Routledge
Taylor & Francis Group

Psychoanalytic Inquiry

A Topical Journal for Mental Health Professionals

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/hpsi20

The Infantile Erotic Countertransference: The Analyst's Infantile Sexual, Ethics, and the Role of the Psychoanalytic Collective

Avgi Saketopoulou

To cite this article: Avgi Saketopoulou (2020) The Infantile Erotic Countertransference: The Analyst's Infantile Sexual, Ethics, and the Role of the Psychoanalytic Collective, Psychoanalytic Inquiry, 40:8, 659-677

To link to this article: https://doi.org/10.1080/07351690.2020.1826280

Published online: 23 Nov 2020.

PSYCHOANALYTIC INQUIRY
2020, VOL. 40, NO. 8, 659–677
https://doi.org/10.1080/07351690.2020.1826280

Routledge
Taylor & Francis Group

The Infantile Erotic Countertransference: The Analyst's Infantile Sexual, Ethics, and the Role of the Psychoanalytic Collective

Avgi Saketopoulou, Psy.D.

ABSTRACT

Psychoanalytic clinicians are aware that the therapeutic setting, in its seductive draws and regressive pulls, can awaken the patient's infantile sexuality. It has been harder, though, to recognize that it also kindles the analyst's. This erasure is partly due to North American analysts' privileging of object relational approaches to sexuality, and the neglect of sexuality's driven, embodied dimensions (Green). Relying on Laplanche and others drawing on French metapsychology (Stein), I propose that some erotic countertransferences are fueled by these forces. These present with unusual phenomenological intensity and they are neither rare nor problematic. When unaddressed, however, they can disrupt a treatment or even culminate to sexual transgressions. I explore our resistances to acknowledging such countertransferences, which includes positing them as more manageable and less disorganizing than they, in fact, may be. Laplanche's work on the *sexual*, by which he refers to the demonic aspects of infantile sexuality, and relational theory (Dimen, Goldner) helps deepen our thinking on this topic. I close by suggesting that the dyadic space of supervision and/or personal analysis may be insufficient to reign in the plenitudes of such erotic responses, and make an argument for their management being a matter not only of the individual analyst, but also a problem of the group (Dimen).

> For me, an ethics of psychoanalysis begins in an acknowledgment of the way we can slip into pretending to ourselves that analysis is somehow pretend, pretending to ourselves that what happens in analysis is fundamentally in some way not real … As if the thing we call real life were not based on just such illusions. (Morris, 2016, p. 1175)

It has become commonplace, when discussing the topic of erotic countertransference, to reference Harold Searles' seminal paper, written in 1959, where he reassures analysts that they need not feel shame, anxiety, or embarrassment when finding themselves experiencing erotic feelings toward their patients. The analyst's erotic responsiveness, he proposed, may be difficult to discuss openly but it is neither rare nor exceptional. To the contrary, erotic feelings for one's patient may, in fact, even be diagnostic of how the analytic work is progressing-and are, thus, entirely expectable; "in the course of [my] work with *every one* of my patients who has progressed to, or [was] very far toward, a thoroughgoing analytic cure," he famously wrote, "I have experienced romantic and erotic desires to marry, and fantasies of being married to, the patient" (p. 180, italics added). These romantic desires, he wrote, "have been present not briefly but usually for a number of months, and have subsided only after my having experienced a variety of feelings – frustration, separation-anxiety, grief" (Searles, 1959, p. 180). This passage, written five decades ago, is readily offered in clinical case conferences, supervisory settings, and training institutes as a way of trying to dispel the shame and anxiety clinicians often feel in admitting to sexual feelings toward their patients.

Since Heimann (1950) changed the psychoanalytic field by making the then-radical-now-a-staple-of-our-work proposition that countertransference is not a hindrance but a source of valuable

CONTACT Avgi Saketopoulou, Psy.D. avgisaketopoulou@gmail.com NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, 80 University Place, #5C, New York, NY 10003.

information, the tendency to take countertransference as a barometer of treatment progress and as the measurement of unconscious communication now dominates our field. This approach, extraordinarily useful though it has been, has also created a problem. The term countertansference, as Wilson (2013) notes, "suggests directly that the analyst is responding to an outside stimulus-he is *countering* the patient's transference … " (p. 437). This problem exists even as North American theorizing of the countertransference has injected a solid dose of intersubjectivity in our understanding of the countertransference (Bass, 2001; Davies, 2001, 2004; L. Levine, 2009). Even as the latter recognizes that the therapist's contribution issues from her own internal life and unconscious experience in complement or concordance to the patient's dynamics (Racker, 1957), the fact remains that the analyst's own contribution remains out of bounds of our theorizing. This is especially the case when it comes to thinking about the agitating force of the infantile sexual that gets inflamed *in the analyst*.

Therefore, while the professional literature is now further along in terms of our willingness to permit that the analyst will, inevitably, be roused by the patient, roused in ways that are personal and that draw on the contours of the analyst's internal life, we still turn a blind eye to considering the contributions of the infantile sexual to the production of some erotic countertransferences. Consequently, our professional exchanges do not reflect the fact that erotic affect can be fueled by infantile sexuality's appetite for increasing stimulation and for frenzied excitements, both of which should lead us to expect a certain kind of intensity to the erotic countertransference that is rarely described in the literature. Instead, when we encounter such intensities, we more routinely question the analyst's steadiness, her training and her personal analysis. Notice, for instance, that Searles (1959) speaks about "romantic or erotic desires to be married" to a patient, that is about desires that are dignified and shrouded in respectability, that are bound in a domesticated scene that, to boot, involves the State and that, until most recently, have proceeded heterosexually. In other words, there is nothing intemperate or excessive about these states-and given that, in his words, they have occurred "with *every one* of [his] patients" (p. 180), they are made less suspect by the fact they are not specific to the dyad but, rather, a universal occurrence. And yet, he cautions, there are also risks we should be weary of; "certain analyst-responses" he writes, are "in actuality … dangerously out of place in [the analyst's] own work with patients and … have no place in the well-analyzed analyst's experience with his patients" (p. 299). And with that new qualifier, the initial license he seemed to be giving us in relation to erotic feelings toward patients has now turned into a binary; on the one end, we find analysts' ecumenical fantasies of marriage, deemed not only acceptable but indexical of the patient's progress; on the other, there are feelings that are "out of place," that are allusive of the analyst's poor personal analysis and which do not belong in the analyst's experience. Binaries, wrote Muriel Dimen, are concealed hierarchies (2003) and this is no exception. Lower on the totem pole are, of course, the analyst's more heated sexual passions, her less principled, not institutionally sanctioned fantasies, feelings, and embodied responses-all of these feelings that do not congregate around respectability and dignity but which may be more related to the intensities of the *sexual*.

The ambivalence in Searles's seminal communication – he gestures toward a two-tier economy of erotic countertransferences, but does not tell us what distinguishes these two affective states except to vaguely insinuate containment and training – reverberates throughout our literature on erotic countertransference. While we can no longer protest a dearth of explicit address of the matter of the analyst's sexual and/or erotic feelings and can claim today a large body of important work that speaks directly to these issues (see, for instance, Bonasia, 2001; Celenza, 2010, 2015, 2017; Cooper, 2003; Davies, 1994, 1998, 2003; Elise, 2015a, 2015b; Gabbard, 1994a, 1994b, 2015, 2016; Welles & Wrye, 1991; Wrye & Welles, 1994), the tension presaged in Searles' work remains deeply rooted in our understandings of the erotic countertransference. Most analysts today would readily agree that erotic feelings arise out of the intersubjective field created between patient and analyst and, to that extent they are useful. But the fact remains that we are not accustomed to hearing about or dealing with (in our colleagues, or in ourselves) erotic countertransferences that feel vertiginous in their intensities and which excite the analyst in ways that feel ferociously consuming. Or, to be more

precise, torrid sexual feelings toward a patient are understood as indexing the therapist's pathology, insufficient training, or, in the careful work of Celenza (2007) and Celenza and Gabbard (2003) to emerge when an analyst finds herself in particularly unstable and/or precarious personal circumstances (the loss of a loved one, a recent relationship dissolution, etc.), a condition these authors described as the "lovesick analyst". The workings of the analyst's infantile sexual, however, may better help us understand in some cases the irradiating effect on the analyst's erotic responsiveness.

This article aims to explore this persistently difficult dimension of our clinical work, that is, erotic countertransferences that present with the phenomenological intensity of the analyst experiencing overpowering desire for a patient, akin to having fallen in love with an analysand or feeling crushingly attracted to a patient. Such erotic countertransferences are not portrayed in our literature in their full force; most often, we encounter accounts of erotic countertransferences that stay within the realm of relatively benign feelings of closeness or attraction to a patient, or those the force of which readily gives way as their underlying dynamics are properly understood and interpreted. This leaves unaddressed erotic countertransferences the force of which does not yield to a mere understanding of their origins, or where the origins cannot be reduced to "understanding." I will refer to these erotic countertransferences as *infantile erotic countertransferences* to distinguish them from the wide range of different erotic reactions to patients that have been described in psychoanalytic scholarship and that present experientially with a more temperate phenomenology.

In using the modifier "infantile", some qualifications are in order. I want to clarify that I do not mean that such countertransferences are infantile in the developmental sense of the word, in that they pertain to immature and undeveloped sexual parts of the analyst's self (Scarfone, 2014). Neither, of course, am I referring to an immature analyst who is insufficiently analyzed or not rigorously trained. Rather, I use the word *infantile* to invoke the simultaneity of radical power and the potential for destructiveness that is a natural ingredient of the infantile sexual as discussed in early Freud and explored by Laplanche. As I'll discuss in depth below, the infantile sexual runs on an economy not of quiescence (as orgasm explicitly offers, and perhaps the promise of settling down in matrimony pledges implicitly), but of excitation, of escalation and of growing intensities. For the most part, the Anglophone analytic world has distanced itself from the notion of infantile sexuality in the way that Freud originally meant it in the first version of the *Three Essays …* (1905a), that is, as a force that is radical, not organized hetero-reproductively, and irreverent to rules or ethics (Van Haute & Westerink, 2016). But the work of Jean Laplanche made available to English speaking analysts through the translations of Jonathan House (see Browning, 2016, 2018), returns us the richness of a concept that blends an unbridled sexual drive with a "demonic" component without collapsing it into pathology.[1] There is great potential in considering the relationship between the rousing of the analyst's infantile sexual in the consulting room and erotic countertransferences that can become threatening to a treatment. Laplanche's work offers us useful tools that we can use toward better understanding these phenomena.

Erotic countertransference: From 1915 to today

Discussing sexuality in the consulting room is a topic that, as Celenza (2010) has been insisting, we may want to "think we're comfortable with," a topic that we imagine ourselves as "want[ing] to talk about" (p. 175) in our analytic roles but which, nevertheless, remains recalcitrantly difficult. Genuine effort and good intentions notwithstanding, the topic meets considerable resistance. Some of these resistances have to do, as many authors have alerted us to, the difficulties of thinking about sexuality in general and in the clinical situation in particular (Celenza, 2010; Dimen, 2016; Renn, 2013). Therapists have trouble admitting and openly discussing such feelings and, when we do, we often try to suppress or rationalize intense erotic countertransferences into the emotional shape of a clinical

[1]For Laplanche this is the *sexual*, a word italicized in English to reflect its distinction from the everyday use of the sexual. In this essay, I use the sexual and the term "infantile sexual" as synonyms.

"phenomenon" before we permit ourselves to articulate them – to ourselves or others. As such, descriptions of erotic countertransferences may be tamer, more docile than how they are, in fact, experienced. Further, analytic therapists may feel too fearful to speak about these to colleagues, fearful of being discredited (Dimen, 2016) or seen as lacking. Colleagues may, in turn, subtly discourage such disclosures. Last, because we are afraid both on the professional and on the personal level to recognize that these countertransferences occur at all, when they do come up, we tend to rush in to tidy things up through our use of metapsychology. We do so, I propose, by de-sexualizing our descriptions of these experiences, using desiccated and disembodied language to describe them; by focusing exclusively on the countertransference's intersubjective undercurrents; and by axiomatically regarding such feelings as only arising when an analyst is in personal trouble or has somehow failed in her professional task. Paradoxically, this does not help alleviate the feelings. Instead, by foreclosing them, it may, in fact, fan them. It is in these circumstances that the infantile erotic countertransference may become dangerous: when we downplay its vehemence and when we refuse to acknowledge the force with which erotic feelings can seize the analyst. This lacuna leaves an analyst less prepared for experiences of this kind (Elise, 2017), which may make her, in turn, more susceptible to acting out that could otherwise go unnoticed, affecting the course of the treatment in subtle ways that may be destructive and, at its most problematic, collapsing professional boundaries toward a sexual violation.

The difficulties in thinking about the intensity and force of the infantile erotic countertransference are something that I have also had to contend with in the very writing of this article. Finding the right tone to speak about these matters is a challenging task: I have not wanted to speak in flat and aseptic language, to leech out the potency and vigor these experiences can have for the analyst or to disaggregate them from the analyst's sexual body. Any (or all) of these are likely to happen if I were to stay with our professional language of careful deliberation, and reasoned argument. So, in writing this essay, I have purposefully decided to toggle between two tones: the inflection of our usual professional discourse, and language that is more direct, more sensual, and more embodied. While we sometimes use the latter in discussing patients, we are less accustomed to it when it comes to speaking about the analyst's erotic responses and as such, those sections may feel jarring to the reader. My intent is not to shock or alarm, but to be immediate and unafraid in order to resist rendering the countertransferences under discussion stale, or infirm. In that sense, this essay is bound to create some discomfort. But hopefully, it will do more than that. My intent is to try to take you as the reader through a somewhat unusual path in thinking about our strange profession and about the forces it courts in us, in order to nuance our understanding of our reticence in thinking about the contributions of the analyst's infantile sexual. My aim is to open up some room for less clogged, more honest conversations on this topic and, hopefully, to generate some thinking about how to address these issues metapsychologically and clinically.

Dr. D

Dr. D, an experienced analyst in her late 60s, sought me out for a consultation on her work with a patient named Sam. Dr. D, whom I found intelligent and thoughtful, described a difficult treatment with a complicated and traumatized analysand. Sam had presented with a long and early history of sexual abuse and a subsequent inclination to get entangled in masochistic and emotionally abusive relationships. The analyst described the unfolding of the clinical work over several years; it had been tedious and demanding on the patient and on her. Sam seemed to have benefitted greatly from it, and much work seemed to still lay ahead of the analytic dyad. Nothing in this was remarkable. But there was one complication.

The reason Dr. D was seeking consultation was that she had recently found herself *irresistibly* attracted to her patient. Dr. D enunciated the word *irresistibly* with a surge of affect much less poised and in control than her other verbalizations had been up to that point; in saying it to me, she was speaking from within a different self-state. This eruption reverberated in the room and I registered

that Dr. D also seemed to be startled by her affective leak. She did not comment on it, though, promptly returning to her more professional comportment. Dr. D. explained to me that as her patient had improved, she could see more that was appealing. Underneath the layers of masochistic acting out that had brought him to treatment, Sam had several characteristics that Dr. D found erotically compelling in men. She cited Searles' formulation (that I referred to earlier in this article) about analysts experiencing romantic feelings as a patient gets better, implying that her attraction might index his improvement. She proceeded to list several factors that she thought animated her feelings, deftly describing the interlocking dynamics between her patient's unconscious life and how they hooked into her own history and why this might be arising at this particular moment of the treatment.

Dr. D's formulations felt entirely plausible and reasonable to me. My guess, however, was that, as far as the intensity of her feelings was concerned, the accuracy of the formulation was pointless. By pointless I don't mean to imply that it wasn't clinically useful; nothing could be further from the truth. I mean "pointless" as far as the reason that brought her to consultation was concerned. Dr. D did not struggle to understand her patient's dynamics; she struggled, it seemed to me, with the anguish and pain of having fallen in love with/lusting after her patient sexually. I shared this impression with Dr. D, noting that the discrepancy between how she had uttered the word "irresistible" and the more contained way in which she talked *about* her feelings was telling. I told her that I could see her professionalism and that on that register she appeared to be generally comfortable talking and thinking about erotic affect; but I could also see her distress about the predicament she was in. I described the situation as a "predicament" not to stay close to her experience (which I also wanted to do), but because I believe that it was an accurate description of her feelings. It seemed to me that the workings of the infantile sexual were inflecting Dr. D's erotic countertransference, and that, as such, that the experience of it was laced with the pain and anguish that trails raw desire.

Dr. D expressed surprise at my willingness to call it that, together with relief and gratitude. Becoming tearful she revealed in much more direct and honest language that she feared that she had fallen in love with this patient. The tone of her voice intensified and the speed of her speech quickened as she spoke. She confided in me that she had been especially worried because she had "caught herself" fantasizing about stopping the analysis to start a relationship with Sam. She had also found herself calculating the losses in her personal and professional life that such a choice might incur, and taking inventory of whether she could afford them. With some shame she referred to intrusive sexual fantasies about him and when I didn't appear judgmental, she eagerly asked me if she could tell them to me. Her question's tone was both excited and confessional.

Dr. D described herself as feeling despairing, guilty, and heartbroken but assured me that she had no intention to act on these feelings. I had no doubt that this was her conscious intent but felt convinced, and told her so, that she came to see me precisely because she sensed that another part of her might be of a different mind. Dr. D admitted that she shared this worry, but was not quite sure how to understand it; she was "concerned but not concerned." As a result, she had become increasingly distrusting of her formulations, unusually hesitant in her interventions, and was recently finding herself more disengaged from Sam.[2] Dr. D added that she had returned to her former analyst to discuss this issue. Reengaging in treatment had brought up a lot of interesting material, but her feelings for Sam were not dissipating. Previous consultations she'd sought with colleagues had added to her armamentarium of clinical formulations but had also not helped allay the difficulty. She added that something about my describing this situation as a "predicament" for her, my recognizing the pain and not just the clinical implications of this particular moment in the work, felt extremely helpful.

[2]See Celenza (2014) for a clinical description of a similar response on the analyst's part.

The infantile sexual in erotic countertransference: Ordinary occurrence and ordinary risk

Erotic and sexual feelings are always a possibility when two people spend considerable amounts of time together. Possibility becomes likelihood when this proximity occurs under conditions that are purposefully architected to promote trust, intimacy, and dependence, as is the case in psychoanalytic treatments. "Where in everyday life" Modell (1991) asks poignantly, "can you find persons who, for an agreed-upon time period of time, will place their own needs and desires to one side and be there only to listen to you and who are more than usual punctual and reliable and can, for the most part, be counted on not to retaliate and to be free of temper tantrums?" (p. 25).

Since the very inception of psychoanalysis, we have known that the analyst's exquisite attention and emotional attunement are seductive to the patient (Chetrit-Vatine, 2014; Davies, 2001; Friedman, 2005, 2006) and that this, in turn, can incite erotic feelings (Celenza, 2007, in press; Davies, 1998, 2001). Such feelings, we have been equally aware, can arouse dread in the analyst: think of Breuer's panic and hasty termination of his analysis with Anna O when her erotic transference manifested in the form of an hysterical pregnancy. It was in seeking to explain such phenomena that Freud (1915) wrote his essay on transference love where he cautioned us to be mindful that we are "working with highly explosive forces" (p. 170). The peculiar intimacy of the analytic relationship, its "ontological intensity of being" (Morris, 2016, p. 1175) can awaken primitive and archaic affects with indomitable force in the patient, some of them erotic. These very circumstances also agitate the analyst's infantile sexuality, kindling potentially explosive forces in the analyst as well.

Psychoanalytic thinking has come a long way since Freud was cautioning Jung about the dangers inhering in his relationship with his patient, Sabina Spielrein. A voluminous body of theory on erotic countertransference exists in our professional literature nowadays that addresses the analyst's romantic and sexual feelings. This work does so by exploring the intersubjective dynamics that fuel erotics in the consulting room (Ceccoli, 2015; Celenza, 2007, 2014, 2015; Coen, 1994, 2018; Cooper, 1998, 2016, 2019b; Elise, 2015a, 2017; Gabbard, 2016; Wrye & Welles, 1994; Welles & Wrye, 1991), a use of countertransference that is crucial to analytic work, offering an invaluable trove of information about the patient's psychic world.[3] These important interventions, however, share some crucial limitations. First, and most importantly, they do not address erotic affect that can't be fully captured in dynamic or genetic interpretations of the patient's or the analyst's dynamics (Stein, 2008). What this amounts to is that the more driven, heated, and unwieldy variants of erotic countertransference are obscured.[4] For this kind of theorizing, we'll need to rely a bit more heavily on French psychoanalytic theorizing,[5] because much of French psychoanalytic theory has not succumbed to the full force of the intersubjectivizing of sexuality that many analysts have so heavily critiqued (Dimen, 1999; Fonagy, 2008; Green, 1995).

Absent a way of thinking about sexuality outside how it becomes nested in object relations it is expectable that upon encountering the infantile erotic countertransference be alarmed and reflexively treat it as threatening to capsize an analysis into a sexual violation. Secondly, the theorizing of erotic countertransferences is, for the most part, de-sexualized and does not reflect the disruptive and intoxicating qualities that accompanies infantile erotic countertransference. Focusing mostly on the impact of tramautic repetitions, and attachment disruptions, it lacks the appreciation for the fact that

[3]This is accomplished in varied ways; by focusing on co-created, recurrent cycles of projective and introjective identificatory and counteridentificatory processes the analyst can access invaluable information about a patient's unformulated experience and early history with significant others (Davies, 1994), difficulties tolerating states of excitement or aliveness (McDougall, 1995), traumatic repetitions of Oedipal and preodipal dynamics (Gabbard, 1994a, 1994b), conflicts with intimacy (Bach, 1994), defensive sexualization of hostility, hatred, humiliation, and rage (Chasseguet-Smirgel, 1985). This list is not exhaustive, but it conveys the solidity and clinical relevance of this line of thinking.

[4]In this sense, the theorizing of erotic countertransference follows the metapsychological fate of all theorizing on the sexual, moving away from infantile sexuality and almost exclusively into intersubjective dynamics or object relation (Dimen in Corbett et al., 2014; Dimen & Amrhein, 2017; Fonagy, 2008; Green, 1995).

[5]I will specifically focus on Laplanche's work here, though other theoretical schools may also offer helpful interventions on this matter.

the sexual definitionally exceeds containment. Using sanitized language, theories of erotic countertransference tone down the experiential components of these countertransferences, cultivating the misapprehension that they are tamer and easier to manage than may be the case (Saketopoulou, 2017, in press). This leeching out, on the level of metapsychology, of the passionate and poignant qualities from erotic countertransference is not mere omission: it is an unconsciously motivated choice. Terrible fears and ecstatic anxieties would be aroused if we were to speak of the analyst's sexual feelings that live and breathe on the level of the body, that are shot through by the inherent unruliness that pervades eroticism, of feelings that come with the pressure that protests delay and insists on "now", of feelings like Dr. D's that make one to want to disregard consequences and implications and just act.

That is the kind of experience that Dimen has described as psychic matter that we treat as being out of place (Dimen, 2016), psychic matter that does not belong to the consulting room. Remember that Searles (1959) too, differentiated between wanting to marry one's patient, and other, more unruly feelings that are "out of place in [the analyst's] own work" and that "have no place in the well-analyzed analyst's experience" (p. 180). Psychic matter that is out of place, Dimen (2016) theorized via the work of the anthropologist Mary Douglas (1966), is what we call "dirt". Dirt is not dirty in and of itself; it becomes designated as such by virtue of being encountered in a place it shouldn't be:

> "Shoes are not dirty in themselves, but it is dirty to place them on the dining table" ([Douglas, 1966] p. 48). What is contaminating is not the item of clothing but its being in the wrong place; "food is not dirty in itself, but it is dirty to leave cooking utensils in the bedroom, or food bespattered on clothing … " (p. 48). There is always dirt, but if each thing has its place and is kept in or returned to its place, purity will prevail. (quoted in Dimen, 2016, p. 366)

Dirt seems to be an apt metaphor here because indeed, the matter of the analyst's invigorated erotic feelings toward a patient are seen as dirty: both in the out-of-place sense of the word, as well as in the judgment of impurity implied. As such, poignant erotic affect, to become speakable, has to first subjected to a linguistic cleansing that diminishes its passionate qualities and drapes it in dignified, read, distanced, language.[6] Such feelings can generate guilt and fears about being discreditable – of being not well trained or not well analyzed (Dimen, 2016). And that brings me to the third problem with how we speak about erotic countertransferences, which is that we tend to obscure feelings of deep anguish or hardship on the part of the analyst. In this sense, as Kite (2016) notes, the concept of countertransference itself intends to ensconce us into an "illusory feeling of safety" (p. 1156). Last, and most importantly, an exclusive focus on intersubjective dynamics in the literature on erotic countertransference overlooks a critical dimension of the work: that the regressive conditions of the psychoanalytic situation and the analyst's exposure to the patient's inalienable otherness can rouse *the analyst's* infantile sexual, awakening the analyst's own rogue eroticism.

So, I can now return to the concept of the infantile erotic countertransference to describe it as a more primal type of countertransference, that presents as a torrential, if not relentless, embodied experience of having fallen in love with and/or feeling irresistibly drawn to a patient. Its invigorating potency as well as its destructive undertones both draw on the analyst's infantile sexual. The infantile erotic countertransference arises in a particular intersect of the work: the analyst who allows herself to become immersed in the complex and primitive processes that unfold in analytic treatments is partly operating under the influence of processes for which there is no corollary in ordinary life.[7] The analyst has a complicated task: on the one hand she meticulously cultivates the conditions that permit the emergence of an intimate field, a field that pulsates on a sexual frequency. And she then organizes that very field around the proscription of sexual relations (Dimen, 2016). "Psychoanalysis",

[6]Speaking about infantile erotic countertransferences honestly and with frankness is incredibly vexed, especially because of the fact that our writing is also read by our patients. I return to this point later in this article.

[7]This is hopefully less true for the analyst than it is for the patient but, to some degree, applies to both parties (Aron, 2001; Mitchell, 1988).

Adam Phillips quips, is "what two people say to each other if they agree not to have sex" (Bersani & Phillips, 2008, p. 1). The affective field emerging out of the analyst's exposure to her patient's radical alterity turns the analytic encounter into what Laplanche has described as a particle accelerator (1987).

You would be right to wonder: why do we need this new concept? To summarize – and simplify – what comes next in a few lines: we need it for two reasons. First, so that analysts who struggle in the ways that Dr. D did, can be better prepared to expect and deal with the *personal* dimension of the exorbitant difficulties of the infantile erotic countertransference. And secondly, because it will help those to whom the struggling analyst turns for help in various capacities – her analyst, her supervisor, her colleagues and peers – to be able to respond to these feelings without alarm and without reflexively assuming them to mark an analyst's failure, or to speak to her pathology or limitation. I will argue that this is crucial to how these countertransferences are handled because the psychoanalytic group's attitude around these matters plays a critical role in helping the analyst deal with this eruptive otherness in herself. The dyadic space of analysis or supervision cannot hold the plenitudes of the infantile sexual; we need the collective force of several minds and the seductions (about which, more shortly) of a psychoanalytic group to help analysts manage such torrential erotic responses.

Ethics, morality, and deontology

Thinking about the role of the analyst's infantile sexual ushers us into unchartered and frightening territories. The infantile sexual is a live wire: it is anarchic, it is not subject to rules, and it is indifferent to ethics. But that is not a reason to shy away from it. On the contrary, it is precisely the reason why we will want to inch closer to note, observe, and reflect on it. Put differently, failing to consider the analyst's infantile sexual means that it will be harder to reflect on the analyst's unique vulnerability (Harris & Sinsheimer, 2007), and that may put the analyst in a more precarious position to act out and even heighten the risk of a sexual transgression. In this sense, a serious engagement with the analyst's infantile sexual is critical to an ethical stance; it forms the constitutive background of how analysts like Dr. D may be able to weather the tumult of tending to such countertransferences while staying connected to the work. In this sense, taking the infantile erotic countertransference seriously is a matter of psychoanalytic ethics.

Before proceeding further some important distinctions between ethics, morality, and deontology will help us in our thinking. Ethics are not a matter of mere acquiescence to a moral order, of observing decrees and obeying prohibitions. The ethical analyst has to remain personally invested in her own sense of morality, to her personal commitments to the work. In that sense, the mandate to be ethical is a perversion of ethics, which collapses them into an act of submission. Submission may itself generate a resistance that fans the flame of acting out. This is, in some ways, Loewald's main insight in his seminal paper *The Waning of the Oedipal complex* (1979): a superego that submits to external diktats is a superego that will be revolted against. A superego construed as a de-libidinized force that "lords over us" (Erikson, 1976, p. 414) is bound to produce reactive acting out. How do we, as analysts, end up with a more personal investment in observing the proscription against sexual relations with patients? To do so, we need to move away from thinking about morality. Moving away from the question of "what" is acceptable for the analyst to do to engaging "how" she can go about doing it (Wilson, 2016).

From this angle, ethics take on a more pressing and, in fact, a more clinically relevant question: *how* does the analyst manage all that she has to in order to do her analytic work? How do psychoanalytic ethics help us think about *how* to proceed when matters become especially difficult? This "how to" is, in fact, the main question that Dr. D was struggling with; in the conscious light of day, she had no intent whatsoever to act on her feelings. But she – and I, as her consultant – worried: she was "concerned but not concerned." The question of how the analyst can trust her conscious intent against the untrustworthiness and drivenness of her unconscious is at the heart of questions of ethics, and not only when it comes to sexuality.

The analyst, we have come to accept, is a decentered subject who discovers aspects of herself in the après-coup (Wilson, 2016). It is only in retrospective review, then, that she may be able to examine her analytic actions and inactions so that she can learn more about the motives, fantasies, and desires that animated them. In that sense, ethics requires of the analyst to be able to tolerate her own dislocation-which is why we might want to disaggregate ethics from the analyst's compliance to the decrees and regulations of our craft (Scarfone, 2017), a matter on which we will probably all theoretically agree but do not always practice. Psychoanalytic ethics, Kite (2016) writes, "has everything to do with unconscious functioning and very little to do with conscious instruction" (p. 1157). It is, therefore, unfortunate that in our institutes, rules and proscriptions are banded together under the designation of an "ethics code", a linguistic choice that obscures the fact the distinctions between *how* to practice rather *what* we should not do. Ethics pertain to the kinds of vulnerabilities all of us suffer as human beings who are also analysts, vulnerabilities that cannot be resolved but which we have to suffer through (Harris & Sinsheimer, 2007; Harris, 2009).

The contributions of the infantile sexual to the infantile erotic countertransference

In speaking of the infantile sexual I am following the work of Jean Laplanche (1987, 1999, 2005) and of Dominique Scarfone (2014) who see the infantile sexual (*le sexual*) as arising in the interstices of the generational and maturational difference between parent and infant. Here is a brief summary of these ideas: The infant, we know, is in a state of radical vulnerability and raw exposure (Scarfone, 2016) to the parent's care (feeding, diapering etc). This care, Laplanche posited, contains conscious messages that are parasitized – his word – by the parent's own sexual unconscious (1987). In the everyday provision of care, conscious messages get passed on to the child but these messages are also surcharged by unconscious "contaminants" of which the parent is herself unaware: "[t]he parent's repressed sexual "contaminant" … " writes Scarfone (2013), "passes through as a stowaway passenger on the carrier wave of the relation of attachment" (p. 550). These messages, which Laplanche described as enigmatic, become implanted in the infant's psychophysiological skin. Think of them as a sort of irritant that demands attention. The infant deals with them by trying to make sense of them, which Laplanche referred to as an act of translation.[8] The infant translates some of these messages – generating fantasies (Scarfone, 2017) about what the parent's enigmatic message means. But not the entirety of the message can be translated, leaving an inevitable, untranslated residue. This residue gets repressed, to form the unsconscious – which for Laplanche, is isomorphic to the infantile sexual (*le sexual*; 2005). The unconscious that is, comes to us *from the impact of the other;* it is not a storehouse of repressed contents in the Freudian sense or of meaning-filled signifiers. The infantile sexual is the repository of untranslated messages that have not been culled through the effort to make meaning out of enigma. The infantile sexual is "woven into the very fabric of the unconscious, inasmuch as the unconscious is precisely that which has not yet been transcribed and registered in the symbolic structure of language and consciousness" (Scarfone, 2014, p. 335).

This short précis helps explain why the term *infantile* does not refer to a developmental process and that it is not a chronological marker designating a developmental stage. In other words, the infantile sexual does not pertain to underdeveloped sexual feelings. Infantile sexuality is not subject to maturational processes or to mastery (Scarfone, 2014). It is not sexuality that can get rerouted to adaptation or that can be recruited in its entirety in sublimatory or organized activity. Rather, it is anarchic in nature and resistant to being domesticated into psychic structure or identity.[9] Ontologically speaking, it is not object-related, and it is promiscuous as far as aim and object are concerned (Freud, 1905a; Van Haute & Westerink, 2016). It is this wanton quality vis-à-vis an

[8]Translation can be a misleading term because the process is not about an accurate decoding of the parent's unconscious since that itself was unknown to her and as such there is no "content" per se to recover; translation is better understood as a meaning making process. Scarfone (2015) has proposed the term *transduction* as a more accurate term for this process; I agree that this is a preferable term but retain translation here for the sake of uniformity of referents.

[9]On this point and for its implications in relation to identity and identity politics see Goldner (1991); Saketopoulou (2017).

"appropriate" object or aim that contributes to infantile sexuality's peripatetic and lawless qualities. Independently of the subject's moral character, the infantile sexual is agnostic when it comes to "proper objects," morality, or professional codes. Yet, much as we may know this intellectually, it is endemic to our nature as decentered subjects (Laplanche, 1987, 2005) to also repress this. As Stein wrote, we love to discover infantile sexuality, we love to repress it and then, discover it "anew" (1998).

What are the implications of this motivated forgetfulness? Quite substantial when it comes to infantile erotic countertransferences. If we are motivated to "forget" that the infantile sexual is a rogue state and that it is not subject to maturation, encountering affect such as Dr. D's in the analyst will lead us to treat it as something that needs to be accounted for, to be explicated, and interpreted. This is one of the reasons why, when it infiltrates the analyst's countertransference to give rise to the infantile erotic countertransference, we tend to regard the infantile not as part of the analyst's humanity (that, of course, has to be managed behaviorally) but as always already a symptom of going awry.

Many parallels have been drawn between the parent/infant relationship and the analytic situation. And Laplanche has specifically emphasized that, insofar as the psychoanalysis setup reinstates the asymmetry of the adult/infant relationship and reproduces the originary situation of primal vulnerability in infancy, it agitates and reopens the patient's enigma (1987). Laplanche goes on from there to think about clinical technique, but I will shift our attention to how the analytic situation can reopen *the analyst's* enigma as well. The psychoanalytic frame in its intense intimacy, its privacy, and its epiphenomenal excitements is seductive *to the analyst* as well. The establishment of a "world of shared and private references" (Bolognini, 2011, p. 40) with a human being to whom the analyst has exquisite access but who, nevertheless, remains irreducibly other excites the analyst's enigma creating a tension that can, easily, veer erotic. The analyst is, obviously, not in a comparable state of unpreparedness to an infant or (hopefully) to her patient. But she is nevertheless, to some degree, always unprepared for the depth of intimacy the analytic relationship can generate and she is always exceeded by her exposure to the patient's otherness. So while our patient's transferences can transform us in their eyes into irresistibly radiant human beings (Gabbard, 1996), they also arouse *in us* questions about our own otherness, of what it is that the patient sees in us that we cannot see or place in ourselves, an encounter with our own alterity (Fonagy, 2008).

For these reasons, the psychic reach of the analytic relationship can kindle the analyst's infantile sexual. Although the infantile sexual – and Laplanche was insistent on this point (1987) – is not the same thing as sexual*ity* per se, it does mean that there is a sexual lining to all psychic life (Scarfone, 2014), that can (also) have sexual manifestations. Said differently, while the network of thoughts, feelings, and imaginings that may comprise sexual*ity* is not the same as the infantile sexual itself, sexuality is powered by the wild and savage elements of the *sexual* that resist integration. This can, in turn, arouse *in the analyst* a sexual order of audacious appetites that are beyond the reach of reason and that court the dark side of sexuality, sexuality that is not pathological but that is nevertheless "dramatic and extreme [and] archaic" (Stein, 2008, p. 46). Against the analyst's conscious intent and with absolute irreverence to rules and to ethics codes, her mind and her body may come to feel inflamed with an erotic intensity that may feel as exhilarating as it may feel shameful and frightening. Such responses, we might object, do not occur in a vacuum: they are usually the aggregates of the intersubjective process that unfurl in the "special solicitude" (Breuer & Freud, 1895, p. 302) of the psychoanalytic relationship. That is incontestable. Nonetheless, because these states are also fueled by the primal and truculent forces of the infantile sexual, they are more than that. Their phenomenology can be as incandescent as that of erotic excitement occurring outside the confines of an analytic treatment. While on the metapsychological dimension we may draw meaningful distinctions between intra-and extra-analytic erotic states, on the experiential level there may not be much difference between the effervescence and dizzying quality of eroticism that belongs to ordinary life and that which may obtain from the analytic encounter.

One might expect that psychoanalysis would have much to say about how ordinary, even expectable it may be for this kind of raw, spellbinding affect to be aroused in the analyst. But this is not the case. We do not theorize the possibility that the analyst may struggle earnestly with serious erotic attractions or with being *overcome* by involuntary arousal for her patient. We have plenty to say to analysts for whom these feelings are present but in relative control (and I am thinking here of critical contributions by Celenza, 2007; Ceccoli, 2015; Cooper, 2003; Davies, 2001; Dimen, 2011; Gabbard, 1994b; Wrye & Welles, 1994). But we construe as failing analysts who may be battling more vehement, more saturated responses to their patients. We are trained, Foucault would say disciplined (1975), to think that "the analyst … should *only* feel more modulated, sublimated, 'purer' forms of love such as concern, optimism, hope … " (Coen, 1994, p. 1108).

Let's consider, thus, the course of how transference love has been theorized. Initially conceived by Freud as an impediment to the work (1915), it is recognized today to be both an ordinary occurrence and an indispensable clinical tool. To the question of whether it is real or iatrogenically induced, we have come to the consensus that the patient's transference love is to be treated as both "real" and "not real" (Freud, 1915; Schaeffer, 1999). Notably, however, we are to regard it as solely iatrogenic and by implication, not real, when it comes to the analyst. This is not because it's unusual or rare; many of us have consulted with a Dr. D. Some of us have even had those experiences ourselves. Analysts struggling with such high voltage countertransferences may need to see them as 'not real' out of fear, or shame; a counter-to the patient's transference (Wilson, 2013). The rest of us, also frightened, are happy to go along. So even though it makes sense to expect that in the analyst's unconscious the patient is as viable a sexual object as anyone else, we end up having little to offer to analysts who struggle with the exuberance and excess of such countertransferences, and even less to contribute to helping them – or us – think through the difficult technical decisions and the personal hardships these experiences entail.[10]

This position is crisply summarized by H. B. Levine's (2010) as follows: "While the analyst's transference is structurally and dynamically identical to that of the patient, we should expect that relative to the strength of the analyst's ego, it would be less peremptory and intense" (p. 56). The implication that it is the strength of the analyst's ego that is in command of the intensity of her feelings toward the patient leaves only one way to understand the struggling analysts' erotic affect: the analyst's ego is somehow weak, defective, sub-par. Note that the point Levine makes is not that the strength of the analyst's ego will determine whether she can modulate her behavior or affect how/whether she can manage such feelings. What he is suggesting is that the *very nature of the analyst's transferential response* is a matter of ego functioning. Our "ability to maintain an internal analytic frame and perspective about what happens in the treatment … ties us to the mast of appropriate analytic functioning" he explains; it is a function of "our professional identity and analytic attitude" (Levine, 2010, see also Guralnik, in press for a similar position; Coen and Slochower, as cited in; Jacobson, 2011). And yet, no clear distinction is made between appropriate analytic functioning that has to do, as I would suggest, with the *handling* of such cataclysmic feelings versus the question of their arising in the first place. Strong identifications with prior analysts, previous supervisors, colleagues and the ethics of the profession, Levine proposes, bundle together to help the analyst resist erotic temptations. But in my view, these may not suffice because such identificatory processes are often de-libidinized. To the drivenness of the sexual, professional kinship, security and good moral codes are just not a potent enough counteroffer. To counter the dizzying temptations of such states, the analyst needs to be seduced by the group; she will need a counterforce that is libidinized and tinged with excitement. For this, the psychoanalytic

[10]I have only been able to locate two exceptions in the literature, though of course there may be others I am not familiar with; the first is found in Davies (1998), who writes, " … such feelings can be as strong (or on occasion stronger) for the analyst as for the patient … " (p. 752); and the second in Gabbard (1994b) who states that "countertransference love inevitably entails a measure of torment for the analyst" (p. 1102). Neither of these two brief references elaborates further the processes in question or suggests how we may collectively understand these experiences. The work of Diane Elise (2015a, 2015b) also speaks to these dynamics.

community needs to offer more than dynamic formulations and nuanced discussions of ethics. To the question of "how much" and "how far" analysts should permit themselves to go when it comes to their transferential responses to the patient, Scarfone replies, " 'Short of acting out, *all the way*' … [analysts] must have the courage to let loose psychological events in full" (in Jacobson, 2011, p. 1194). How can one do that, though, when the Damoclean sword of being discredited hangs over our reputations?

Thoughts on working with the infantile erotic countertransference

The usual clinical management of erotic countertransference includes reflective thoughtfulness regarding projective and introjective processes (Celenza, 2007, 2017, in press), sophisticated case formulation and consultation, careful examination of the analyst's role responsiveness (Sandler, 1976; Cooper, 2019a, 2019b; de Peyer, 2019), and case consultation (Gabbard, 1994a) to name a few. While useful clinically, however, I wonder if these interventions may be insufficient when working with the potency of an infantile erotic countertransference. The latter come with the vigor of what Elise (2015a) has described as a "riptide"; they answer to the sexual drive. They come alive, that is, under the aegis of particular dynamic and intersubjective factors, while also exceeding them. As such, careful analysis of their dynamic undercurrents may not necessarily diminish their hold; to the contrary, the elaboration of these dynamics can sometimes lead not to their dissolution, but to their efflorescence (Davies, 1998). This should come as no surprise: because infantile sexuality lies beyond words and outside reason (Stein, 1998, 2008) insight is insufficient to contain them. Passion, real passion, not the anodyne and respectable versions we tend to narrate in our professional literature, is too forceful, too strong to be sufficiently tamed by the voice of reason.

And yet words have to be found: the experience has to be recounted, however awkwardly and clumsily, and then held by a group if it is to be – however incompletely – relinquished and mourned.

(1) Speech

No analytically minded clinician needs much convincing on the importance of symbolizing and putting in words the poignancy of experience. I think that we may easily agree that silence and avoidance incubate risky outcomes in general and that not being able to openly discuss erotic countertransferences can create a precarious and potentially explosive ecosystem in a treatment. The question, of course, is *how* to have these conversations; if we can't find a good answer to the "how" then surely the question will revert to whether we will talk about them at all. This is a question of ethics for the analyst but one that also requires an ethical stance on the part of the psychoanalytic community. In other words, analysts cannot be expected to manage well an infantile erotic countertransference in the absence of social conditions that permit, if not invite them, to speak about them to others. And yet, this is laced with several problems.

First, there is the matter of finding the right tone for the analyst to speak-one that does not convert the infantile erotic countertransference into still life, divesting it of its potency, but which also does not become offensive, objectifying, or exploitative. Speech, we well know, can be and feel as improper and dirty as action (Bromwich, 2016). And equally complexly, speech is enactive: it doesn't just describe, it also materializes and effects what it tries to report (Austin, 1975; Goldner, 2003). Freud's solution and technical recommendation were to insist on the analyst speak clearly and frankly about sexual matters (1905b) by which he meant that the analyst should speak in scientific language and without evasions. His intent was to sidestep the prurience of his day and encourage us to use language that is "dry and direct" (p. 48). When speaking of sex, he said, "*j'appelle un chat, un chat*" (1905b, p. 48). But what he inadvertently stumbled onto in trying to model the right attitude (in French no less) is that talk about sex, easily slips from the clinical and the spartan, to the seductive or even the obscene. His particular turn of phrase, as Pellegrini (2017) has pointed out, condenses the consciously intended manifest meaning of calling things what they are (in English the

phrase might be translated as calling a spade, a spade), with the more sexual and raw implications of his using an expression where the French word *chat* means both "cat" and "pussy" (p. 9).

There is no guarantee that language will not fail the analyst, and because there is no preventing something awkward or unseemly from being said – excepting, of course, suppression of speech – we need be both patient and charitable with our colleagues. If we really want to help these conversations take place, we will have to not only require and produce environments of safety (trusted groups, commitments to confidentiality, etc.), with group members who are prepared to contend with the eruptive qualities of the analyst's infantile sexual without pathologizing or shaming the analyst. We will also have to permit the analyst errors and missteps and eruptions that we will regard with benevolent curiosity, as well as generosity. In such conversations, I think it is preferable that someone go too far and have to accept with humility the help of a non-judgmental group rather than not go far enough. I am not suggesting that these conversations will be easy or that they can happen without distress or discomfort; I am only saying that that should not deter us. Which brings me to my third point: the group can only do this work if its members actually believe that the situation in which their colleague is finding themselves is endemic to the work and not a marker of the colleague's limitations or failure. The group has to genuinely believe that while not all of us will find ourselves in these positions, there is no saying ahead of time *who* will.

Being able to have such conversations with a collective of colleagues that can grant normative status to the troubling excitement and extraordinary mortification that are part and parcel of this kind of erotic affect is of critical importance. The clinician, of course, is always responsible for the upkeep of appropriate boundaries but sexual boundary violations are more likely to occur when we do not acknowledge how expectable these possibilities are[11]and when the group refuses to bestow on infantile erotic countertransferences the dignity of compassion and recognition. This refusal is how disavowal becomes threaded into the social reality of our field through which successive generations of analysts emerge (Levin, 2014). In that respect, sexual boundary violations may be understood not only as failures of the treating analyst but as collective failures on the level of the analytic community altogether.

(2) Holding by the group; the work of relinquishing our patients as sexual objects

An analyst who falls in love with a patient, or who feels heartbroken over not being able to pursue a patient erotically, may feel ashamed, alone, even adrift. This isolation is risky because it can defensively mutate into a dangerous state of secrecy, creating the psychic preconditions for sexual acting out. When a clinician does not feel that it is a part of the analytic situation to struggle with such indomitable feelings, when she does not recognize her experience in the measured language of our literature, it is but a short step for her to begin wondering if her yearning is different, perhaps exceptional, if what she is experiencing is perhaps "real" love or the "real thing." The real/not real distinction can become the pivotal rationalization that tips the scales in the direction of a sexual violation. It is the belief that one's experience is exceptional that endangers analytic work, paving the "road to self-deception that makes it somehow acceptable to transgress boundaries" (Gabbard, 2015, p. 582). I am not arguing here that countertransference love is not real; on the contrary much like the patient's transference the analyst's countertransference, I believe, is both real and not real at once.[12]

"[A]n ethics of psychoanalysis" writes Morris (2016), "begins in an acknowledgment of the way we can slip into pretending to ourselves that analysis is somehow pretend, pretending to ourselves

[11]I am not suggesting that in-love or sexual feelings are the only or even the prime mobilizing factors in sexual boundary violations; a very wide range of dynamic factors in the analyst can mobilize transgressions (see Celenza, 2007; Gabbard, 2007). My intent is merely to highlight another dynamic that may make some analysts more vulnerable to violations.

[12]The reader will remember what Freud writes in his 1915 paper on transference love that all love is a form of transference love. Or, as Davies puts it, "there is indeed something between patient and analyst that is closer to other love relationships than we would like to believe" (in Slavin et al., 2004, p. 397; on this, see also Celenza, 2015; Schafer, 1993).

that what happens in analysis is fundamentally in some way not real … as if the thing we call real life were not [also] based on illusions" (p. 1175). Renouncing the possibility of actualizing a sexual relation with a patient is the very condition under which an analysis can gather its working density, but this renunciation has to be differentiated from the disavowal of the fact that there is something to be renounced in the first place. We may do well to remember Butler's work here (1995) and her emphasis on the fact that foreclosure preempts loss, and prevents mourning for unlived possibilities.

Granting that the analyst's passion is not iatrogenic opens up a Pandora's box of questions. If such feelings are also real, could we permit that some couples may just happen to initially meet as patient and analyst? Is it ever defensible to terminate the analysis and wait for a certain period of time for the transference to "cool off" so that the dyad might transition to an erotic relationship? To these questions, I believe that our position should be a firm no. While most of us would agree that sexual relationships with patients are unacceptable, there are instances when some analysts make exceptions. For instance, many of us know of one or another married couple in our professional circles that originally met as patient and analyst. When the original shock is absorbed, the conversation can oftentimes turn to questions about the "success" or the durability of the relationship. Under the legitimizing support of marriage, and even more so of children when they exist, the focus moves away from ethics and more toward an appraisal of the relationship's sturdiness or merit. We are, that is, après-coup willing to make exceptions. To be clear, I am not siding with this exception-it is never permissible to start a sexual or romantic relationship with a patient. What I am commenting on in this observation is the ambivalence that is baked into the field's approach to erotic countertransferences, which are permitted to come forth in full bloom in the après-coup. What is particular to the analytic situation is not the reality quotient of our feelings, but our positions in relation to them. The analyst will have to mourn the fact that possibilities for love and erotic connection with a patient cannot be lived out and that they cannot be tested out for viability. Put differently, *the analyst* too, in some instances, and not just our analysands, will have to work through the fact that the analytic enterprise cannot develop into a love affair. Much like the love affair between parent and child which is entered into and lived out by both parties, the unrealizability of the therapeutic dyad's desire must, as well, "be relinquished and mourned in equal measure by each participant" (Davies, 2003, p. 9). In such cases the analyst may have to contend with real feelings of loss, to mourn possible futures that cannot materialize. It is unusual and somewhat strange to be proposing that the analyst may have to relinquish a desire of this kind; this is language and affective intensity that we usually ascribe to the patient.

Because we do not permit much room for this kind of thinking, it is entirely unsurprising that we do not expect that, if and when we experience an infantile erotic countertransference, not acting on these feelings will feel difficult, painful, and at times even unfair. How can we hope to do this kind of work of mourning if we cannot bear as a field to acknowledge that there is a loss involved, that something has to be relinquished in the first place? However skilled and ethical the analyst, however solid her personal analysis, this work of renunciation[13]cannot be achieved on the level of the individual. In fact, conceptualizing the infantile erotic countertransference as a matter that ought to be resolved in the analyst's individual treatment treats the infantile erotic countertransference as the analyst's symptom, returning us to the notion of the infantile being a symptom rather than expecting it may be evoked by the psychic architecture of the psychoanalytic situation and the peculiar intimacy of the analytic relationship which reopens the analyst's enigma.

Where, then, do we turn to for help? "[R]omance and sexual passion" writes Goldner (2004), "are too unruly, and also too fragile, to be containable by either a one or two-person perspective" (p. 386). We need another perspective, she suggests, that privileges the two-person action of thirdness-the backdrop of environmental provision. The environmental provision in this case is the supportive exoskeleton of a community of colleagues that may act as a witness to the fervor and intensity of such experiences as well as to the feelings of pain and loss associated with it. Mourning, explains

[13]That work, I should note is, always incomplete/asymptotic; the infantile sexual is never exhausted.

Mark Gerald (2016), involves many psychic processes and, importantly, it "needs an other who permits and validates the poignancy of the loss" (p. 212). Indeed, the analyst's loss has to be witnessed and registered by others who understand both the intricacies and the seductions of the work. The toll is otherwise too exorbitant, too costly to manage on one's own.

I suspect that there are few, if any, among us who would think to respond to an analyst's erotic affect toward her patient with compassion for pain that the analyst will be enduring. But it may be what's needed to help the struggling analyst: the loss involved has to be identified, rather than pejoratively understood as the analyst's over-involvement with the patient. When this work can be done well, the analyst's relationship to her patient does not have to carry the potential stamp of resentment and her relationship to the profession does not have to become embittered (Von Baeyer, 2013). The analyst relinquishes the patient by becoming seduced by the psychoanalytic group, which has some ties to what Leavitt (2017) calls "the group erotic".

(3) Recommendations for analytic training: The "riptide", risk and defensive operations

The formidable force of the erotic cannot be combated with will alone, writes Dianne Elise (2015a). This crucial, if unnerving, insight needs to be explicitly discussed in psychoanalytic training. Analysts need to be prepared for the fact that the psychoanalytic relationship can call up the analyst's infantile sexual in all its primal intensity, igniting at times brazen, even torturous erotic feelings. Being aware in advance that infantile erotic countertransference will feel like an altered state will not protect anyone from being swept away. But it will help many to be better prepared, to, at least, not panic if and when it does occur (Elise, 2015b). And it can help the rest of us not be appalled or stand in judgment when a colleague suffers such a difficult struggle. Built into our notions of the infantile erotic countertransference has to be the expectation that with it come virulent defensive processes and rancorous and recalcitrant rationalizations.

Analysts should, thus, be trained to expect that it is entirely possible that during the course of their career they may become erotically fascinated or fall in love with a patient. That if and when that happens, that affect is and will appear with the full force of reality, since it is as much a property of the analytic encounter as it is of their internal life. The infantile erotic countertransference, analysts should know, *is supposed to feel overwhelming, it is supposed to make one feel like they want to run away with their patient. And, when it happens to a colleague, it is supposed to look like they in over their head.* Remember for a moment Dr. D and her saturated enunciation of *irresistible* attraction; remember how, in disclosing her having sexually fantasized about her patient, she appeared overly eager to share the fantasy itself. These are aspects of what the infantile erotic countertransference looks like in real time.

Analysts should be trained to expect that under the infantile erotic countertransference's aegis one's cerebral understandings will tend to vaporize. For some, as I mentioned, this may take the form of telling oneself that being in-love is an experience to be distinguished from the "iatrogenic artificiality" of the clinical situation and that as such, it justifies "creative" departures from ordinary analytic practice. From within this altered state, the analyst might then come to wonder if a proscription to sexual relations with patients may not be anachronistically restrictive, or question if we should not grant that our patients are consenting adults who can make their own autonomous decisions.[14] Analysts should expect that staying connected to the analytic role from within the unsteadying vortex of these feelings will be a source of painful conflict, that it may precipitate a crisis in professional identity, and that it may incite anger/hatred toward our profession (Von Baeyer, 2013).

Clinicians should be forewarned that in such instances we may be inclined to isolate ourselves from our professional community. The conscious reasoning may concern shame or fear of being discredited. And there is certainly much merit to these concerns (see Dimen, 2016; Dimen &

[14]Though it is, of course, true that people enter asymmetrical power relations all the time and make romantic and erotic decisions from within these dynamics, the process of painstakingly fostering a relationship that reopens enigma and produces a certain kind of dependency on the analyst is structural only to psychoanalysis.

Amrhein, 2017). On the level of the unconscious, however, such isolation may also aim at preserving the intoxicating intimacy guaranteed by the dyad's privacy (Celenza, 2017). Further, since our analytic roles require us to work to remain permeable to our patients' psychic states, analysts should be prepared for the fact that, should they find themselves under the siege of an infantile erotic countertransference, they will not have at their disposal strategies of emotional disengagement to which one ordinarily resorts in extra-analytic interactions to ward off unwelcome sexual feelings. As it is in our job description to let ourselves be partly swayed by our patients, the methods we use in ordinary life to discourage romantic interests can't be used; we are, therefore, *less equipped* as analysts than in everyday life to manage such feelings.

Last, it is important for the analyst to be able to allow herself to consider referring her patient to a trusted colleague if she determines that conducting the treatment is becoming clinically inadvisable or inordinately painful. While terminating a treatment for the benefit of the patient is more aligned with our professional roles, ending the work prematurely because the process has become too painful *for the analyst* is a more conflictual choice, even if one can recognize that it may ultimately also be in the patient's best interest.

Conclusion

Talking frankly about infantile erotic countertransferences and taking seriously the fact that the psychoanalytic situation inflames the analyst's infantile sexual confront us with remarkable clinical anxieties. To think of the analyst's romantic and erotic affect as an ordinary risk that can potentially arise in any of us disrupts the spell that the consulting room is a safe space *for the analyst*. None of this delights us. The analytic encounter always produces and exposes us to more than we can anticipate: our countertransferences overrun us (Kite, 2016). The mix of powerlessness, shame, and insistent demand to which we are subject if we believe deeply and persistently in unconscious life is a terrible combination (Harris, 2009). And it is, as well, the locus of our most powerful therapeutic tool.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Avgi Saketopoulou, Psy.D., teaches at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, the William Allanson White Institute, the NY Psychoanalytic Institute, the Mitchell Relational Center, and the National Institute for the Psychotherapies. She serves on the editorial boards of *Psychoanalytic Dialogues, The Psychoanalytic Quarterly*, and *Studies in Gender and Sexuality*. The recipient of the annual JAPA essay prize, the Ruth Stein prize, the Ralph Roughton award, and the Symonds essay prize from *Studies in Gender and Sexuality*, she writes about sexuality, gender, and consent.

References

Aron, L. (2001). *A meeting of minds: Mutuality in psychoanalysis*. The Analytic Press.
Austin, J. L. (1975). *How to do things with words* (2nd ed.). Oxford University Press.
Bach, S. (1994). *The language of perversion and the language of love*. Jason Aronson Inc.
Bass, A. (2001). It takes one to know one: Whose unconscious is it anyway? *Psychoanalytic Dialogues*, *11*(5), 683–702. https://doi.org/10.1080/10481881109348636
Bersani, L., & Phillips, A. (2008). *Intimacies*. The University of Chicago Press.
Bolognini, S. (2011). The analyst's awkward gift: Balancing recognition of sexuality with parental protectiveness. *Psychoanalytic Quarterly*, *80*(1), 33–54. https://doi.org/10.1002/j.2167-4086.2011.tb00076.x
Bonasia, E. (2001). The countertransference: Erotic, erotised and perverse. *The International Journal of Psychoanalysis*, *82*(2), 249–262. https://doi.org/10.1516/Y9UA-JA7U-3XVJ-RVB4
Breuer, J., & Freud, S. (1895). Studies in hysteria. *Standard Edition*, *2*(vii–xxxi), 1–311.
Bromwich, D. (2016, September 22). What are we allowed to say? *London Review of Books*.

Browning, D. (2016). Book review: From the enigmatic message of the other to the unconscious alterity within: *The temptation of biology: Freud's Theories of sexuality*, and *between seduction and inspiration: Man*. By Jean Laplanche. *Journal of the American Psychoanalytic Association*, *64*(5), 1037–1062. https://doi.org/10.1177/0003065116675878

Browning, D. (2018). Book review: Laplanche on Après-Coup: Translation, time, and trauma: *Après-coup*. By Jean Laplanche. *Journal of the American Psychoanalytic Association*, *66*(4), 779–794. https://doi.org/10.1177/0003065118797256

Butler, J. (1995). Melancholy gender—Refused identification. *Psychoanalytic Dialogues*, *5*(2), 165–180. https://doi.org/10.1080/10481889509539059

Ceccoli, V. (2015, June 24–28). *Paradise lost: What is most dangerous about our method* [Paper presentation]. The meeting of the International Association for Relational Psychoanalysis, Toronto.

Celenza, A. (2007). *Sexual boundary violations: Therapeutic, supervisory, and academic contexts*. Aronson.

Celenza, A. (2010). The guilty pleasure of erotic countertransference: Searching for radial true. *Studies in Gender and Sexuality*, *11*(4), 1751–1783. https://doi.org/10.1080/15240657.2010.513222

Celenza, A. (2014). *Erotic revelations: Clinical applications and perverse scenarios*. Routledge.

Celenza, A. (2015, June). *Lessons on or about the couch: What sexual boundary transgressions can teach us about everyday practice* [Paper Presentation]. The meeting of the International Association for Relational Psychoanalysis, Toronto, ON.

Celenza, A. (2017, July 27). *Discussion of papers by Dr. Julie Leavitt and Dr. Avgi Saketopoulou. Presented in panel: Eros in the consulting room: Mourning, ethics and psychoanalytic community*. Meetings of the International Psychoanalytic Association, Buenos Aires.

Celenza, A. (in press). Shadows that corrupt: Present absences in psychoanalytic process. In Levin, C. (Ed.), *Boundary trouble: The ethics of psychoanalytic intimacy in relationship perspective*. Routledge.

Celenza, A., & Gabbard, G. O. (2003). Analysts who commit sexual boundary violations: A lost cause? *Journal of the American Psychoanalytic Association*, *51*(2), 617–636. https://doi.org/10.1177/00030651030510020201

Chasseguet-Smirgel, J. (1985). *Creativity and Perversion*. Free Association Books.

Chetrit-Vatine, V. (2014). *The ethical seduction of the analytic situation: The feminine-maternal origins of responsibility for the other*. Karnac.

Coen, S. J. (1994). Barriers to love between patient and analyst. *Journal of the American Psychoanalytic Association*, *42*(4), 1107–1135. https://doi.org/10.1177/000306519404200409

Coen, S. J. (2018). Between action and inaction: The space for analytic intimacy. *Journal of the American Psychoanalytic Association*, *66*(2), 312–336. https://doi.org/10.1177/0003065118769617

Cooper, S. H. (1998). Flirting, post-oedipus, and mutual protectiveness in the analytic dyad: Commentary on paper by Jody Messier Davies. *Psychoanalytic Dialogues*, *8*(6), 767–779. https://doi.org/10.1080/10481889809539293

Cooper, S. H. (2003). You say Oedipal, I say Postoedipal. *Psychoanalytic Dialogues*, *13*(1), 41–63. https://doi.org/10.1080/10481881309348720

Cooper, S. H. (2016). Blurring boundaries or why do we refer to sexual misconduct with patients as "boundary violation." *Psychoanalytic Dialogues*, *26*(2), 206–214. https://doi.org/10.1080/10481885.2016.1144983

Cooper, S. H. (2019a). A theory of the setting: The transformation of unrepresented experience and play. *The International Journal of Psychoanalysis*, *100*(6), 1439–1454. https://doi.org/10.1080/00207578.2019.1622424

Cooper, S. H. (2019b, March 9). *Some reflections on erotic transference and play*. Paper presented at NIP Annual Conference, New York City.

Corbett, K., Dimen, M., Goldner, V., & Harris, A. (2014). Talking sex, talking gender: A roundtable. *Studies in Gender and Sexuality*, *15*(4), 295–317. https://doi.org/10.1080/15240657.2014.970493

Davies, J. M. (1994). Love in the afternoon. *Psychoanalytic Dialogues*, *4*(2), 153–170. https://doi.org/10.1080/10481889409539011

Davies, J. M. (1998). Between the disclosure and foreclosure of erotic transference-countertransference: Can psychoanalysis find a place for adult sexuality? *Psychoanalytic Dialogues*, *8*(6), 747–766. https://doi.org/10.1080/10481889809539292

Davies, J. M. (2001). Erotic overstimulation and the co-construction of sexual meaning in transference-countertransference experience. *Psychoanalytic Quarterly*, *70*(4), 757–788. https://doi.org/10.1002/j.2167-4086.2001.tb00620.x

Davies, J. M. (2003). Falling in love with love. *Psychoanalytic Dialogues*, *13*(1), 1–27. https://doi.org/10.1080/10481881309348718

Davies, J. M. (2004). Whose bad objects are we anyway? Repetition and our elusive love affair with evil. *Psychoanalytic Dialogues*, *14*(6), 711–732. https://doi.org/10.1080/10481881409348802

De Peyer, J. (2019, March 9). *Female erotic countertransference and the dissociation of desire*. Paper delivered at the Annual NIP Symposium, NYC.

Dimen, M. (1999). Between lust and libido: Sex, psychoanalysis, and the moment before. *Psychoanalytic Dialogues*, *9*(4), 415–440. https://doi.org/10.1080/10481889909539334

Dimen, M. (2003). *Sexuality, intimacy, power*. Hillsdale: The Analytic Press

Dimen, M. (2011). Lapsus linguae, or a slip of the tongue? A sexual violation in an analytic treatment and its personal and theoretical aftermath. *Contemporary Psychoanalysis*, *47*(1), 35–79. https://doi.org/10.1080/00107530.2011.10746441

Dimen, M. (2016). Rotten apples and ambivalence: Sexual boundary violations through a psychocultural lens. *Journal of the American Psychoanalytic Association*, *64*(2), 361–373. https://doi.org/10.1177/0003065116640816

Dimen, M., & Amrhein, C. (2017). Eight topics: A conversation on sexual boundary violations between Charles Amrhein and Muriel Dimen. *Psychoanalytic Psychology*, *34*(2), 169–174. https://doi.org/10.1037/pap0000110
Douglas, M. (1966). *Purity and danger*. London: Routledge.
Elise, D. (2015a). Psychic riptides: Swimming sideways—Reply to Dimen, Gabbard and Harris. *Psychoanalytic Dialogues*, *25*(5), 593–599. https://doi.org/10.1080/10481885.2015.1077049
Elise, D. (2015b). Reclaiming lost loves; transcending unrequited desires. *Psychoanalytic Dialogues*, *25*(3), 284–294. https://doi.org/10.1080/10481885.2015.1034549
Elise, D. (2017). Moving within the maternal; the choreography of analytic eroticism. *Journal of the American Psychoanalytic Association*, *65*(1), 33–60. https://doi.org/10.1177/0003065116688460
Erikson, E. H. (1976). Psychoanalysis and ethics—Avowed and unavowed. *International Review of Psychoanalysis*, *3*, 409–414.
Fonagy, P. (2008). A genuinely developmental theory of sexual enjoyment and its implications for psychoanalytic technique. *Journal of the American Psychoanalytic Association*, *56*(1), 11–36. https://doi.org/10.1177/0003065107313025
Foucault, M. (1975). *The history of sexuality* (Vol. I). Vintage.
Freud, S. (1905a). Three essays on the theory of sexuality. *Standard Edition*, *7*, 125–245. Hogarth.
Freud, S. (1905b). Fragment of an analysis of a case of Hysteria (1905 [1901]). *Standard Edition*, *7*, 1–122. Hogarth.
Freud, S. (1915). Observations on transference-love (further recommendations on the technique of psycho-analysis III). *Standard Edition*, *12*, 157–171. Hogarth.
Friedman, L. (2005). Flirting with virtual reality. *Psychoanalytic Quarterly*, *74*(3), 639–660. https://doi.org/10.1002/j.2167-4086.2005.tb00222.x
Friedman, L. (2006). What is psychoanalysis? *Psychoanalytic Quarterly*, *75*(3), 689–713. https://doi.org/10.1002/j.2167-4086.2006.tb00054.x
Gabbard, G. (2007). Flexibility of the frame revisited: Commentary on Tony Bass's "when the frame doesn't fit the picture". *Psychoanalytic Dialogues*, *17*(6), 923–929. https://doi.org/10.1080/10481880701704100
Gabbard, G. O. (1994a). On love and lust in erotic transference. *Journal of the American Psychoanalytic Association*, *42*(2), 385–403. https://doi.org/10.1177/000306519404200203
Gabbard, G. O. (1994b). Sexual excitement and countertransference love in the analyst. *Journal of the American Psychoanalytic Association*, *42*(4), 1083–1106. https://doi.org/10.1177/000306519404200408
Gabbard, G. O. (1996). The analyst's contribution to the erotic transference. *Contemporary Psychoanalysis*, *32*(2), 249–273. https://doi.org/10.1080/00107530.1996.10746952
Gabbard, G. O. (2015). On knowing but not knowing in the aftermath of traumatic betrayal: Discussion of paper by Dianne Elise. *Psychoanalytic Dialogues*, *25*(5), 579–585. https://doi.org/10.1080/10481885.2015.1077046
Gabbard, G. O. (2016). Commentary on Steven Cooper's paper "Blurring boundaries or, why do we refer to sexual misconduct with patients as 'boundary violations'". *Psychoanalytic Dialogues*, *26*(2), 223–228. https://doi.org/10.1080/10481885.2016.1144986
Gerald, M. (2016). The relational image; creating a psychoanalytic photographic portrait. *Psychoanalytic Psychology*, *33* (Suppl. 1), 198–214. https://doi.org/10.1037/pap0000077
Goldner, V. (1991). Toward a critical relational theory of gender. *Psychoanalytic Dialogues*, *1*(3), 249–272. https://doi.org/10.1080/10481889109538898
Goldner, V. (2003). Ironic gender/authentic sex. *Studies in Gender and Sexuality*, *4*(2), 113–139. https://doi.org/10.1080/15240650409349219
Goldner, V. (2004). Review essay: Attachment and eros-opposed or synergistic? *Psychoanalytic Dialogues*, *14*(3), 381–396. https://doi.org/10.1080/10481881409348793
Green, A. (1995). Has sexuality anything to do with psychoanalysis? *International Journal of Psychoanalysis*, *76*, 871–883.
Guralnik, O. (in press). Sex and ethics: Protecting an enchanted space. In Levin, C. (Ed.), *Boundary trouble: The ethics of psychoanalytic intimacy in relational perspective*. Routledge.
Harris, A. (2009). You must remember this. *Psychoanalytic Dialogues*, *19*(1), 2–21. https://doi.org/10.1080/10481880802634537
Harris, A. & Sinsheimer, K. (2007). The Analyst's vulnerability: Preserving and fine-tuning analytic bodies. In F. Anderson (Ed.), *Bodies in treatment: The unspoken dimension*. The Analytic Press.
Heimann, P. (1950). On counter-transference. *International Journal of Psychoanalysis*, *31,* 81–84.
Jacobson, W. (2011). Behind the couch: Uses and misuses of temptation. *Journal of the American Psychoanalytic Association*, *58*(6), 1189–1199. https://doi.org/10.1177/0003065110396367
Kite, J. (2016). The fundamental ambiguity of the analyst as a person. *Journal of the American Psychoanalytic Association*, *64*(6), 1153–1171. https://doi.org/10.1177/0003065116682442
Laplanche, J. (1987). *New foundations for psychoanalysis*. Blackwell.
Laplanche, J. (1999). *Essays in otherness*. Routledge.
Laplanche, J. (2005). *Freud and the sexual: Essays 2000-2006*. The Unconscious in Translation.

Leavitt, J. (2017, July 27). *From group ethic to group erotic*. Presented in panel: Eros in the Consulting Room: Mourning, Ethics and Psychoanalytic Community. Meetings of the International Psychoanalytic Association, Buenos Aires.
Levin, C. (2014). Trauma as a way of life in a psychoanalytic institute. In Deutsch, R. (Ed.), *Traumatic ruptures: Abandonment and betrayal in the analytic relationship* (pp. 176–196). Routledge.
Levine, H. B. (2010). Sexual boundary violations: A psychoanalytic perspective. *British Journal of Psychotherapy*, *26*(1), 50–63. https://doi.org/10.1111/j.1752-0118.2009.01155.x
Levine, L. (2009). Transformative aspects of our own analyses and their resonances in our work with our patients. *Psychoanalytic Dialogues*, *19*(4), 454–462. https://doi.org/10.1080/10481880903088641
Loewald, H. W. (1979). The waning of the Oedipus complex. *Journal of the American Psychoanalytic Association*, *27*, 751–775.
McDougall, J. (1995). *The many faces of eros: A psychoanalytic exploration of human sexuality*. W. W. Norton & Company.
Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Harvard University Press.
Modell, A. H. (1991). The therapeutic relationship as a paradoxical experience. *Psychoanalytic Dialogues*, *1*(1), 13–28. https://doi.org/10.1080/10481889109538883
Morris, H. (2016). The analyst's offer. *Journal of the American Psychoanalytic Association*, *64*(6), 1173–1187. https://doi.org/10.1177/0003065116682441
Pellegrini, A. (2017, April 7), No sex, please. We're skittish. A response to Muriel Dimen's 'Rotten Apples', NYU Postdoc. NYC. [Unpublished manuscript].
Racker, H. (1957). The meanings and uses of countertransference. *Psychoanalytic Quarterly*, *26*(3), 303–357. https://doi.org/10.1080/21674086.1957.11926061
Renn, P. (2013). Moments of meeting. *British Journal of Psychotherapy*, *29*(2), 135–154. https://doi.org/10.1111/bjp.12017
Saketopoulou, A. (2017). Muriel Dimen: Teacher, mentor, psychoanalytic scholar. *Studies in Gender and Sexuality*, *18* (2), 143–148. https://doi.org/10.1080/15240657.2017.1312885
Saketopoulou, A. (in press). Does the sexual have anything to do with sexual boundary transgressions? In Levin, C. (Ed.), *Boundary trouble: Relational perspectives on sexual intimacy in psychoanalysis*. Relational Book Series.
Sandler, J. (1976). Countertransference and role-responsiveness. *International Journal of Psychoanalysis*, 3, 43–47.
Scarfone, D. (2013). A brief introduction to the work of Jean Laplanche. *International Journal of Psychoanalysis*, *94*(3), 545–566. https://doi.org/10.1111/1745-8315.12063
Scarfone, D. (2014). The three essays and the meaning of the infantile sexual in psychoanalysis. *Psychoanalytic Quarterly*, *83*(2), 327–344. https://doi.org/10.1002/j.2167-4086.2014.00094.x
Scarfone, D. (2015). *Laplanche, an Introduction*. D. Bonnigal-Katz, Trans. The Unconscious in Translation.
Scarfone, D. (2016). Fantasme et processus du fantasmatization. *Revue Francaise de Psychosomatique*, *50*(2), 47–68.
Scarfone, D. (2017). On "that is not psychoanalysis": Ethics as the main tool for psychoanalytic knowledge and discussion. *Psychoanalytic Dialogues*, *27*(4), 392–400. https://doi.org/10.1080/10481885.2017.1328174
Schafer, R. (1993). Five readings of Freud's 'observations on transference-love'. In Person, E. S., Hagelin, A., & Fonagy, P. (Eds.), *On Freud's 'observations on transference-love'* (pp. 75–94). Yale University Press.
Schafer, R. (1999). Interpreting sex. *Psychoanalytic Psychology*, *16*(4), 502–513. https://doi.org/10.1037/0736-9735.16.4.502
Searles, H. (1959). Oedipal love in the countertransference. *International Journal of Psychoanalysis*, *40*, 180–190.
Slavin, J. H., Oxenhandler, N., Seligman, S., Stein, R., & Davies, J. M. (2004). Dialogues on sexuality. In: Development and treatment. *Studies in Gender and Sexuality*, *5*(4), 371–418. https://doi.org/10.1080/15240650509349256
Stein, R. (1998). The Poignant, the excessive and the enigmatic in sexuality. *International Journal of Psychoanalysis*, *79*, 253–268.
Stein, R. (2008). The otherness of sexuality: Excess. *Journal of the American Psychoanalytic Association*, *56*(1), 56–71. https://doi.org/10.1177/0003065108315540
Twemlow, S. W., & Gabbard, G. (1989). The lovesick therapist. In Gabbard, G. (Ed.), *Sexual exploitation in professional relationships*. American Psychiatric Publications.
Van Haute, P., & Westerink, H. (2016). Sexuality and its object in Freud's 1905 edition of the *Three essays on the theory of sexuality*. *International Journal of Psychoanalysis*, *97*(3), 563–589. https://doi.org/10.1111/1745-8315.12480
Von Baeyer, S. (2013, March 1–3). *Sexual boundary violations: A hatred of psychoanalysis* [Paper presentation]. The Wounds of History conference, New York.
Welles J. K., & Wrye, H. K. (1991). The maternal erotic countertransference. *International Journal of Psychoanalysis*, *72*, 93–106.
Wilson, M. (2013). Desire and responsibility: The ethics of countertransference experience. *Psychoanalytic Quarterly*, *82*(2), 435–476.
Wilson, M. (2016). The ethical foundation of analytic action. *Journal of the American Psychoanalytic Association*, *64*(6), 1189–1205. https://doi.org/10.1177/0003065116680569
Wrye, H. K., & Welles, J. K. (1994). *The narration of desire: Erotic transferences and countertansferences*. The Analytic Press.