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On Love and Lust in Erotic Transference

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ABSTRACT

Intense erotic transference is one of the most powerful and challenging phenomena in clinical psychoanalysis. Powerful longings for love and for sexual gratification are likely to elicit enactments in the analytic setting that interfere with the analyst's ability to maintain a dual state of awareness in which he or she is both a participant in and an observer of the immediate experience with the patient. These enactments occur on a continuum from frank love affairs between patient and analyst to subtle forms of partial transference gratification. Moreover, the two primary elements in the manifest content of erotic transference—love and lust—may be dissociated from one another and may produce significantly different reactions in the analyst.

PSYCHOANALYSIS AS WE KNOW IT today had its origin in a highly erotic clinical stalemate. When Josef Breuer's wife became jealous of her husband's apparent infatuation with Anna O., Breuer felt obligated to terminate the treatment. With the emergence of Anna O.'s hysterical childbirth shortly thereafter, Breuer became so unsettled that he immediately took his wife on a second honeymoon. Since that historical watershed, the development of transference love has become an expected part of the analytic process with well established technical guidelines originally set down in print by Freud **(1915)**. Nevertheless, the experience of love in the analytic setting continues to be a phenomenon that is often highly disconcerting, in many cases leading to an erosion of the analytic work ego **(Fleming, 1961)** that is just as powerful as feelings of intense hatred **(Gabbard, 1991b)**.

Our psychoanalytic heritage has provided us with mixed messages regarding the appropriate analytic response to feelings of love in the patient and in the analyst. In Freud's writings,

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the prohibition against acting on those feelings is eminently clear. Viewing transference as a repetition of an infantile object relationship and a resistance to the treatment itself, Freud **(1915)** forecast grave consequences for gratifying the patient's sexual and romantic longings:

> … she would have succeeded in acting out, in repeating in real life, what she ought only to have remembered… In the further course of the love-relationship she would bring out all the inhibitions and pathological reactions of her erotic life, without there being any possibility of correcting them; and the distressing episode would end in remorse and a great strengthening of her propensity to repression. The love-relationship in fact destroys the patient's susceptibility to influence from analytic treatment [p. 166].

However, as was the case in other matters of technique, what Freud actually practiced was occasionally at odds with what he preached. When a promising young American analyst, Horace Frink, began analysis with Freud in 1921, he shared with Freud his dilemma over whether or not he should divorce his wife and marry one of his patients, Angelika Bijur, with whom he had fallen in love. Freud encouraged Frink to pursue the divorce and to marry Bijur **(Edmunds, 1988)**; **(Gay, 1988)**. Frink followed Freud's advice, a decision that led to rapid deterioration in both his mental health and his second marriage. In a subsequent letter to Bijur's first husband, Freud defended himself as follows:

> I simply had to read my patient's mind and so I found that he loved Mrs. B., wanted her ardently and lacked the courage to confess it to himself… I had to explain to Frink, what his internal difficulties were and did not deny that I thought it the good right of every human being to strive for sexual gratification and tender love if he saw a way to attain them, both of which he had not found with

his wife … **[Edmunds, 1988**p. 42].

One can only speculate on the reasons why Freud did not regard this as a serious transference-countertransference enactment that required analytic exploration. Freud apparently regarded this situation as an exception to his usual assumption that consummation of a sexual relationship between analyst and patient would lead to disastrous consequences.

Many of the key figures in the history of psychoanalysis became sexually involved with patients they were analyzing. Carl Jung maintained a long-standing relationship with his patient Sabina Spielrein. Otto Rank and Anaïs Nin became lovers after beginning their relationship as analyst and patient **(Person, 1988)**. August Aichhorn became sexually involved with Margaret Mahler when she was in analysis with him **(Stepansky, 1988)**. When Karen Horney was middle-aged, she embarked on a love affair with a much younger male candidate she was treating **(Quinn, 1987)**. Frieda Fromm-Reichmann openly acknowledged that she stopped analyzing her patient to marry him **(Fromm-Reichmann, 1989)**.

In many of these historical and contemporary cases, the parties involved often assert that they are in love, as though such concepts as transference and countertransference no longer apply. Mahler, for example, reported that she and Aichhorn were "in love with one another, making impossible the classical relationship between analyst and analysand" **(Stepansky, 1988**p. 68). Fromm-Reichmann **(1989)** provided the following account: "You see, I began to analyze Erich. And then we fell in love and so we stopped. That much sense we had!" (p. 480). This peculiar point of view suggests that "real love" can somehow be differentiated from the transference and countertransference love that often, if not typically, develops in the course of psychoanalytic treatment.

Indeed, a considerable literature has developed surrounding the issue of whether or not love in the analytic setting is different from love outside analysis. Brenner **(1982)** has argued that transference love does not differ in any essential way

from romantic love in other situations. Bergmann **(1985–1986)** suggested that transference love is somewhat different from most forms of romantic love encountered in real life in that it is a more dependent and more primitive form of love. Schafer **(1977)** conceptualized transference love as having a dual nature. On the one hand, it is a new edition of an old and regressive object relationship, while on the other, it is an aspect of a new and real relationship adapted to the treatment setting, "a transitional state of a provisional character that is a means to a rational end and as genuine as normal love" (p. 340). In his view the chief problem facing the analyst is how to integrate the two aspects of transference love in an affective, interpretive approach.

Freud himself was perhaps a bit ambiguous in his 1915 paper when he concluded:

> It is true that the love consists of new editions of old traits and that it repeats infantile reactions. But this is the essential character of every state of being in love … Transference-love has perhaps a degree less of freedom than the love which appears in ordinary life and is called normal; it displays its dependence on the infantile pattern more clearly and is less adaptable and capable of modification; but that is all, and not what is essential [p. 168].

Freud's conclusion that transference love was for the most part similar to other forms of love, with perhaps some relatively trivial differences, may well have grown out of his own struggle to reconcile transference love with his concept of resistance. As Friedman **(1991)** has eloquently pointed out, in the course of Freud's technique papers, he was in the process of redefining transference love as the essence of treatment rather than simply a resistance to the retrieval of memories. Intense transference feelings could no longer be viewed as simply a shutting down of free association, but as important revelations that pushed in the direction of unmodified and unintegrated enactments. Freud

had come to recognize that the passionate demand inherent in transference love presented the analyst with an *in vivo* glimpse of the powerful longings and wishes from childhood toward parental figures. In other words, Freud discovered that it is the "real" nature of the feelings in the analytic setting that makes them so useful to the analytic enterprise and that helps the patient see their relevance and applicability to other extra-transference relationships.

The "realness" of the feelings, however crucial, is a double-edged sword. They compel us to action rather than reflection and interpretation. Powerful longings for love and for sexual gratification tend to discombobulate the analyst. The enactments elicited by the patient's longings occur on a continuum. At one end of the continuum we find the extreme examples, such as the aforementioned historical examples, in which patient and analyst see no alternative but to embark on a love affair. As we move toward the other end of the continuum, however, we encounter more subtle forms of enactment that involve partial transference gratifications related to the analyst's unconscious collusion in an internal object relationship reactivated by the patient in the analytic setting. These subtler forms of enactment involve both coercion from the patient and the analyst's wish to avoid particular aspects of himself that the patient has activated **(Jacobs, 1986)**.

In my opinion, the effort to draw fine distinctions between transference love and love that occurs outside the analytic situation really misses the point. As Freud noted, the differences that do exist appear to be relatively minor. Both situations involve the coexistence of new feelings associated with a new object relationship (with the analyst) and a displacement of old feelings connected with a childhood object relationship. As both Schafer **(1977)** and Brenner **(1982)** stressed, the truly unique situation in analysis is that the analyst handles these feelings differently than in any other setting.

The optimal technical approach to transference love depends on the analyst's ability to recover his or her bearings after

being coerced into a variety of enactments with the patient. In speaking of enactments, Chused **(1991)** noted: "An analyst reacts to his patient—but catches himself in the act, so to speak, regains his analytic stance, and in observing himself and the patient, increases his understanding of the unconscious fantasies and conflicts in the patient and himself which have prompted him to action" (p. 616). Loving and lustful feelings may make us feel anxious, aroused, disgusted, tormented, angry, infatuated, and coerced into being a new object who must make up for the past inadequacies of old objects. Analysts who face erotic transferences must be alert to the power of such feelings to induce enactments and must work diligently to restore a dual state of awareness in which the analyst is both a participant in and an observer of the patient's immediate experience. In this communication I focus particularly on the subtler forms of enactment rather than the more dramatic transgressions of sexual boundaries that are, fortunately, much rarer. A secondary point I wish to make with the ensuing clinical material is that love and lust may be dissociated from one another in erotic transference and may produce significantly different reactions in the analyst.

Clinical Example

In choosing clinical material to illustrate some of the difficulties encountered in the analysis of transference love, I have deliberately selected a male patient because of the almost total absence of such reports from the literature **(Bergmann, 1985–1986)**. Person **(1985)** has noted that virtually all reports of erotic transference involve female patients. She has suggested that this may lead to an erroneous assumption that such transferences are a problem of the psychology of women. She noted that massive anxiety and homosexual panic may erupt in the male analyst-male patient dyad if erotic longings come into awareness, and she speculated that a pervasive resistance to the awareness of erotic transference may exist in male patients. I do not believe

that erotic transference in male patients is a rare phenomenon, and the paucity of reports in the literature may reflect the very discomfort with such feelings to which I am alluding in this communication.

Mr. M. was a twenty-four-year-old single male who came to analytic treatment with a history of having had no sexual relationships. Solitary masturbation, accompanied by a vivid fantasy life, was his only sexual activity. He longed to establish relationships with others, but was terrified to take the risks involved. His masturbation often took place in adult book stores where he would rent a "jerk-off booth" and watch both homosexual and heterosexual pornographic movies until he achieved orgasm.

In the opening phase of his analysis, he told me that he had been practicing free association at home while lying on his bed, and that he hoped I would avoid any interruption of the associations. After some weeks of approaching analysis as though it were a soliloquy with no one else on the analytic stage, Mr. M. began to entertain—in a tentative manner—thoughts and fantasies about me. When he found this development disconcerting, I suggested to him that he had been regarding my office as similar to a "jerk-off booth" where he could masturbate without having to engage in a relationship. I commented to him that his hesitancy in forming a connection with me was mirrored in his hesitancy outside the analysis to relate to others.

As he began to analyze his anxiety about allowing me to play a larger role in his internal drama, he began to express intense fears of punishment by me. It soon emerged that the fear of punishment was in large measure a wish. He described a pornographic movie to which he had masturbated involving a man who developed an erection in response to being beaten on the buttocks. Mr. M.'s erotic transference to me was heralded by a dream: "I was lying here on the couch, and when I got up, I was pulling my trousers on. I looked at you, and you had some of your clothes off. My T-shirt was inside out over

my other shirt. Your clothes were rumpled, and you were tucking your shirt in." In his associations to the dream Mr. M. acknowledged a wish to have sex with me. He said that he imagined lying on his stomach on the couch while I mounted him from behind and pumped semen into him. At home he had masturbated to that fantasy while inserting a Coke bottle into his anus. He said it had caused him considerable pain, but that it was intensely pleasurable. Day after day he would come to the analysis with fantasies such as the following:

> I imagine myself looking at nude pictures of men with large penises. You come into my room and discover me. You take off your shirt and have rippling muscles. You then tie me up and drip molten wax on my asshole. Then you force me to deepthroat your cock, and I swallow down the semen. The semen is real satisfying, like food, like concentrated masculinity.

As Mr. M.'s homoerotic longing unfolded over the ensuing weeks and months, I offered a number of interpretive comments and invited him to explore some of the meanings of the fantasies. Mr. M. did not consider himself homosexual, and the pornography he used to arouse himself consisted of an equal number of heterosexual and homosexual scenarios. Nevertheless, in the transference his verbalized fantasies continued to involve himself as a passive recipient of masculinity in the form of semen either through fellatio or anal intercourse. Mr. M. seemed oddly lacking in curiosity about this rather entrenched pattern, and I became more and more active in interpreting possible meanings. I found in myself a growing sense of impatience and annoyance at Mr. M. I was concerned that my interventions were being experienced as increasingly forceful and penetrating to Mr. M., thus creating an attenuated enactment of the sadomasochistic relatedness for which he was longing.

A breakthrough came when the patient informed me that he had seen the movie, *Little Shop of Horrors*. He told me that one scene had reminded him of the analysis. He recounted how

Bill Murray played a masochistic patient who went to see a sadistic dentist played by Steve Martin. He laughed as he recalled how Bill Murray's masochist had thwarted Steve Martin's sadist by enjoying the pain inflicted upon him.

I responded to his association by saying that I could clearly see how he connected that scene with what had been happening in the analysis. I suggested to him that my efforts to help him understand himself had been experienced as sadistic attacks from which he was deriving masochistic gratification. I also suggested another parallel. The Bill Murray character in the film had no real wish to be cured of a toothache—the infliction of pain was an end in itself. I suggested to Mr. M. that, in a similar vein, he was not so much interested in insight and understanding in the analysis. Rather, he wanted to create a stable relationship with me in which he would be the recipient of interventions which he would experience as punitive and sexually charged, while thwarting my analytic efforts to provide understanding.

In response to my comment, the patient became more somber. He reflected on what I had said and responded:

> There is a part of me that would like to be just like the Bill Murray character and come here forever to be tortured. That way I would assure a connection with you. I'm always worried about others leaving me. My father left for the Vietnam war when I was only five. I was convinced he would never return. I was furious at him for leaving me alone with my mother. I blamed my father for not filling me up with maleness, so now I want to be fucked in the ass by you.

While his father was away at war, the patient had become "the man of the house." He said he had found it sexually exciting but also terrifying to be placed in that role. Occasionally, when he woke up at night, he had crawled into his mother's bed and slept beside her. He then began to cry and said,

> I had all this power and responsibility and didn't know what to do with it. I wanted my father to come home and beat me up to make me feel less guilty about what I was doing. I want you to be my dad—a dad that won't go away and not tell me where he's going, a dad who won't go to Vietnam. I was so worried that he would die.

Shortly after that poignant session, the patient reported the following dream:

> I am watching television, and I see a father masturbating in front of his little boy. Semen is running down the father's penis, and the little boy licks off the semen and swallows it. My mother walks in, and I'm horrified that I'm caught watching this. Mother switches the channel.

In his associations to the dream, Mr. M. said that his relationship to me was much like the little boy's relationship to his father. He compared himself to a little baby wanting to drink my semen. He said he grew up in a military family where his father was always gone, so he never had the kind of nurturing paternal experience he needed. He looked at strong males and longed for what they had and felt envious of them. While his father was away at war, Mr. M. used to imagine having sex with his mother while his father had anal intercourse with him. In the fantasy he imagined that he would have the big penis he needed to have sex with his mother. He said he was afraid to become sexually involved with women because he lacked a big penis which he should have gotten from his father.

The following day the patient came to my office and began his associations:

> I didn't want to come today because I feel I'm in love with you, and I don't want to talk about it. In pornographic movies, the most arousing thing is deepthroating a penis. That's what I'd like to do to you. I want your manhood in my mouth. I want to be fed somehow. On Friday when I left, I did something I'd never done before—I stood and

> looked at you at the end and asked what time we were going to meet on Monday. It was bold, like I had a nonanalytic relationship with you. I felt I had done something questionable, like having sex with you, or identifying with you. I was also happy because I felt I was growing up.

I responded to the patient's frank confession of love toward me by wondering with him if his experiences during his father's visit over the weekend had anything to do with his feelings toward me. He responded by saying that his dad had hugged him and said, "I love you, more than you know." He had responded to his father by saying, "I love you, too, Dad." No sooner had Mr. M. gotten out these words than he began to cry in deep, heaving sobs. As I sat behind the couch, I felt a growing sense of discomfort. First, I wondered if his sobbing was so loud that my neighbors in the office building would be disturbed by it. As I reflected on my anxiety, I recognized that it was the intensity of the patient's affect that was disconcerting to me. I realized that I had not been comfortable with his expression of love toward me and had changed the subject by referring to what happened with his father, an attempt to deflect his feelings away from me onto someone else. I reflected on my own longings for expressions of love from my father, and I felt a strong sense of empathic resonance with the patient. I also became aware of a sickening feeling of being overwhelmed with the grief and longing that Mr. M. was stirring up.

When the patient regained his composure after sobbing, he told me that strong feelings were like the end of the world for him. I, too, was feeling that neither he nor I would be able to bear the pain of the feelings. He associated further to the dream by saying that he always felt his mother had gotten in between his father and him so that he was not able to receive the kind of paternal nurturance he wanted. He said that talking about what he needed in terms of sex was in some ways easier than talking about love. I suddenly recognized that I might

have colluded with his avoidance of such expressions because of a counterresistance within me. Homosexual anxieties and sadomasochistic enactments were uncomfortable, but relatively less threatening than dealing with overt professions of love.

I said to Mr. M. that the wish for my penis seemed to concretize a number of longings for love that were more difficult to talk about. He said he preferred to think of analysis as "a cock up my ass" rather than as a relationship.

After some analytic work had been done on the loving transference feelings and their origins in his wish for a more satisfying relationship with his father, the patient began to risk involvement with women. After cancelling a session due to illness, I returned the following day to find that Mr. M. had been extremely worried about my absence. He said he was afraid that I did not love him. He imagined that I disapproved of his dating. An image of the Pieta came to his mind. I noted that the image was a mother and son with no father present. He responded by saying,

> I imagine being slung across my mother's lap. A virgin mother. I'm afraid if I talk about my feelings toward her, you'll chop my head off. I was afraid that sleeping with my mother was like stabbing a knife in my father's heart. I had the image of me having intercourse with my mother and then having my father come along and rip her away, taking the front part of my body away. If I make an attachment, I feel like a part of me is ripped away. I'm afraid you'll rip J. (his girlfriend) away from me, but I'm also afraid that I'll be ripped away from you.
>
> I guess I also want you and me to be like the Pieta, all alone with no interference from outside. You could nurture me like a mother. I imagine that sucking on your penis and swallowing your semen would be like what a baby gets from breast milk. As a child I ate shortening and dough. My mom didn't understand. I needed something more from her. My mother was afraid to relate to me in a

special, intimate way. Now I'm afraid I'll have to terminate because we've gotten to the core of my problems. I'd rather think of sucking men's penises than Mom's breast. I imagine her breast milk could be poison. She was inadequate in her nurturing. Your words are like nurturing breast milk. I need you to sustain me. But I'm afraid that I will suck you dry to try to make up for what I didn't get from Mother.

In response to the expression of his wish for me to be a mother to him who would satisfy his oral longings, I became concerned that the patient viewed the analysis as an end in itself rather than as a vehicle through which he could understand problems in relationships and then form attachments outside the analysis. I felt a sense of dread connected with a fantasy that Mr. M. was expecting me to be both mother and father to him. I imagined him sucking all the life out of me and leaving me an empty shell.

Mr. M. said he had always feared that his love was destructive. He imagined that he was so greedy that he would suck out all the life from anyone he loved. He was afraid his love for me had damaged me. He also feared that as he grew up he was like a monster destroying his mother and father. He associated to Yeats' poem, "The Second Coming" and said he thought of himself as the monster "slouching toward Bethlehem."

I pointed out to him that in the imagery of the Pieta and Yeats' "Second Coming," he was implicitly comparing himself to a messiah who had a special relationship with his mother and with me. He acknowledged that he felt incredibly special to me and never wanted to give that up. He imagined that his wish to suck my penis was really a wish to take me inside himself and never lose me. Growing up entailed losing a profoundly special relationship.

As Mr. M. moved toward termination, he was able to establish a satisfying heterosexual relationship and overcome his castration anxiety. However, with each step forward, he experienced profound feelings of loss and grief. We came to

understand his preference for pornographic movies as a defense against such feelings. The shift from observer to participant carried with it a threat of catastrophic loss. He assumed that I would desert him as would his parents. He had fantasies of premature death. He compared himself to Icarus soaring too close to the sun and imagined he would plummet into the sea and drown as a result. We came to understand that his homoerotic attachment to me served as a means to avoid facing these feelings of grief and loss that accompanied movement into mature, adult heterosexual relationships.

Discussion

Person **(1985)** has pointed out that the terms *erotic transference* and *transference love* are often used interchangeably. Her definition of erotic transference is "some mixture of tender, erotic, and sexual feelings that a patient experiences in reference to his or her analyst and, as such, forms part of a positive transference" (p. 161). The case of Mr. M. illustrates that sexual feelings and loving feelings may not appear at the same time or in the same context. His sexual longings antedated the emergence of professions of love by a considerable amount of time.

Indeed, the overt sexualization of the transference appeared to serve a variety of defensive functions, one of which was the avoidance of the powerful feelings of love associated with paternal disappointment. Mr. M.'s sexualization could be categorized as a variant of erotic transference that Blum **(1973)** has termed *erotized transference*. This variant is characterized by intense, repetitive, and all-consuming erotic preoccupation with the analyst that is much more ego-syntonic than the ordinary garden variety of erotic transference. Among the experiences against which erotization defends in neurotic patients, Blum included hostility, loss, and narcissistic injury, all of which were apparent in Mr. M.'s analysis.

The erotized phase of the analysis also involved a prolonged sadomasochistic enactment in which sexual fantasy was

expressed without reflection or movement in the analysis. Coen **(1992)** has noted that certain patients suffering from pathological dependency do not engage in transference repetition for purposes of mastery or integration, but rather to preserve the status quo and protect themselves from hidden dangers. Mr. M. regarded the repetition as an end in itself rather than a phenomenon to be subjected to analytic scrutiny, because it protected him from the painful awareness of separateness from his analyst.

Coen **(1992)** observed that "patients who use sexualization extensively will tend to reassure themselves that they can transform the analyst by seduction into an idealized, omnipotent paternal object. This illusion reassures the patient against the risk of being left alone with a dangerous maternal introject" (p. 132). As long as Mr. M. could involve me in such an enactment, he could avoid the dread of repeating the oedipal experience of being in bed with mother while father was thousands of miles away, at war. His posture of masochistic submission also served to suppress his feelings of oedipal triumph with their associated castration anxiety and his destructive feelings of rage at his father for leaving him. Mr. M.'s resistance to change or movement in the analysis could be reframed as a refusal to abandon his claim on his analyst as a parent.

The enactment in the analysis of Mr. M. also illustrates the dual function of erotic transference as resistance noted by Friedman **(1991)**. In the sense of Freud's original notion of memory retrieval, the erotic transference may have produced a stoppage, but it also served as a revelation of a highly significant internal object relationship. The pressure of the transference was toward an unintegrated action that opposed the analytic goals of recontextualization, reflection, and contemplation.

By creating a context in which Mr. M. could express his sexual longings, I was also making it implicit that those longings would be frustrated rather than gratified. The paradox in this particular case was that the very frustration of the analytic situation gratified Mr. M.'s masochistic wishes. The pain of having

his longings analyzed and interpreted rather than gratified also provided a form of sadistic pleasure to Mr. M., who was able to thwart the analysis by playing Bill Murray to my Steve Martin by refusing to use my interventions productively.

I introduced this clinical material by asserting that the real issue for the analyst is not whether transference love is similar to or different from "real love," but how the analyst should respond to such powerful wishes. The key is for us to help our patients establish a dual state of awareness in which there is simultaneously a recognition of active wishes that were previously repressed and a dispassionate reflection on the meaning and significance of those wishes. This state is akin to what Sterba **(1934)** described in his classic paper as dissociation within the ego. While one portion of the ego is involved in representing powerful forces from within, another part is allied with the analyst in the task of intellectual contemplation. In the throes of an erotized transference, the patient cannot maintain this dual state of awareness and sees an action involving gratification of the repressed longings as the only solution. The "as-if" nature of the psychoanalytic enterprise is lost for the moment, and the analyst's burden is to restore the sense that feelings are both real, i.e., new feelings associated with the analytic relationship, and not real, i.e., displaced feelings from an old object relationship, a zone of experience described by Ogden **(1986)** as "analytic space."

The analyst's challenge would perhaps be easier if it were not for the impact of the patient's preemptive and compelling expressions of lust and love. Analysts, too, may lose their bearings under such pressure and develop a counterpart to the patient's erotized transference that I have termed *erotized countertransference***(Gabbard, 1991a)**. In this development analysts also lose the "as-if" nature of the clinical situation and view the patient's and their own feelings as *only* new or "real" rather than associated with complex relationships from the past. This form of reaction is involved in many of the actual love affairs between analysts and their patients. The analyst's responsibility

is to preserve and model the dual state of awareness required of the patient.

The erotized countertransference is only one of a variety of analyst responses to the patient's expression of intense sexual or loving feelings. In the case of Mr. M., I had unwittingly become a sadist to his masochist. At other points, I was cast in the role of the distant father who could not tolerate overt expressions of love and caring, and the mother who felt "sucked dry" by the patient's seemingly bottomless desires for nurturance. Mr. M. shared in common with Fairbairn's **(1954)** schizoid patients the fantasy that his oral longings were so insatiable that they would end up destroying the persons he loved the most. When he overcame his reluctance to express these longings openly, I felt a corresponding anxiety that I was being coerced into the role of an all-giving mother who was trying to fill a bottomless pit.

This phenomenon of feeling coerced into playing a particular role *vis-à-vis* the patient has been variously described as projective identification **(Ogden, 1979)**, role responsiveness **(Sandler, 1976)**, and enactment **(Chused, 1991)**; **(Jacobs, 1986)**; **(McLaughlin, 1991)**. Regardless of one's preferred conceptual framework to describe this phenomenon, there is considerable consensus that the analyst's response is unconsciously induced by the patient as a way of actualizing an internal scenario. Only through the experience of this scenario can the analyst grasp the nature of the patient's internal world. Coen **(1992)** offered the following advice with which I strongly agree:

> The analyst must allow himself to become immersed in this scenario, to feel the varied roles that are imposed on him. Whatever is difficult for the analyst to bear in himself, he will, of course, have trouble bearing in his patient. The analyst thus must maintain both an interpersonal and an intrapsychic focus for himself and especially for his analysand. It is not an either/or choice; both are necessary. The analyst's access to intense feelings in himself and in his

patient is the precondition for interpretation of conflict [p. 11].

It would be a misunderstanding, however, to assume that all the countertransference feelings generated by experiences of love in the analytic setting were exclusively related to the patient's internal world. We must constantly use our analytic instrument to discern our own contributions to enactments in which we are involved. In the case of Mr. M., I ultimately recognized that the patient's wish to avoid love by focusing on sex was mirrored by a similar preference in myself.

For many analysts the experience of being loved intensely may be far more disconcerting than being lusted after sexually. Most of us pride ourselves on being able to discern the negative aspects of erotic transference, perhaps because we find anger, envy, and hatred more tolerable than naked expressions of love and affection. Those of us who become analysts have chosen a field in which we spend the greater part of our day in a posture of professional distance from the most intimate disclosures of others. The intimacy and affective charge entailed in transference love may threaten to break down that carefully constructed distance. The term "erotic transference" has a reassuring clinical ring to it. By contrast, to hear a patient say, "I love you," sounds too personal, too close for comfort. Our obsessional dissection of the differences between transference love and real love may, in fact, reflect a wish to be reassured that the feelings are somehow not "real," not truly intended for us.

REFERENCES

BERGMANN, M. S. 1985-1986 Transference love and love in real life *Int. J. Psychoanal.* 11:27-45 [→]

BLUM, H. P. 1973 The concept of erotized transference J. Am. Psychoanal. Assoc. 21:61-76 [→]

BRENNER, C. 1982 The Mind in Conflict New York: Int. Univ. Press.

CHUSED, J. F. 1991 The evocative power of enactments J. Am. Psychoanal. Assoc. 39:615-639 [→]

COEN, S. J. 1992 The Misuse of Persons: Analyzing Pathological Dependency Hillsdale, NJ: Analytic Press.

EDMUNDS, L. 1988 His master's choice Johns Hopkins Magazine April, pp. 40-49
FAIRBAIRN, W. R. D. 1954 An Object-Relations Theory of the Personality New York: Basic Books. [→]
FLEMING, J. 1961 What analytic work requires of an analyst: a job analysis J. Am. Psychoanal. Assoc. 9:179-729 [→] [Related→]
FREUD, S. 1915 Observations on transference-love S.E. 12 [→]
FRIEDMAN, L. 1991 A reading of Freud's papers on technique *Psychoanal. Q.* 60:564-595 [→]
FROMM-REICHMANN, F. 1989 Reminiscences of Europe In Psychoanalysis and Psychosis ed. A. Silver. Madison, CT: Int. Univ. Press, pp. 469-481
GABBARD, G. O. 1991a Psychodynamics of sexual boundary violations Psychiat. Annals 21 11 651-655
GABBARD, G. O. 1991b Technical aproaches to transference hate in the analysis of borderline patients *Int. J. Psychoanal.* 72:625-637 [→]
GAY, P. 1988 Freud: A Life for Our Time New York: Norton.
JACOBS, T. J. 1986 On countertransference enactments J. Am. Psychoanal. Assoc. 34:289-307 [→]
MCLAUGHLIN, J. T. 1991 Clinical and theoretical aspects of enactment J. Am. Psychoanal. Assoc. 39:595-614 [→]
OGDEN, T. H. 1979 On projective identification *Int. J. Psychoanal.* 60:357-373 [→]
OGDEN, T. H. 1986 The Matrix of the Mind Northvale, NJ: Aronson.
PERSON, E. S. 1985 The erotic transference in women and in men: differences and consequences J. Amer. Acad. Psychoanal. 13 159-180 [→]
PERSON, E. S. 1988 Dreams of Love and Other Fateful Encounters: Romance in Our Time New York: Norton.
QUINN, S. 1987 A Mind of Her Own: The Life of Karen Horney New York: Summit Books.
SANDLER, J. 1976 Countertransference and role responsiveness *Int. J. Psychoanal.*. 3:43-47 [→]
SCHAFER, R. 1977 The interpretation of transference and the conditions for loving J. Am. Psychoanal. Assoc. 25:335-362 [→]
STEPANSKY, P. F., Ed. 1988 The Memoirs of Margaret S. Mahler. New York: Free Press.
STERBA, R. 1934 The fate of the ego in analytic therapy *Int. J. Psychoanal.* 15:117-126 [→]

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