Aspects of the Erotic Transference

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A female patient whom I will call Louise has led a deeply schizoid life, with only occasional sexual encounters. In her third year of analysis she anxiously expresses her affection for her analyst, and in a few weeks the transference is eroticised. Pushed by a kind of internal force—which we may designate as the power of the instincts—she falls into complex and passionate erotic fantasies about her analyst. She will meet him at the market, he will “bump” into her, and this surprise meeting will release the analyst to the unsettling passions that professionalism has only barely contained within the consulting room. She reports a different chance-encounter fantasy for each session, although her fantasies of fellating the analyst, or of wearing an outfit he could not possibly resist, are more difficult to report. The disclosure of these erotic preoccupations is simply stated but laden with an unrealised expectation. The analyst’s silence seems paradoxically helpful. She wishes he would speak and finds his silence rejecting, but at the same time she does not want to know what he thinks, so she prefers the absence of speech. The occasional request for association feels slightly officious, as if the analyst is defensively announcing the presence of psychoanalysis in an otherwise torridly complex situation, but Louise also feels relief at the analyst’s separate existence, clearly outside the domain of her fantasy. Furthermore, she takes heart from his matter-of-fact recognition of her sexual promiscuities, as she narrates one erotic encounter with the analyst after another. Early fears that he would deter these reports or interpret them away have waned, although she can feel the intrinsically detoxifying effect of his nonresponsive request for association. She thinks there is nothing more to say, yet oddly, and early on belatedly, she discovers that each erotic event is pregnant with all kinds of suberotic parts, leading to other fantasies, to memories, to theories, to self-reflection, to …

Reporting an erotic fantasy is in some respects an erotic event in its own right. The analyst—the figure with whom she has been making intensive passionate love—is actually there, sitting just a foot behind her. Within touching distance! In the waiting room she tries to calm herself, yet is immediately lost in a kind of panicked inner experience partly structured by a dialogical struggle between the responsible analyst and the delinquent patient who feels unable to report the fantasy. But when the analyst appears, there is shock and relief in the same moment, and within minutes she is disclosing their latest passion.

As she talks about their meeting by a lake, when she had undone his bathing costume and stroked his penis, she slips into an inner experience in the session in which she feels that her love object is every bit as real as the person sitting silently behind her in his analytical world. She can rather see her erotic object; further, she can rather feel his desire. Indeed, she unconsciously acts as if her knowledge of her inner objects far exceeds the analyst’s knowing. After all, she makes love to him, while he only—only what? What are his true feelings? Teasingly, she congratulates him for his shrewd luck. He is in a place where he does not have to report on his erotic life, so in a way, she falsely gloats, she will have to speak for both of them. Warranted by this analysand license, she tells the analyst what his true self is doing in her erotic script. They are not only making love often and inventively, but they also go to concerts and plays and have dinner parties.

The patient, visibly embodied by her own instincts, is physically bolder. Moving authoritatively but not suggestively on the couch (i.e., “this is my erotic territory!”), she bears the erotic to the transference: her body self feels like an erotic force. Her analytical life prior to this moment has been important—memories de-repressed and meaningful observations discovered—but only now is she enlivened by her instincts.

This was no idealising transference. Or at least not thoughtlessly so. Indeed, it was as if idealising the analyst allowed for erotic appropriation of the analyst’s body as sexual companion for her own erotogenic

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zones. Louise did not think him a perfect man; in fact, she knew he was less than ideal. But she used the transference space to play something out, to present her body through “its” use of the analyst’s body. And for this purpose she sided with her idealisation of him to support her erotic dreaming.

In an odd kind of way, the erotic dreaming had almost nothing to do with him, but everything to do with herself and with a vital need to come into personalisation through erotics. What was the point of being if to be was only to think? Wasn’t there something reassuring about the embodiment of the erotic preoccupations?

If we appreciate the schizoid’s dilemma, then I think we can understand some patients’ need for an erotic transference, as opposed, say, to a positive transference with reported sexual fantasies. For the erotic transference allows for a psychic bridge to be forged between the object of the instinct and the alive other who makes instinctual representations possible and meaningful. If we take it that the schizoid withdraws libido and converts it to an excessive cathexis of internal objects and representations, then we can appreciate how this individual’s erotic interest in the specific otherness of the instinctual object is therapeutic, as it quite literally takes this individual out of herself. But the internal object is nonetheless derived from the instincual urge. Louise’s analyst emerged out of her imaginative use of him, not fundamentally derived from his actions as such, but derived from her own instinctuality, elaborated from the innerness of the inner world.

Louise, then, needed the analyst’s actual presence for the impassioned expression of her own inner objects, an ordinary paradox of human life, in which the actual other is used in order to release the internal object, which has, in fact, little to do with the integrity of the other’s being, and everything to do with the radical freedom of subjectivity to populate a world of its own creations.

We may be reminded, at this moment, of Winnicott’s (1965) theory of the capacity to be alone, which is partly achieved when the small child learns to play in the presence of the mother. Although such playing would appear to ignore the mother’s existence, in fact such freedom is contingent upon maternal presence. It is one of the ironies

1 A term of D. W. Winnicott’s (1975) referring to the increasing achievement of the individual’s expression of true self potential, as evidenced in the way the individual demonstrates a certain conviction in being himself or herself.

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of this dependence, however, that maternal presence underwrites its own deconstruction, as the child will create his or her own freely imagined universe that will inevitably distort the provisional integrity of the very other who supported the child’s needs in the first place. In like manner, as the analyst supports the analysand’s right to invent a transference life, he or she facilitates the continuous displacement of his or her subjectivity by the analysand’s internal object representations.

In addition to such playing out of the transference, it was through speaking that Louise constructed the analyst’s body, displacing it from the real, which she could not possess, to the imaginary, which was her privilege. Furthermore, as the transference is spoken to the other, its hearing is twofold: self and other now share the spoken word. In this way, the patient does indeed gain access to the body of the analyst, entering the ear and passing to the departing point of the symbolic, where language releases its signification through an endless chain of meanings. The process alters the analyst’s body from something that embodies the unnameable and ungraspable, to an object that now bears and transforms the patient’s representations. In this very important respect, talking cures.

This question and many others derived from it engaged the analytical partnership with Louise for some time. In Louise’s erotic transference, analysts will note features common to what we might think of as ordinary essential erotic transferences, when the analysand comes into sexual representation through this particular relationship. With this very brief picture of a generative erotic transference in mind, I now wish to turn our attention to its failure, if I may put it that way. I refer to a type of negative transference that, from my point of view, seemingly repudiates and yet expresses the erotic transference.

Jeannie

Jeannie, like Louise, had led a sheltered and schizoid life, and in the first years of her analysis she worked diligently to report dreams, self-observations, and the like. Slowly yet unmistakably, she told the

2 The concepts of the symbolic, the imaginary, and the real are an important part of Lacan’s (1977) theory of mental life, even though these terms are in part addressed in certain psychoanalytic concepts outside the Lacan group.
analyst that she found him attractive, and she overcame many hesitant false starts to finally declare that she loved him deeply and was having private sexual fantasies about him. These she did not report, although she targeted this as one of the aims of her analysis. Instead she discussed the obvious boundaries of analysis, indicated how it was perfectly clear to her that she could never have a sexual affair with her analyst, and on occasion referred to the analytical situation as a kind of set-up, a seduction that refused to assume responsibility for itself. In time, analysis and the analyst clearly began to bother her. She fell into silence. “What’s the point of telling you what I think? It will just lead me into a feeling that you are only too willing to allow me to be stuck with.”

Analytical interpretation about the resolution of her disappointments through denunciation of the analyst only called for scathing rebuttals. “I am not now in the least troubled by the fact that we cannot have a ‘real’ relationship. I would not want it if I could have it! Anyway, furthermore, I am not going to be drawn into this by your clever understandings. You want to talk about it, fine, okay, go ahead. But you can talk about it surrounded by my silence, as I have nothing more to say.”

But she did.

Jeannie’s sessions soon took on a familiar character. Although she always looked a little startled when the analyst entered the room, she seemed relieved of this momentary confusion by physically walking into the consulting room, and, once on the couch, she was soon in a deep sulking silence or a scathing denunciation of the analyst. Usually she was silent. If she emerged into speech, it was often in response to the analyst’s inquiry or comment, and then she was capable of talking for 20 or 30 minutes about the “true person” of the analyst, recalling previous analytical interpretations that from her point of view reflected the analyst’s false self. Analysing the analyst, she gave long, detailed accounts of what he was really like, what he really thought, how he really felt, and what he would do if she were able to come into her true self in his presence.

Gradually the analysis developed a curious feel. The patient would enter the space and immediately occupy it with her accounts of the analyst. Impassioned by hate, articulate, vulnerable, hurt, courageous—she

forgot this person and what he represented with almost heroic integrity.

In the beginning the analyst interpreted the patient’s hate as occasioned by disappointments suffered from the positive transference. He directed his attention to the compensating organisation of hate, juxtaposed to the disorganising vulnerability of love. Then it became clear that surprisingly little had actually changed in the patient’s passion toward the analyst, except of course for the transformation from love to hate. The only substantial ideational difference was that now the patient could report secret passions (of hate) rather than the precise erotic thoughts that she announced but could not articulate.

Indeed, her lengthy describing of the analyst’s “true self” and imagined actual life was as deeply absorbing and as private a mental action as had been the erotic transference. Aware that the erotic transference had failed to materialise into speech, its inverted double, the black erotics of hate, found utterance. And although Jeannie never reported a sexual relation to the analyst’s body, she rather embodied her internal object through narrative representation, bringing the analyst’s person into the hour through intimate accountings. “I’m not going to tell you what is on my mind. Why should I? You will only remain silent or wonder to yourself ‘How much more can I take from this woman?’ And I am sure it’s difficult. You would rather be reading something. What would you be? Fiction or nonfiction. I cannot imagine you reading fiction unless it were for some studious purpose. I like Atwood’s Cat’s Eye. You probably don’t know her work. Well I’m not sure. Your accent seems American but it could be Canadian. You could even know Atwood. No. (Pause) I think you read history books: maybe? (Silence) I can’t think. (Pause) You have a new shirt today. You are obviously into flowers, but you are hardly a flower child. Although you have something of the sixties about you. You are thinking that I am a conventional middle-class woman of the nineties. I am and I am not. I do have a cappuccino machine in my kitchen and I’m sure you don’t. What shall I put into your kitchen? Do you cook? (Silence) Mmmm, I think you do. Probably a lot. You have lots of chopping boards where you can make swift, sure interpretations that separate you from the life of this world, which you then put into nice analytical stew. (Pause) But I shouldn’t be cruel. You must be
thinking ...” And so it would go on. Session after session was occupied with this vivid imagining of the analyst.

I shall not concentrate on the analyst’s interpretations, as that is not the aim of this paper. Instead I shall consider what the analysand, among other things, was doing within the transference. Perhaps her intense privatisation of the analyst’s body and self is clear, in which she seemingly relates only to the internal object, so that over time the otherness of the analyst is obliterated. But it is an annihilation with a purpose. Feeling deeply injured by the analyst’s “screen love,” his function as a project upon which the erotic is represented, the patient turns the tables now, insisting that the analyst just be that screen upon which she constructs his desire. This true analyst is covetously projected, flashed onto the body screen (sitting in its chair) in order to highlight his personality, achieved with dexterous finity because now she has the rights to the analyst’s silence.

The patient knew that she worked herself up to a certain negative imaginative frenzy, and she would often fall into a certain type of embarrassed silence. Her body would seem spent, and the analyst was aware of its orgasmic simulation. In the silences that followed, she seemed to listen to his breathing. He did not think it was an eroticised hearing, but an effort to sound the effective presence of herself. Early on, when the patient commented on the analyst’s capacity to remain motionless and attentive, and after seeking her associations, the analyst had said that perhaps she was trying to find a way to talk about her experience of his physical presence. She said this was true but was unable to elaborate. Later, she listened to the analyst to discover his state of mind through his body: his breathing, clearing of throat, crossing and uncrossing of legs, and shifting in the chair were all suggestive truths. If the analyst moved in his chair during one of Jeannie’s more acute attacks, this meant that she had made him uncomfortable. If he coughed, it was a sign of irritation.

It is also fair to say that his body eventually possessed its own authority, as she gradually felt less and less secure about her own knowings of its truth. The silences then seemed to have a different character, something more like “two bodies being quiet together,” each with its own separate reality. The analyst found that he was fond of her body self, and that these moments were almost “sweet” and “moving,” whereas her narrations of the real him were sarcastic and lyrically embittered. A different, split-off relation seemed to be established between their actual bodies, one that the clinician for a long time felt was only a remote possibility; then, as he felt more assured of it, he believed that if this enactment were to be represented, the patient needed to speak it.

The analyst suffered a cold on the first session of the new week, and the patient commented that he looked worn and not well. Something of sadness and concern for his body entered the dialogue. At the same time the patient was less attacking and gradually more truly free associative and open to interpretation.

During this silent other-relation between what the analyst assumed to be a sense of the body’s actual livings, the analyst continued to interpret the contents of the negative transference. It was his view, in fact, that such interpretive work detoxified the patient’s distressed state and may have facilitated what one could say was body integrity. In time, the analysand gave the analyst’s body back to him, if one can put it this way. It was his. And this body that had for so long been a preoccupying passion, it was hers. Gradually an appreciation developed of the difference between the internally derived object of desire and the actuality of the desirable other, a distinction that enabled Jeannie to realize that what was his was his, and what was hers was hers.

The Generative Erotic Transfer

In the generative erotic transference, the analysand is acutely aware of the analyst’s body self. Indeed, part of the analysand’s agony is the precise erotic interest in that body. Although this relation can and frequently does become a resistance to analysis, in that the patient refuses to freely associate, it may lead to an important presentation of the analysand’s instinctual life achieved through transference embodiment, in which the patient erotically cathects the analyst’s presence. What is meant by transference embodiment? To love the object is to release one’s instinctual capability, which, in turn, gives the body self a new-found authority that I term embodiment.3 The

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3 “Embodiment” refers to the individual’s pleasure in having or being a body. Transference embodiment is the development of pleasure in one’s own body, driven initially by the erotic transference, but ending in a sense of the intrinsic pleasures of bodily existing, as opposed to the world of abstract thought and schizoid inner object relating.

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transference relationship quite naturally evokes latent instinctual capacities in the analysand, and, if all goes well, he or she comes into a new-found body-experiencing in the analyst's presence. Although the analysand will suffer a transitional disappointment because the analyst will not agree to the analysand's erotic wishes, the analysand feels instinctually emboldened and proud of his or her ability to represent sexual life in the sessions. It is a relief to find a body that is not merely an internal object, but also a body to love.

In some respects, the localised pathology of the erotic transfer becomes a motive for speech, as the patient partly wishes to engage the analyst through the conviction supplied by erotic passion. And yet it is difficult to cross the boundary between inner relations and external realities. In moments when speaking the internal erotic to the actual object of desire, the patient simultaneously recognises the integrity of the boundary between the internal and the actual. This may allow for a maximum nonerotic representation of the body's relation to the other, because the analysand either explicitly or implicitly indicates that she knows that her erotic is to an internal object that needs its reporting to come to full elaboration. In so doing she will know, however, that any person's narration of the actual other is precarious, and there may be innumerable reasons why the patient does not feel secure representing the analyst's body.

Jeannie, for example, did not feel at ease speaking her relation to the analyst's body because her internal objects treated her sexual needs with contempt and dismissal. It did feel safe, however, to transform love to hate and then to relate narratively only to the internal object/analyst in the presence of the other. She could thereby continue to safely express her intense interest in the analyst's body by repudiating it, thus avoiding condemnation from her internal objects that awaken with scorn when her sexual feelings arise. By superficially denigrating the analyst's body and self, she identified with the negative affects residing in her internal world and used them now to release disguised instinctual urges in their path to a body that gratified her passion.

If, as I maintain, the erotic transference is a potentially generative action, is it not restricted, then, to the analytical situation in which the patient is analysed by a clinician of the opposite sex, or in which the analysand is homosexual? What of the analysand who is, for example,

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heterosexual and in analysis with a same-sex clinician? Will there be an erotic transfer?

I am setting aside transient or episodic homosexual fantasies about the clinician, because the erotic transference is characterised by a passionately preoccupying internal object relation that embodies the analysand through instinctually driven representations. In this respect, then, the erotic transference is restricted to the analytical partnership that splits the sexes, or to the schizoid homosexual whose instinctual life comes alive in the analytical relationship. I do think, however, that there is a displaced manifestation of the erotic transference in heterosexual same-sex analyses, one that could perhaps best be described as a form of "rhapsodic identification." This is a form of idealisation in which the analysand falls in love with all the known characteristics of the analyst (from choice of clothes to mannerisms, from aesthetic interests to the way he or she expresses ideas) and develops an intense inner relation to the object of identification that gains its rhapsodic character from the analyst's silence and presence, in the same way that the erotic transfer derives its energy from the analyst's maintenance of analytical neutrality. Both are forms of courtly love. The heterosexual patient, in analysis with a same-sex analyst, becomes passionately preoccupied with imagined scenes involving the analyst's behaviour: what the analyst would have done at a party; what the analyst would wear at a conference; how the analyst would handle a particular person. In a way, the same-sex analysand is evoked by the analyst's presence into an embodiment achieved through affects rather than erosics, although obviously the erotic transfer organises affective experiences, and the rhapsodic identification displaces erotic states of mind. Each form of transference will become a resistance to free association, just as each may facilitate embodiment and personalisation. Each form of transference intensifies internal object relations because of the evocative presence of the actual other, which enables the schizoid patient to feel for perhaps the first time a sustained linkage between internal representations and alive, intersubjective encounters.

**Touching through Hate**

Analysands who are in some respects more disturbed than Jeannie sustain passion and embodiment through the object, but substitute hate

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for love in order to feel secure from anxieties linked to the consequences following upon erotic usage. It is important to restate,
however, that hate as an erotic transfer begins with the use of the object in spite of the other, or, in fact, despite the actual integrity of the object. Love in the erotic transfer often works for the analysand, because the internal fantasy is continuously and intrinsically linked to the analyst's body, creating a tension within the hour, not unlike the tension of expectation about the coming into being of erotic wishings, but the tautness is contingent upon an analytical integrity, which can be seen from this very restricted enactment as a psychoanalytic erotic, or an erotics specific to psychoanalysis. Erotic wishes intensify in relation to the analyst's maintenance of his abstinence of physical contact and erotic suggestiveness, ironically releasing the analysand to a more elaborate narrative expression of desire, which is unique to the psychoanalytical situation and may qualify as an erotic specific to it.

Jeannie's hate was transparent. It was clearly a strategy to express passionate cathexis of the analyst's body, and, as with the generative erotic transference, the ironic aim of such intense investments is to achieve what Winnicott termed ruthlessness,4 in which the sexual aim is an essential precondition to the eventual terms of human relatedness. The sexual drive must be ruthless to be true to the subject. Jeannie needed to establish the rights of such ruthless use (transferral in the presence of the mother/analyst, who assists in the transition from inner urge to actual object of gratification) before she could feel free to express her own private wishes and longings.

Other patients, however, do aim to hate the analyst into a disturbed affective and ideational state. Such analysands do not believe they can use the object to come into their own erotic self-narrative (an embodiment), and attack the object unconsciously, aiming to gain an actual relation to the analyst's private self. How would this be accomplished? Very simply by so abusing the analyst—as the object of narration—that the analyst relinquishes neutrality (and hence the analytical barrier) by responding to such attacks. Naturally, interpretation

4 Winnicott (1975) believed that in order for one to come into one's own being, one must, particularly in the early stages of development, express desire in a ruthless manner, thus establishing the right to be him- or herself. His use of the word “ruthless” is easily misinterpreted by those unfamiliar with his writing and the very particular meaning he gave to the word.

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of what the analysand is doing and why is appropriate, but some patients will try to hate this object into disclosed reality, abusing the internal object to the point that its true double becomes upset and retaliatory and reveals itself. If this occurs, then the patients believe they have gained access to the “true” analyst, which gives particular credence to their transference strategy. It is hate that breaks through the analytic barrier to reach the analyst's body.

We can see that such patients need their hate object like other analysands need their love object. By constantly attacking the analyst in the sessions, they quietly construct an alternative to the love object, carefully sculpting the shape of the analyst to which they will devote their cathexes. As time passes they will gain a relation to that other body, constituted out of a sense that when they attack it, it becomes a feable presence to both participants. Although psychoanalysts would call this other body the shape of the clinician's countertransference, for such analysands, it is the true body of the other, design built as the object of desire.

Indeed, if the analyst does respond unconsciously, unwittingly, or simply unfortunately to an analysand's hateful representations, then he or she may feel a moment's violation. One may wonder why this should be so. Is this not an occasion when the analyst would feel an appropriate sense of guilt about being unable to contain and process the analysand's hate? Surely, this must be so. But perhaps the guilt is an essential part of this sense of violation, as the analyst has reacted inappropriately—and feels it in this moment less than competent. But more to the point, he feels that he has revealed something of his true feelings or true self, from behind the screen of analytical neutrality, and we can see how the analysand has indeed gained what she wished.

This analysand touches the analyst's body through hate. When the analyst feels touched, she may well return it. A boundary is being broken. A violation is taking place. Both participants will know this.

The analysand's preconscious knowledge of her shaping of the analyst's countertransference testifies to the power of her infantile wishes that she omnipotently control the object. In a sense she is. By getting under his skin she overcomes the sense of humiliation occasioned by urges to touch his skin and in turn to be touched. Unlike Louise, who established a certain appropriate intrapsychic omnipotence,
or Jeannie, who established the right of instinctual representation, such a patient tries to claim the object world by surreptitiously arousing the body of the analyst's affects, which she now secretly feels is in her grasp.

What might the analysand be representing through such an intrusive transference, one that actually may compel the analyst into a thoughtless disclosure of private feelings? If that happens, the analyst and the patient may momentarily wonder if the analysis will survive; sadly enough, a clinician may feel he must resign from the task of analysing the patient due to what he may consider a countertransference contamination of the analytical process. Analysis seems to break down. The working alliance appears to have vanished. The patient does not indicate any interest in projecting mental contents through narrative. Both participants sense a strange kind of danger that threatens to terminate the freedom of self-experience and the play of association.

Such a moment recreates, in my view, a breakdown held within the analysand. It is a moment that expresses the patient's conviction that infantile sexuality will arouse the mother's ire, when internal object cathexes, played out unselfconsciously in the child's "attacks" on the mother's body evoke the real mother's schizoid or paranoid response. One cannot make categorical claims at this point: such a transference will have as many differing etiologies as there are different patients to live them. One analysand, for example, had parents who were aloof and indifferent to her, and she aimed to get under the analyst's skin in order to create a passionate object relation where otherwise there was simply a form of guided nothingness. But another patient, who was enmeshed in bizarre and vividly emotive combats with both her parents, initiated this form of transference to sustain an object relation that seemed to her to be the very essence of truth itself. Both analysands, however, preferred to be hated, to receive the affect(ion) of the other, converting the other's negative affective responsiveness into their own bodily sensation, giving their body a "tingle," endowing its surface with the other's hate. They did not, then, seek embodiment through instinctually driven connection to a receptive love object, but found an alternative to such personalization by using what the disturbing parent could provide. But such transferences may also not derive from the mother's mothering, but from the child's independent ability to disavow instincts—for example, because of oedipal conflicts—and to seek the other's hate as a received body feeling that serves the instincts in disguise. This is most particularly so, in my view, when the child (and then the adult) disguises sadistic instinctual fantasies by masochistic submissions to abusive others.

By seeking to coerce the analyst into abandoning his analytical stance, and by sponsoring a sense that the fundamental integrity of the analytical process is being violated by the clinician's own disturbed feelings, this patient often brings to the analyst a memory of those occasions when his own inner processes, for one reason or another, became part of an intersubjective encounter that endangered psychic freedom. It derives from those traumas when the child unselfconsciously enacts his or her internal object relations and discovers, to his or her shock, that the actual other is not only offended, but alarmed and enraged. This misrecognition is reenacted in the analysis, in my view, when both the patient and the analyst sense that the militant actions of the patient have effectively dislodged the analyst from his custodial responsibility to ensure that all the patient's comments are regarded as psychic events and not as intersubjective actions intended to bring about the arrival of the other. When the analyst steps outside his interpretive role, to abreact his countertransference, or when he feels he is on the verge of such an action, the other has intruded upon the patient's psychic life to claim damages assessed on the analysand's use of the internal object. This may be a recreation of the child's lived experience with the actual parents, or it may be an enacted internal object relation between parts of the analysand's personality. Often it is both. Always it is a matter of clinical judgment as to its etiology.

It is of interest now to consider the analysand who enters the transference demanding sexual intercourse. I shall not refer to the schizophrenic patients, but to the nonpsychotic person who establishes a seemingly psychotic erotic transfer.

Edward

Edward lay down on the couch for his first analytical session. He talked about his life in a humoured but slightly impatient way, and nothing was, so to speak, untoward except that every few minutes he would say "Jesus" and abruptly—in a violently self-contained way—change his position on the couch. He would bend his left leg so as to cross his right leg with the right foot touching the left knee. "Jesus." Then his body would be put straight, "Jesus." Then he would rest on his side. "Jesus." Then he would put both feet up to his bottom. All the while he had both hands firmly in his
loose-fitting pockets. After 30 minutes the analyst could see that the patient was massaging his genitals. The patient, in response to the analyst's question about Jesus, said that he found the analyst attractive, and he also needed relief as he was unusually horny. The analyst said that clearly the patient was very excited. The patient said that he wanted the analyst to hold him, and that he could not bear the tension he felt: the analyst was attractive and the patient needed to be felt by him. In a few minutes the analysand brought his hands out of his pockets and squeezed his penis to stop the erection and simultaneously furthered his orgasmic inclination. He climaxed and lapsed into quiet. The agony was over, but now he complained to the effect that analysis was useless to him, a lament that would characterise many of his subsequent analytical hours.

For a very long time Edward insisted that his analyst hold him, stroke him, allow him to put his head in the analyst's lap, or make love to him. In frustration and desperation he frequently would masturbate in sessions, although more often he would go immediately to a sauna where he would find someone, he hoped, who would stroke his penis to bring him to orgasmic relief.

This was a complex analysis, and I shall not do it justice, as I wish to consider only one facet of Edward's transference. Some analysts would refer to this as the concrete aspect of his demand. He wanted to touch the actual body of the analyst. Nothing else would do. Failing such gratifications he used his own body to bring himself sexual relief. It was of interest to the analyst that the patient's demand felt neither erotic nor intrusive, although it did feel unremittant and oddly without "answer." That is, the reply was not, as it were, even the possibility of bodily provision leading to this analysand's sexual gratification by the analyst's physical intervention. The analyst did not think even such a literal provision would satisfy this person's need. It was as if the patient were demanding from the analyst contact with what Heidegger called the "thing," or Lacan the "real." As if, in other words, the

5 In employing both Heidegger's (1967) and Lacan's (1977) terms, I only intend to refer the reader to important modern thinkers who have struggled with that important discrepancy between our perception of an object and the actual thingness of the object. Herman Melville's Captain Ahab struggled with it in his insistent claim that he must break through the "pastebard mask of all outward presentiments," and his pursuit of Moby Dick was as much his effort to get to that originating essence that made up the object, as it was to slay that particular whale. The issue is clinically relevant when the analysand is driven to get in touch with "the real" analyst, and it can be seen that obviously trying to get in touch with the real person, as opposed to grasping the nature of a real tree or a real chair, puts the searching individual in a deeper quandary.

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patient claimed the materialisation of the real through the person of the analyst.

How was this understood?

Edward was uninterested in the details of his psychic life (dreams, fantasies, narrations), self-observations, or analytical interpretations. He was as frustrated with his analyst as he was with his lovers. He perceived each object with enormous sexual hunger and expected deep fulfillment, but no one could satisfy him. Why not? Because for Edward, instinctual urgency announced the presence of an impersonal force within him that promised, unconsciously, an equally impersonal—and equally forceful—object of gratification. The force of his instincts, in the analyst's view, suggested a powerful object that seemed always on the horizon but never in the person of his sexual conquest.

Furthermore he was more impressed—if I may put it that way—by the force of the drive than by its representations, just as in a sense he was more intent upon discovering the powerful thingness of the object than on encountering a specific person. Indeed, the force of his instinctual cravings became the object of daily personal awe, as the need of his body for orgasm seemed an impressive sexual voltage. Dismissing the imaginative and personative dimension of life, either in terms of his own specific dreams and fantasies or in respect of the idioms of others' personalities, subjectivity did not intrigue, inspire, or occupy him. He had no real interest in the meaning of his psychic life, preoccupied as he was in gaining an object invested with a gratificatory power equivalent to his instincts. In my view this analysand sought a partner for the instincts in which everything was to be for real, as his "it" met the "thing," in a special rendezvous beyond the tiresome and frustrating realms of representational substitution.

Edward's disinterest in subjectivity amounted to an evacuation of the presence and function of all signifiers. Unaware that such reinvestments left him empty of self-reflections and personal meaning, he

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was a rather bizarre unconscious partner to his notion of the thing: a powerful absence. He had become a personified signifier
Conclusion

If we reflect on these clinical examples we can see that there are interesting variations in the pathology of the erotic transference. Louise used the analyst as an internal object to embody her instincts in some relation to the actual other, partly overcoming through such usage a schizoid detachment from her libido. Jeannie was unable to tell the analyst of her erotic thoughts, but by transforming love to combativeness, she established an intimate narrative relation to the analyst. Other analysands try to “touch” the actual body self of the analyst by hating him and thereby arousing his affects, and in so doing verge on Edward's wish to see the “real” analyst. Edward's demand that he touch the analyst's body was an unconscious wish to engage the thingness of reality. The sexual urge was the most “fleable” route to absolute contact.

In discussing Louise and Jeannie I have referred to the erotic transference, whereas in considering Edward I find it is more accurate to say the sexual transference. Perhaps this brings us to a pertinent distinction between the eroticised and the sexualised transference, a difference that, if it only relates to the clinical situation, may nonetheless be useful in understanding the analysand’s use of the analyst. Erotics refers, in my view, to any subject’s private imaginative use of the object of desire. Much of the pleasure of erotic life is derived from the absence of sexual realisation, perhaps because the love object is simply not available. The subject, then, must live with this absence, but such unavailability actually increases the intensity longing for the object, and leads to its enlargement in the subject’s mind. Even when the object is present—as the other—and even when sexual fulfillment will be accomplished, the erotic dimension takes its force from the imaginative play of the instinct with the wonderfully evocative presence of the other, and is part of what we mean by foreplay.

It might seem appropriate to make the sexual synonymous with the erotic, but to achieve the distinction I have in mind, I must create a local definition and state that the sexualised transference refers to the analysand's urgent demand to have intercourse with the analyst. In some fundamental respects it is not an erotic relation, insofar as such a patient demands that intercourse end an unbearable tension that has developed within the self. Indeed, this may lead us to wonder if certain sexual relations in which orgasm is accomplished are nonetheless devoid of the erotic—when the sexual actors lack passion even if they excel in intercourse techniques.

The erotic transference, then, implicitly recognises the passion of a love relationship, insofar as this is when the instincts become both preoccupied with an object and rather overtaken by it. Sexuality (in instinct theory) does not describe a love relationship. The instincts do not love the object of desire; they seek to be discharged of their tensions through it. Erotic life, it is true, cannot proceed without the ruthless use of an object, and so the right of the instinct to choose its object is an essential precondition of the erotic frame of mind. But some individuals, such as Edward, may only achieve a sexual capacity and never progress to an erotic capability, in which the internal objects of desire do not simply discharge the instinctual urge, but give the subject an object of desire.

Patients who have been deprived by a parent, or whose characterological conflicts have been self-depriving, may never have fallen into erotic usage of the actual other, and this will often be evoked by the analytical situation. Ironically, the presence of the analyst elicits this patient's sexual life, breaking down those defenses against sexual experiencing, but in the generative situation it leads the analysand into the propagation of internal erotic object relations, which, though spoken to the analyst about the analyst, are nonetheless reportings of the patient's development of an internal world that can meaningfully receive the instincts. Instincts represented without the receptive presence of an other (in the beginning, the mother) simply become sexual

urges that seek discharge. Instincts that are foreplayed with the mother and the father develop into an erotic life, which allows the subject to feel his or her desire in relation to an object of passionate interest.
Edward's sexual demand could not form its own erotic object. Aroused to unbearable tensions by the presence of the other, he could only rid the anguish by orgasm. Unlike Louise and Jeannie, who constituted the analyst continuously in their internal worlds, Edward could not bear to represent the object mentally. He had to have the real thing. And as he had never constituted his erotic world, he was strangely left to the application of sexuality upon the actual others who would.

The erotic transference, for all its resistant outcomes, nonetheless enables many schizoid patients to congregate a world of passionately sexualised objects and thus to feel embodied for the first time. The sexualised transference, however, compels the patient to face the bleakness of a relation that is meant to follow the laws of instinctual urgency, militantly insisting that the potential object of desire simply discharge the subject of his urge.

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