971, p. 30) points out that this mental state of omnipotence needs to be distinguished from the "experience of omnipotence" thaht marks the transition from the "me" to the "not-me". This latter experience belongs to dependence, whereas the former originates from hopelessness about dependence.

This is why we can understand why the erotic countertransferential acting-out of the analyst becomes, all ethical considerations apart, catastrophic for the patient. In the case of an idealizing amorous transference the analyst with his own desire would take up and obliterate the *potential space for development* of the patient and would therefore prevent the analytic evolution. Hence, the importance of Freud's advice to treat the request of the patient as *unreal*, i.e. to consider it as a space to be left open to new emotional experiences.
In the case of an overtly sexualized transference, the analyst would find himself in the position of someone who regresses to the same level of the patient and that allows his pathological part to rule over the potentially healthy part that is defeated for good.

Probably there is a correlation between the basic (depressive, hysteric, borderline or psychotic) structure of the patient and the quality of the erotic transference. The more severe the pathological structure is, the more the transference will lack the developmental factors and the more radical and difficult will be its transformation.
As we see from the clinical examples I have described, in the erotic transference we can find all the manifestations of human sexuality. Ranging from the more dreamy, intimate and delicate aspects of erotic tenderness, to the passional overwhelming desire, to the arousal that makes sexuality a compulsive exercise in the service of a drugged need.
Within this manifold and diversified spectrum the analyst needs to know how to place himself in order to give the right response, making a distinction between the developmental and the involutional elements, and how to bring the patient in the realm of emotional relationships and mental growth.

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