Erotic Terror: Male Patients' Horror of the Early Maternal Erotic Transference*

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Introduction

There is a particular terror that many male patients experience and often flee from as they approach feelings associated with the early maternal erotic transference. While pre-oedipal regression stirs degrees of anxiety in all men (Tyson, 1982), the primal fear of intimacy experienced by schizoid males may provoke the terror of annihilation. In this paper, I will review and integrate our understanding of the maternal erotic transference (Wrye & Welles, 1989) and maternal erotic countertransference (Welles & Wrye, 1991), to illuminate the nature and implications of this "erotic terror" for male patients and their analysts. In brief clinical examples, I will illustrate a neurotic male's muted entry into shifting preoedipal and oedipal maternal erotic transference, and compare and contrast this with the appearance of the MET and resistances to preoedipal erotic terror in a more disturbed male analysand.

Basic Concepts of Maternal Erotic Transference, Countertransference and Deadspace

The maternal erotic transference has its roots in the mother and baby's earliest sensual contacts, though we have also focused on it in the late pre-oedipal period. By erotic we mean all of the tender, sensual, romantic wishes existing alongside of the sadistic, aggressive and masochistic wishes that arise in the transference. We propose a broad view of maternal erotic transference (MET) to include all manner of sensual bodily fantasies in relation to the analyst. These are expressed in concerns with messing, smearing, poking, exposing, together with fantasies of putting together, getting inside, pouring, patting, and making. The fantasies of making a baby do not represent articulated oedipal, triadic fantasies reflecting genital strivings, but rather the more primitive fantasies typical of the preoedipal period such as fantasies of cloacal birth and babies made from mud, food or feces. All these pre-oedipal, sensual bodily feelings are more diffuse than the later more organized and genitally focussed oedipal erotic feelings, although the later are constructed from and subsume these early primitive erotic feelings.

We have posited three basic dynamic aspects of the maternal erotic transference: the first is the sensual reciprocity between the baby and the mother from birth around such anal issues as toileting, enemas, and fantasies of cloacal birth. The second dynamic aspect of MET is that it bridges the transition from the early dyadic pan-zonal, sensual and aggressive bodily erotism to triadic oedipal, genital-sexual relations. For boys, it includes the advances and retreats between rivalry for mother as the romantic, oedipal love object, and the apparently safer yet more identity-threatening mergers of preoedipal relations. The latter preoedipal erotic terror for males is the focus of this paper.

The third element of the MET for both male and female patients, is the developmental imperative to establish an integrated view of the mother as a living whole object. When it is successful, this developmental need is met by the mother's earlier sensual ministrations to the baby, the continuity and consistency of which help the baby to experience a sense of wholeness. In psychoanalysis a similar process takes place. The consistency and continuity of the conduct of the therapist fosters in the patient a sense of the wholeness of the therapist and of the self. The maternal erotic transference may first manifest itself in concrete fantasies about the real parts of the body of the therapist. These primitive fantasies are typically inhibited by "erotic horror" and by the shame and
difficulty of putting into words these essentially bodily-experienced and bodily-expressed phenomena.

We view MET as a positive and necessary transforming phenomenon in psychoanalytic treatment. It is creative, sometimes blissful, and transformational, though also defended against as humiliating and frustrating. We have begun to explore the ways in which it is inhibited, and how, if ignored, it can lead to treatment failure. If recognized and nurtured it can advance the work of analysis. Analysts of either gender who have access to their own maternal erotic countertransferences in response to their patients’ matching transferences, may enable their patients' acceptance of and immersion in the maternal erotic transference in its loving and sadomasochistic permutations, thus fostering a sense of wholeness, and connectedness to living. Male patients, with the added threat of boundary diffusion and loss of separate gender identity posed by the regressive erotic pull to the pre-oedipal mother, can experience something beyond humiliation and frustration, often more akin to panic and terror. Until that terror can be tolerated by both analyst and analysand and worked through, therapeutic growth is precluded.

Kumin (1985) coined the term "erotic horror," describing the central importance of consciousness of erotic countertransference and the interpretation of erotic transference.

The emotions experienced during a sexualized transference are, though genital, hardly pleasurable. The phrase erotic horror describes something of what most patients find the experience to be like. . . . (1) in direct proportion to the intensity of its need, the erotic transference is a form of negative transference deriving from past object relationships with exciting but frustrating objects; (2) genetically, erotic transferences can be related not only to the oedipal phase but also to preoedipal phases of development, can refer to actual or fantasied seductions by either or both parents, and can involve both sexual and aggressive drives; (3) the patient can also be an exciting but frustrating object to the analyst, evoking inevitable countertransference feelings in the analyst pertaining to both contemporary and past objects; (4) the factor that most limits the elucidation of the patient's erotic transference is not the desire of the patient, but the desire of the analyst; and (5) only the correct interpretation, whether spoken or silently understood, mitigates the frustrated desire and resistance of both patient and analyst. (p. 3)

In contrast to Kumin's emphasis upon the extraordinary frustration (particularly for the male analyst) of behaving oneself, maintaining the necessary atmosphere of abstinence, we have posited that in the case of the pre-oedipal transference-countertransference situation, the countertransference problem may be less of behaving oneself than of allowing oneself to participate. Where even speech can be eroticized, yet nevertheless experienced as strangely inadequate, what is longed for is contact with the analyst's body or with bodily products, both participants may face the longing for and terror of the wish to be one being in the same skin. Not only the patient but also the analyst will have to recognize and deal with this wish.

Both participants, fearing humiliation and frustration, may defend against such conscious erotic awareness. Further, conscious erotic awareness is often unrecognized precisely because it does not present as an organized genital sexual excitation, but rather tends to surface in sometimes diffuse, primitive bodily feelings that carry both positive and negative valence. Finally, schizoid and sadomasochistic defenses against preoedipal annihilation anxiety and the MET may result in psychic paralysis and deadlocks, which block movement in the analysis (Welles, 1988).

We have argued that in its positive, non-problematic aspect, the maternal erotic countertransference includes well-modulated and informative erotic thoughts and feelings about the patient's maternal erotic transference. (Welles & Wrye, 1991). Often elusive and hard to recognize or verbalize, these countertransference replies have not heretofore been extensively described in the literature. These include such manic
responses as the fantasy that one will cure a patient with one's "magical" breast. A typical depressive countertransference response leads to the analyst's unwillingness to "let go" of the patient, preferring to hold onto a view of the patient as infantalized, depleted and needy, refusing to see the patient's vitality and readiness to separate. A typical obsessional countertransference reply to the maternal erotic transference might result in rather sadistically penetrating interpretations in response to the analysand's masochistic invitations to be analyzed, "poked", and explored, or in the attempt to "clean things up" with crisp insights into "messy" feelings. A typical and widely observed paranoid maternal erotic countertransference takes the form of the fear of the patient's consuming wish to invade the analyst's body, office, and home with needy and messy demands, suffocating smells, and dangerous oral greed. Finally, a common schizoid maternal erotic countertransference response is to deanimate the patient's early passionately experienced erotic longings for the analyst's body with intellectualized distancing and attention to minutiae. Recognition of particularly powerful resistances can lead to creative use of the countertransference in such a way that male patients' and their male or female analysts' schizoid distancing can be bridged and maternal erotic transferences can emerge if not flourish.

Deadspace

At this point, I will move from concepts regarding MET /MEC and deadlocks, to a genderless area I metaphorically describe as deadspace, where many severely disturbed patients reside. Early unreliable contact, whether it takes the form of excessive unpredictability, suffocating overinvolvement, or maternal absence, can leave an infant metaphorically "high and dry", drowning, or in extremis, feeling "lost in space" in psychotic objectless isolation. For such patients, experiences in space are like a horrible black hole or hollow, threatening dispersion of self into an annihilating void, without containment, safety, or body integrity (Grotstein, 1978, 1989; Wrye, in press). For many patients living in schizoid isolation, the prospect of the early pre-oedipal erotic mother is so terrifying that withdrawal and refusal to feel and participate has been chosen as preferrable.

Concepts of spatial experience are valuable in describing aspects of separateness and togetherness in all relationships. In analysis, spatial experience between analysand and analyst is explored, and its meanings interpreted. It can be understood to represent extremely important literal and metaphorical non-verbal constituents of the analysis itself: the actual analytic room with its physical as well as temporal space, continuity, sameness; the reliable presence of the analyst and the analyst's regard for the patient's space; all components which comprise the analytic space/frame. This latter aspect of the analytic space is the necessary condition for fostering in the patient the sense of wholeness described earlier in this paper as one of the dynamic transformational aspects of the maternal erotic transference.

Balint's (1952) description of the "basic fault " is relevant here. He describes patients' experience that something that is universal and essential is missing inside; it stems from a "failure of fit" between the infant's needs and the mother's responsivity. Balint's formulations are compatible with Winnicott's (1952, 1956, 1971) concepts of the True and False self. Both stress the importance of the holding environment without which there may be an experience of an internal-external black hole or the feeling of endlessly falling in space. Winnicott describes patient's descriptions of endlessly falling as connected to the lack of experience of being reliably held.

Some disturbed individuals characterized by the "basic fault," enter treatment unable to enter into the therapist's verbal-symbolic framework. Without the capacity to communicate with and understand symbolic language, they cannot enter into the world
of consensual meaning, so that the analyst's language and capacity to think symbolically appear alien and incongruous. For these individuals, intimacy or “linking” in Bion's sense, is either impossible, or dreaded as signifying persecutory attack, or suffocating contact (Bion, 1957, 1959). Bion discusses fantasied attacks on the breast as the prototype of all attacks on objects that serve as a link. He sees projective identification as the mechanism employed by the psyche to dispose of the ego fragments reduced by its destructiveness. Analysts’ attempts to make contact or “link” with verbal communication are attacked by patients at this primitive level of development, resulting in attacks on verbal thought itself. For them, symbols and metaphors do not develop, and experience remains concretistic (Ogden, 1989).

At times, this condition provokes a struggle between the analyst and the patient as to whether anything can have representational meaning at all. This struggle occurs because such paranoid and schizoid patients often fight to obstruct understanding of the symbolic meaning of their acts. The analyst, for long periods of time, must be able to tolerate and contain the feelings of hollowness, deadness and sometimes toxicity that such patients bring. The task is to establish a consensual space or frame before analysis can take place, and surely before the deadspace can be transformed into a playspace where spontaneous erotic feelings might emerge.

In the present paper, I am attempting to weave together clinically derived concepts of deadspace, deadlocks and playspace, with concepts relating to the MET and MEC, and illustrate their particular evolution with certain male patients. We conceive of the MET/MEC, deadlocks and deadspace as evolving, organizing clinically based paradigms. Like all such models, they are useful only to the extent that they do not limit, preempt or exclude other useful models or ideas, and that they serve as a springboard for critical evaluation, and further elaboration.

At this point I will touch upon the literature related to male development, with particular emphasis upon the developmental roots of erotic terror. Tyson (1982b), like Galenson and Roiphe (1981), emphasizes the significance of the pre-oedipal father in enabling a boy to develop a core masculine identity and male gender role, which can withstand the rivalry and aggression in relation to father during the positive oedipal phase. During the first year of life, core gender identity (the boy's or girl's sense of being a boy or girl) is established; for boys the crucial "disidentification from mother" requires a strong paternal presence to occur (Greenson, 1968). Stoller (1976), studying the extreme disruption of gender identity in male transsexuals, emphasizes that in each case studied, there was an unbreakable symbiosis between mother and son, and the father remained passive and unavailable to the boy.

Ogden emphasizes that the boy's entry into the oedipal conflict is fraught with danger. He is alone with his:
pre-Oedipal mother as a primitive, omnipotent, partially differentiated object by whom he has been mesmerized and penetrated, whom he has ruthlessly used and omnipotently destroyed and recreates. (Winnicott, 1954). She also has the glow of warmth and safety that makes him "dissolve" in a way that is both blissful and terrifying at the same time, since this "dissolution" causes him to begin to lose touch with his accruing knowledge of where he stops and where she begins" (Ogden,1989 p.148)

Liebert (1986) in studying the history of male homosexuality from ancient Greece through the Renaissance, stresses the "struggle men wage their entire lives to resist the.....yearnings for reunion with mothers and their female surrogates. To yield...is to invite dissolution of the sustaining integrated structures of thought, affect, and defensive organization that form the stable sense of self...to risk...primordial anxiety." (p. 205).

Ross (1982) traces the course of a normal developmental progression in boys from early
identification with the procreative and nurturing mother to a search for a generative father, and final resolution in oedipal sexual identification with father:

Even a motherly mother and fatherly father cannot altogether spare their son from residual feminine or even homosexual wishes, or from his anxious, defensive, and often overcompensating protests against these threats to a newfound sense of masculinity. With luck, however, these and other potentially regressive, self-absorbing, and isolating responses will be transformed by the successful sublimations that accompany the oedipal resolution. Whatever their form, preoedipal urges toward productivity, along with selective maternal identifications, may now be subordinated to the paternal identification that climaxes the oedipal crisis and consolidates a boy's sexuality. (p. 203).

As to the early emergence of sexual-erotic feeling and its implications for erotic transferences of male patients, which makes the MET particularly threatening, Lichtenstein (1961) writes of "an innate body responsiveness...a specific kind of somatic excitation which... has no direction...[but] we may call sexual because it forms the matrix of later sexual development." (p.280). McDougall (1989) writes of the same phenomena from the point of view of object relations theory. She describes the earliest mother-baby body boundary diffusion which I believe has particular relevance for the genesis of "erotic terror" in adult male patients:

I came to realize that, since the infant has intense somatic experiences in the earliest months of life, that is, long before it has any clear representation of its body image, it can only experience its own body and the mother's body as an indivisible unit. Although infants seek interchange with their mothers and early develop their own ways of relating; they do not make well-defined self-object distinctions...When an adult unconsciously represents his/her body limits as ill-defined or unseparated from others...[it] may result in psychosomatic explosion as though in these circumstances there existed only one body for two people. (p. 10).

Thus, while adult regression in analysis into the maternal erotic tranference potentially gives rise to blissful reverie and creativity, it also can eventuate in panic states, with fear of annihilation. In order to offset this terror, the male patient must be able to find both the phallic father who maintains strong boundaries and the "father-in-mother" (Ogden, 1989) in his analyst of either sex who will protect him from dissolution. Schafer (1986) writes of common phenomena in male transferences of men with firmer ego integration, in which the fear of regression albeit more contained and muted, appear. Schafer, whose perspective is of analysis of a male patient by a male analyst, writes:

Very often, men imagine sentimentality to be a shift of functioning in the direction of being a baby. As a baby, one is vulnerable to merging into others, or, a bit later and analogously, melting mindlessly into symbols such as the home or the flag. In this context, sentimentality means being passive, helpless, yielding, or surrendering. These men fear that they will lose touch with reality and expose themselves in naked emotionality to derision and abandonment. The orality of this regressive move is suggested by the common link between sentimentality and being a sucker and swallowing things whole, or in other words, lacking refined taste. (p. 102)

It is my contention that the maternal erotic transference, though frightening to female patients insofar as it threatens to suck them back into the intense bodily feelings toward the early mother and is thereby a threat to separateness, less commonly approaches the degree of "erotic terror" that it does for males. The reason for this is that females' core gender is not threatened by regression (though their psychic integrity may be, just as it is for males). For those males, however, whose core gender identity is shakey, whose infantile experiences have led them to the "horrible hollow" of deadspace, the preoedipal maternal erotic transference threatens their very identity and does evoke terror, as will be demonstrated in clinical material to follow. The first vignette illustrates more muted issues stirred by the maternal erotic transference in a neurotic male, while the second case reveals the erotic terror evoked in a schizoid personality.
Clinical Illustrations
Case 1: Michael

Michael C., an analytic patient in his early twenties, approaches feelings about the separation of a weekend in a way that illustrates three shifting transference paradigms, the maternal pre-oedipal, the paternal oedipal, and the maternal oedipal. Uncomfortable though he clearly is, his ego boundaries and reality testing remain clearly intact. He is able to "play" with the possibility of experiencing me as his analyst in all these roles, two of which are maternal erotic transferences.

Although Michael worries about being a "wimp", his gender identity is relatively firm. Sometimes, when he approaches feelings associated with the early MET, he may shift to seeking refuge in either more articulated positive oedipal strivings or in the negative oedipal passive homosexual position. In the latter case he fears yet sometimes seems to invite me to be the sadistically penetrating father who's going to "gun me down." I experience this impulse in the countertransference particularly on occasions when I feel he becomes exaggeratedly obsessional, fumbling, proper, or "wimpy", and invites me to "cut through the bullshit" and set him straight with some pithy interpretation. He often moves from this position to positive oedipal stirrings toward the seductive mother.

In this session, the fourth and final hour of the week, Michael has been talking about his fear of being rejected for a job application. From here, he associates to making himself vulnerable to powerful men, and a recent dream in which he is facing a "gunslingers shootout". This evokes other memories of himself in high school, waiting to hear from the only college he applied to. He has acknowledged that he approaches opportunities for oedipal rivalry cautiously, and typically retreats to a passive role. Recognizing that to him, the prospect of "putting myself out there" (in rivalrous competition) is worse than withdrawal, he retreats to self-effacement saying, "I didn't have enough going for me..." (silence)... Somehow, it may be I'm feeling it's Friday." He is silent a moment and then says, "It was going through my mind....maybe coming for a fifth session on Mondays...not wanting to have that feeling of being, um, turned away for a long time..being asked to leave...being told goodbye."

Here, I sense that intimidated by the prospect of oedipal rivalry with male competitors for a promotion, he has retreated, and is taking refuge first in self-denigration, and then by regressing to a preoedipal maternal transference. The latter is signalled by his not wanting the session to end and wanting more time, in this case, a fifth session. I sense that this stems from his often-described intimidated and humiliated retreats from rivalry with his father, and his returns to the fantasy of solace at the breast. The latter, reflected by his wish for a fifth session, is dampened following his awareness of the pain of impending weekend separation and associations to his mother's reports of pressing him to hurry with his bottle. This pain had come up on several occasions in recent sessions, following discussions with his mother about his early feeding history. With these formulations in mind, I reply:

"Talking about the job application leaves you feeling intimidated, shut out, vulnerable to the gunman; Perhaps I'll be the father shooting you down, getting rid of you. You would like to find solace in me as mother, but as you anticipate the end of our session perhaps you fear I will push you away. Then maybe it feels like I will be the mother who doesn't have time to feed you or hold you for however long you want me to."

Michael adds: "Yea...right...I hate the session to end...I just want you to hold me...no words, you know, just humming, like we've talked about before......There's a third one. That's you as the attractive woman, who I'm afraid even to look at...all three feelings are
very powerful right now...and in the face of them, I don't feel very powerful at all...."

What is illustrated here are the more typically oscillating paternal/maternal oedipal and preoedipal erotic transferences that characterize the more intact male patient in analysis with a female analyst. In this case, we are in the presence of neurotic anxiety, but Michael approaches the early maternal erotic transference without evidence of the annihilation anxiety as in the case that follows.

Case 2: "The Decapitated Kittens"

In the second case, I turn to the sixth year of analysis of a male homosexual whose schizoid isolation and dry, barren transference to me prompted me to develop the notions of "dry space and wet space" (Wrye, 1993ain press). Mr. S., a museum curator in his early forties, has lived in an asexual and unrewarding relationship with a partner dying of AIDS, a genuine deadlocked relationship in a deadspace. I have experienced his transferences to me as alternately "crackling" with rage and sadomasochism, and perversely dissociated and distant. Typical of such patients who exist in a sort of schizoid/compulsive deadspace, for years he could not tolerate experiencing me as a sensually alive woman, and tended to keep me as dismantled part object, another expensive artifact in his museum collection. Here, I will present recent material from an emerging erotic transference marked by imagery of erotic horror.

This material occurs in the space of a week, after a lengthy period of addressing his need to portray both his mother and me as disabling bitches. This was a defensive strategy to avoid the possibility of any sensual longings and to protect his blocking of memories and feelings about his younger brother's birth when he was four. When I interpreted, as I had on many occasions, his denied yearning for the earliest time of sensual holding in his mother's arms when he had her all to himself, he stunned me the next day with an entirely new reply:

"I was hit by the idea of birth being an erotic experience...I felt sorry for my mother...maybe she wasn't all bad. Maybe it was she who gave me my creativity, but I never felt really held, like the object of her sustained attention. I did feel that with you. You've been holding me for a long time, even though I fight you." As neither he nor I had mentioned his birth, I asked him if he could say more of what he had heard and felt:

"Well, your talking about my longing for holding made me think of the erotic experience of your whole body being enveloped in birth..and coming out and how that could have felt...sliding down that channel from the womb...and it being wet and warm and anticipatory, being so closely enveloped in living tissue."

I was struck by the powerful contrast between his typical dry, distant droning, and this poetically evocative, sensually rich language and commented on that. He said:
"Maybe that is what I did feel, and haven't wanted to know I felt...maybe after that I felt dropped when my brother was born, maybe I was so enraged, I wouldn't let anybody come near me, or let myself remember those feelings.

.....I was thinking of that isolated landscape where I grew up...the prairie...the dust. Once we were driving in the car somewhere and I was playing with my mother's scarf; I opened the window and it blew away into this barren desert. I don't know how I'd put myself into something, but I guess I projected myself into that scarf, blowing alone in the desert, all unprotected and lost...I have an impulse to give you a scarf as a gift...to hold me, to wear sometimes...my mother loved textiles and fabrics...maybe that's why I collect textiles."
As Mr. S. was speaking, I felt as if a long-barricaded dam had burst. He was both languishing in the early maternal erotic transference imagery of a slippery, sensual birth, and associations to his mother's scarf, then feeling lost, as he knew he had lost access to her containing womb. In this association, he was reconnecting through me, to the sensual side of her that he had phobically denied for so long.

In a series of shifting associations he brought up material that was new after several years of analysis, and he revisited old memories linking his love for and identification with his mother's creativity, his rage at her unmindfulness of him, and his feeling of being the outcast due to his father's passivity and his grandfather's sadism.

"We were banished by my grandfather. I remember moving to the ranch...sitting in the living room...you could hear the wind whistling into the windows...a bare bright light, gritty, it felt so dispairingly bleak that it was almost romantic, but bald, unprotected. That's the house I used to sleepwalk in when I was 10 or 11...It had ugly green linoleum...my mother dripped paint all over it--yellow, white, blue---to make it more alive. It was years later that I got to know Jackson Pollack's art and I thought of my mother. It was all so conflicted.

"I had a thing about claustrophobia tied to that house. But, I'd crawl under that house...a mother cat had had her kittens there. You had to crawl through the concrete footings, and then into this hole, this darker part; I crawled in with a flashlight and finally found the mother cat and kittens. There were these salamanders. It was icky...I found the kittens and their heads had been bitten off...I felt suffocatingly trapped...I couldn't get out of there fast enough---it felt like I was sinking into the earth, trapped. Later, I found out the Tomcat did it...they do it if the kittens are left unprotected."

What is powerfully striking in these two juxtaposed images of birth, is that as the maternal erotic transference (the "wet, warm" vaginal birth), emerges, warded off for years of analysis, it is immediately coupled with a birth image evoking erotic terror (the decapitated kittens). Mr. S. moves rapidly from a warded-off fantasy of the sensual pleasure and containment of birth from a woman's vagina, to an image of horror, of cloacal birth and destroyed anal babies suggested by the decapitation of the kittens in the "icky" dark and dirty hole of the birth setting. The latter image was not new to the analysis. In fact, it had served as a talisman for his counterphobic horror about contact with women's dark, smelly bodies, his rage at his mother for not protecting him, and his rage at his father seen as too passive to protect him from grandfather's sadism.

Significantly, father, like grandfather, was named Tom. Mr. S. saw Tom the father as an Uncle Tom to grandfather, yielding meekly to being banished from grandfather's beautiful farm; and he, himself, the museum curator of objects of other people's creativity, he saw as a Peeping Tom. Grandfather was the executioner/castrator, the dangerous Tomcat, who terrorized everyone, while mother, fawning before her powerful father, never rose up to "protect her kittens."

I believe that Mr. S. could only approach the early maternal erotic transference late in his analysis, because erotic horror had been so much in the ascendancy; his fear of his symbiotic longings, and his fear of psychic annihilation threatened his separate identity. This material came up only when Mr. S. finally realized that the "banishment" from his sadistic and demeaning grandfather's "horn of plenty" had occurred because his father had finally stood up to his father-in-law and said "To Hell with you". Although this resulted in banishment and exile from grandfather's hostilely guarded wealth, it also represented the first self-respecting stand father had ever taken. Through analytic reconstruction, he was able to alter the long-held conviction that father was an outcast "wimp", and now also see that he was standing up for himself and refusing to remain on the farm as his
father-in-law’s "toadie". Mr. S.'s recognition of the paternal phallus in his father, was in turn reflected in a belated appreciation for my role as the father/analyst who had protected the analytic frame from his repeated assaults.

His move from schizoid isolation in a horrible hollow to feelings of flow, erotic pleasure and creative playfulness was marked by the emergence of more poetic imagery in Mr. S's speech, and the clear shift from barren dryness to imagery of fluids. He reported a dream of a waterfall springing forth in a desert, another dream of rusty pipes in an old house being repaired and returned to flow, and he has reported a burst of new creativity and risk-taking in his work. This is in marked contrast to the years of an efficiently droning and obsessively deadened orientation to his curatorship. His sexuality remains for the present "on hold" as he feels committed to seeing his partner through his terminal phase, but he also recognizes that when he is sprung from that deadlock, he has a host of new issues to address regarding his choice of an asexual relationship with a dying partner and his homosexual choice.

**Discussion and Summary**

The maternal erotic transference (MET) manifests itself as pleasurable and painful sensory, body-oriented transferences deriving from past relationships with exciting but frustrating objects. Male patients are particularly threatened by the primal inchoate feelings accompanying maternal erotic transferences, as regressive pulls toward symbiosis and early mother-baby boundary diffusion threaten core gender identity. Male patients with weakened egos and insecure masculine identity ward off the maternal erotic transference out of erotic terror and fear of psychic annihilation which occur in direct proportion to the intensity of frustration or overstimulation of pre-oedipal desires for maternal contact.

Such patients can also be exciting but frustrating objects to the analyst, who must avoid the countertransference wish to distance from their feelings, and be attuned to the need for paternal transferences to define the patient's panic. Only the reliability and containment of the analytic situation along with appropriate interpretation ameliorates the frustrated desire and resistance of both patient and analyst. When a transitional space that is safely reliable and non-intrusive, is offered between the "me and not me", mutative transformations can occur.

Transformations particularly occur accompanying interpretations of the dreaded black hole and its origins and the fear of psychic annihilation. Further, such transformations are sometimes marked by shifts from imagery of barren dryness and toxicity, to imagery of moisture and flow. (Wrye, 1993a In Press) In this sense then, feelings about primal bodily fluids and their role as sensual conductors between mother and infant, color maternal erotic transferences and countertransferences. The flow of words and the evocation of feelings between patient and analyst creates an associational transference and countertransference link to such early maternal care. A feeling of "flow" signals a shift from psychic isolation and despair to a readiness to respond to early maternal sensual cues and the emergence of a maternal erotic transference with its attendant capacity for creative generativity. Together, the move from dry to moist, from inert to growing, signals the emergence of the phenomena of the maternal erotic transference and countertransference. The therapist's acceptance and tolerance of the patient's pre-oedipal fantasies creates the matrix for consolidation of self and for the advancement toward an oedipal transference.

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