descriptive, and are based on the nuances of love and hate. The categorization I advance here, by contrast, is founded on the structures involved. It distinguishes narcissistic from oedipal transference and countertransference, and oedipal from fraternal transference and countertransference. Furthermore, it differentiates transference–countertransference friendship within the last one.

The topic of friendship has been scarcely studied in psychoanalytic theory and practice (Kancyper, 2010). In this type of bond the sexual aim is inhibited, and mastery relations are deactivated to a great extent and tend to be resignified in endogamic relationships. Freud stresses the contribution of the sexual source to affectionate bonds that are created "between parents and children, […] [to] feelings of friendship, and [to] the emotional ties in marriage" (Freud, 1923, p. 258). According to this author, "how large a contribution is in fact derived from erotic sources (with the sexual aim inhibited) could scarcely be guessed from the normal social relations of mankind" (Freud, 1921[1910], p. 61).

In contrast with transference love, transference friendship is a sublimated positive transference that favors the therapeutic alliance and hence promotes the fruitful instatement, unfolding, and development of the process. Conversely, the affectionate bond leading to transference love bears the nature of a compulsive infatuation with fully sensual and hostile aspects that are irreconcilable with the analytic task, and does not hesitate in guiding the analytic process toward a dead-end dilemma. The search for and need of a friend in the analytic field is based on the meeting and lodging with an exogamic other – a reliable, supportive and complementary other. This other is a marvelous non-blood-relation double who operates in blatant opposition to the tragic logic, commanded by an uncanny double, which underlies the dynamics of the narcissistic struggle and invests and identifies the other in the locus of an enemy or rival. Such logic has gestated repeated fratricides, filicides, and parricides across the fateful history of humanity.

Just as the dream is the royal road for the study of the unconscious, so do the fluctuations of the various transferences–countertransferences represent a road toward a more encompassing and sharper understanding of sexuality and of the drive to master, which tend to intertwine in the multifaceted analytic situation.

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### Response by **Nancy Kulish (USA)**

Whenever a new patient enters my office, I feel a rush of anticipation and curiosity about embarking on a new psychoanalytic journey. Not knowing what

to expect, I try explicitly to keep any preconceived theories and ideas I have about people out of my mind as I approach my work. Yet I must admit that I hold implicit expectations about what might enter the clinical situation; one such expectation is that sexuality will at some point become part of the exploration. This is so because I believe sexuality to be a fundamental arena of human experience. This is not to say that sexuality appears prominently in all patients' stories or is the core of all problems. But it is interwoven into the fabric of all of our minds, in bold colors, or in indistinct threads.

I was trained in the certainty of conflict theory and ego psychology (Smith, 2008). Thus, I was taught that sexuality, more explicitly conflict between the sexual (and aggressive) drives and defenses, was the heart of the clinical work. In fact, it was common then to get a complete sexual history and to inquire about the patient's masturbation fantasies in the initial evaluation. (I was never comfortable with this, as whatever 'knowledge' was gained about the patient was lost in the resultant damage to patient's sense of safety.) Now, even as I have come to work more within the framework of the object relations in which the individual's needs and drives are embedded, and to appreciate the importance of following my own feelings in the clinical situation, I must acknowledge that my initial training about the centrality of sexuality has left its imprint. Sooner or later, in any analysis, I begin to intuit or try to understand the place sexuality has in my patients' inner world and outer life.

A depressed man, his job unrewarding, his marriage troubled and sex life unsatisfactory, sought analysis. His history included maternal abandonment. After four years, his absorbing new career, which required travel, was beginning to interfere with analytic sessions. During one session he began describing how his wife had been complaining that she felt he put his job before her. I, too, was beginning to feel unimportant and shoved aside. Reflexively, I inquired about his sex life which he had talked about for months. The patient uncomfortably admitted that he "had not had time" for sex in weeks. Subsequently, aware of my countertransference, I was able to explore with the patient how he situated his desire into his wife and me.

For many, sexuality seems problematic. Why is this so? Why is it that sexuality seems so fraught with conflict, even in our permissive contemporary society? First and foremost, the answer lies in the existence of infantile sexuality. This is an unsettling fact which society does not want to accept, and even some current psychoanalysts today resist. Sexuality is rooted in early bodily sensualities, in the tender exchanges between mother and child, in anal eroticism, in bodily comparisons and curiosities, in early fantasies stimulated by the primal scene. Inevitably these early sexual experiences are unassimilated (Fonagy, 2008) or disavowed, subject to confusion, repression, denial, horror, punishment, shame, guilt or prohibition. Laplanche (1968, 1997) argues that sexuality and attendant fears take shape in the human mind through the traces of the child's encounters and identifications with adult sexuality. These inevitable encounters are over-stimulating, confusing and traumatic, 'a confusion of tongues', in Ferenezi's (1949) terms. But the child is not a blank, asexual being; its inborn sensuality and sexual readiness develop in conjunction with cognitive and other functions, and in interactions with the outside world.

 

Second, in this developmental arch, I underline the triangular 'oedipal' period as an important developmental transition, as Loewald (1985) put it: "the initiation and entrance of the child into the adult world" (p. 435) and as an enduring source of sexual fantasies, conflicts and passions. I agree with Ruth Stein (2006) who writes that: "Passion throughout life resonates with oedipal undertones … carrying connotations of conflicted or forbidden desire" (p. 771).

Third, I believe that there is something troubling and mysterious about the *experience* of sexuality itself. Freud (1914) hinted at this. One's sexual desires are experienced as compelling, fluid and potentially out of one's control, thus requiring conscious and unconscious attention. Sexuality has a disquieting and even uncanny quality because it so often becomes entwined with an intimate interaction with the *Other*, an-*other* force from within, *or* an-*other person without*, sometimes an interchangeable object of sexual hunger but, more often, the special and all-consuming object of desire.

We return repeatedly to this question of the centrality of sexuality, not simply because of our changing theories, which put less emphasis on the role of sexuality in the etiology of symptoms, but for these reasons intrinsic to the nature of sexuality and its roots in early childhood.

I emphasize the *inner* experience of sexuality. The clinical focus on understanding the inner experiences of female patients has helped psychoanalysis get beyond the misconceptions of our earlier theories about female sexuality. We are now beginning to revise earlier reductionist and dialectic theorizing about male sexuality, as well. I think that our further study of human sexuality would benefit from more focus on inner experiences of sexuality, and less on its categorizations and clinically-far theorizing.

And whether or not sexuality constitutes the ultimate core of our patient's disorders or conflicts, it is often at play in our minds, because of its psychic plasticity and the plasticity of the human imagination. It can be called upon to express or disguise many affective states or needs. Ornstein (1993), for instance, theorizes that observable sexual urges and behaviors are frequently recruited to bolster a fragmented self. I would argue that the sexuality in such instances is no less important than if it were more 'basic'. It is ever ready to be recruited to such uses because it is so much a part of us, from early childhood on, taking on different shapes, functions and meanings, always a force to be reckoned with and understood.

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