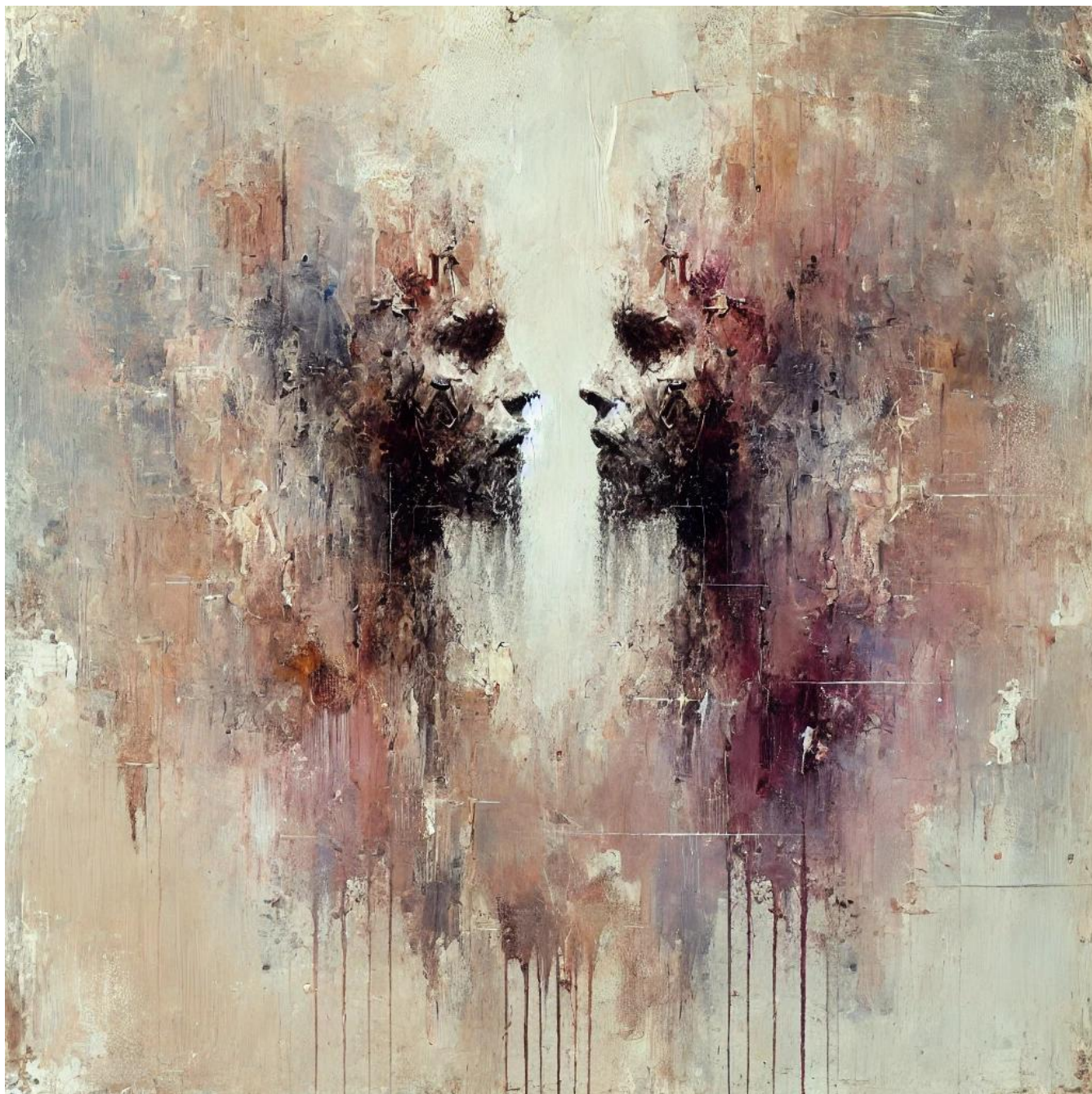


EROTIC TRANSFERENCE

A Pathway to Transformation



Erotic Transference

A Pathway to Transformation

Eros is the force that holds the universe together. It is the love that moves through all things – erotic, creative, sacred. When denied or distorted, it becomes destructive; when embraced consciously, it transforms.

- Marion Woodman

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INTRODUCTION

Erotic Transference. The very mention of this elicits a myriad of responses, it is confusing, it's certainly confronting, maybe scary, and for those outside the realm of therapy, it's likely something they've never even heard of before. There are so many thoughts and theories about erotic transference from it being purely resistance and potentially dangerous and should be avoided at all costs to it being the holy grail and you aren't doing real therapy if it is not present. It is my belief that within the Core Energetics framework we have a unique opportunity to work with this energy and take our clients *through* the erotic transference, using it as a vehicle for their transformation.

Before we dive in, a bit about my own journey with erotic transference and why I've chosen this particular topic. Sexuality, the erotic, Life Force, Eros, these have all been driving forces in my life and as I've moved through my own process, each of these pieces garner more and more clarity in how they are moving through me and their interconnectedness. I have never abided by conventional standards with my sexuality. At a fairly young age I realized I could use my sexuality as a means to get what I wanted and avoid what I didn't want, mainly feelings I was trying desperately to avoid. Most of this was happening on an unconscious level. As I progressed through college and into adulthood, I would find myself entangled in situations with authority figures, if this wasn't overtly sexual, there was always eroticism and seduction involved. Reflecting back, I can see that this was actually moving from my own erotic projection (read: transference outside the therapy room) and more specifically my narcissistic wounding, we'll be exploring that connection later in this paper. While I never played out erotic transference in the therapeutic realm, it was therapy that helped me understand this dynamic and find the way to work through. It is truly remarkable how we are able to transform our childhood pain into pleasure, creating the scenario we were hurt in and attempting to move toward healing.

At my very first meeting with my original advisor, Doug Wirth, he encouraged me to feel into what this project was really about for me, on a soul level. There has been so much that has transpired leading up to this and so much that's transpired since that initial meeting. I've been confronted with myself over and over again, diving deeper into feelings that have been closed and off limits for so long. Pain I wasn't able or willing to be with in myself. During the initial stages of writing this paper I had a

very direct and confronting experience with my own narcissism in a way that stopped me dead in my tracks. About a year later when I went to pick it back up my father passed away suddenly, which put a stop to everything again. My personal experience with this topic and looking back at the trajectory this project has taken helps me see just how connected it is to my deepest wounding. Feeling the pain of my own narcissistic wounding, the drive of that within my erotic life, and a longing toward my father who couldn't give me what I needed while he was here and certainly can't give it to me now that he's gone. This has been a reclamation process, gathering the disowned parts and reintegrating them back in. A reclamation of Self. I trust that this will only continue to unfold. This is part of my life's work. I also know that my own personal experience with this particular topic is part of the reason there is something to offer, to bring back the reclaimed gift, in service.

With all that in mind, what is erotic transference in the realm of therapy? Erotic transference is the transfer of erotic, sexualized, love, or romantic feelings onto the therapist. In Freud's 1915 *Observations on Transference-Love*, he describes it, "[The] Patient shows unmistakable indications, or openly declares, that she has fallen in love...with the doctor who is analyzing her." (p. 22). It can go by a variety of names each with a different flavor, Freud called it transference love. The broad term and the term that we'll be using most here is erotic transference. There is also sexualized transference and erotized transference. We'll delve deeper into each of these, but for now they really all point in the same direction. Mann (1997) describes it as, "The erotic transference is the patient's way of forming a relationship the only way he or she knows how. The erotic is psychically binding." (p. 24).

Freud set the stage for erotic transference to be viewed purely as resistance, "First and foremost, one keeps in mind the suspicion that anything that interferes with the continuation of the treatment may be an expression of resistance. There can be no doubt that the outbreak of passionate demand for love is largely the work of resistance." (1915 p. 24). This is the view that has long been held by the majority of the therapeutic community, most especially in the psychoanalytic community. It has not been until more recently that others in the psychoanalytic community and beyond have started to challenge this view. Gabbard in *Love and Lust in Erotic Transference* (1994) makes the argument that erotic transference provides opportunity for growth. While Mann (1997) takes it a step further claiming, "I consider that the erotic pervades most if not all psychoanalytic encounters and is largely a positive and transformational influence." He goes on to say, "It is considered as a transformational opportunity because it deals with the deepest layers of the psyche, but also because it destabilizes the

patient's as well as the therapist's equilibrium, thereby offering major therapeutic opportunities for growth and development." (p. 1).

While I am much more in alignment with Mann, as he has helped to update the psychoanalytic view, Core Energetics offers a wider, more holistic frame. My supervisor recently said to me that the reason that Core Energetics works is because you go all the way through. And with that, it is my hypothesis that when worked all the way through using Core Energetics, erotic transference provides a pathway to the client's deepest healing, a true transformation. While this phenomenon is worked with in many different modalities, in many different ways, Core Energetics provides something unique and transformative that other modalities are not able to access. We hold a distinct frame in how we work with a client that can lend itself to an unfolding of the fullest expression of a person's authenticity, working on all levels, body, mind, emotion, will, and spirit. And when we as therapists can successfully navigate the often-turbulent waters of erotic transference, not only in the client, but also in ourselves, we enter the realm of opportunity and possibility.

Core holds the view that Life Force is the essential energy with three aspects - sexuality, eros, love - each with two dimensions: *energy* and *consciousness* (Pierrakos 1997). When we view the erotic transference from this lens, we are met with something essential that is presenting itself in both the energy *and* consciousness. It is our job to help the client uncover just what that is, expanding the consciousness and likely intensifying the energy to allow the client to drop into a deeper experience of their own authenticity. As I write that out, it would seem like there's a simplicity to it, in actuality I think it's anything but. It is my hope to provide a deeper context and frame so that this often taboo topic can be approached with more ease and seen as an *opportunity* for our clients to heal and an *opportunity* for us as therapists to delve deeper into ourselves.

I – UNDERSTANDING EROTIC TRANSFERENCE

I – I Historical and Theoretical Perspectives

It's worth investigating where this phenomenon has its roots and why the prevailing theory of erotic transference as resistance has had such a lasting impact. For this we must go back to Anna O, who was apparently the very first patient of psychoanalysis. There are many accounts of this, but Mann (1997) tells us from Freud's perspective that Anna O. was a patient of Josef Breuer, Breuer was the mentor of Freud. Breuer treated Anna O, a young 21-year-old woman who was apparently intelligent and quite hysterical, twice daily for a year and a half. Breuer detailed the treatment in *Studies on Hysteria* (1895) but gave no details on the swift ending. It wasn't until many years later when Freud gave a 'fuller' account of the ending that it was revealed that Breuer was quite entangled with his own erotic countertransference, so much so that he would talk about his patient obsessively with his wife, who became jealous and quite unhappy with him. Finally recognizing his wife's discontent, he swiftly brought the treatment to a close, claiming that Anna O. was much better. On that very same evening Breuer was summoned back to her house, only to find Anna O. in the midst of a hysterical childbirth, as Mann puts it, "the logical consequence of the phantom pregnancy that had been invisibly developing in response to Breuer's ministrations." (Mann 1997). Breuer was able to calm her down with hypnosis and then fled, not only her house, but also the city as he took his wife on a second honeymoon the very next morning.

This was the first recorded example of erotic transference, as well as erotic countertransference, both unrecognized at the time. And this particular instance left an indelible mark on Freud. In my research I came across several articles that contradict Freud's account of this, while this is certainly not the point of my research, it does seem to make this next point even more striking. In 1915 Freud wrote, *Observations on Transference-Love*. And here we have the foundation that set the path of erotic transference as resistance, negative transference, and dangerous for the next 100 years. Freud surmises that all female patients will fall in love with their male doctors and that this is an interruption to the treatment and therefore must be considered resistance, this is essentially the patient trying to destroy the authority of the analyst, to reduce them down to the level of a lover. He advocates for abstinence, what's more if there is any erotic countertransference, this is proof that the

analyst has not sufficiently been analyzed themselves... For context, it's important to understand that at this particular moment in history other prominent analysts had been discovered having sex with their patients, in particular Jung and Ferenczi, and the morality of psychoanalysis was being called into question.

Freud says, "A little reflection enables one to find one's bearings. First and foremost, one keeps in mind the suspicion that anything that interferes with the continuation of the treatment may be an expression of resistance. There can be no doubt that the outbreak of a passionate demand for love is largely the work of resistance" he then goes on to say, "this change quite regularly occurs precisely at a point of time when one is having to try to bring her to admit or remember some particularly distressing and heavily repressed piece of her life-history. She has been in love, therefore, for a long time; but now the resistance is beginning to make use of her love in order to hinder the continuation of the treatment, to deflect all her interest from the work and to put the analyst in an awkward position." (1915 p.27). The reverberations of this can be felt in the scant literature on the topic in the field. What's more, if we consider the countertransference and how deeply uncomfortable this can be for the therapist, we start to get a clearer picture of why this view was held onto so strongly.

Shoshi Asheri in a talk given in 2004 titled, *Erotic Desire in the Therapy Room. Dare We Embody it? Can we Afford Not To?* Gives us context on why this can be so difficult for both client and therapist alike, "The essential conflict we deal with when we work with the erotic charge, is the conflict between the desire or quest for connection, expansion, integration or simply, more aliveness versus the fear of tolerating all of the above. The fear manifests itself in the embodied armoring or resistance on a muscular, emotional and cognitive level. In short, we do all we can to stay within the safety of our habitual way of being and relating. Obviously, both client and therapist are caught up in this conflict. Therefore, the point when the erotic enters the therapy room and brings the potential excitement and greater aliveness within both the client and the therapist and between them, also brings much fear. This can be described as a 'charge' that is felt both vertically (WITHIN the client and WITHIN the therapist) and horizontally (BETWEEN the client and the therapist). Very uncomfortable. This is the point where both client and therapist would do all that they can to go unconscious and become more comfortable again, i.e. back to the safety zone of the familiar (usually this is the point where we,

psychotherapists, defend ourselves by hanging on to sophisticated therapeutic arguments against engaging with the erotic in the therapy room).”

I couldn’t agree more with Asheri, both in how and where the erotic presents itself in the client and the therapist and in the ease of the defensive maneuver of the therapist to rely on old structures of the erotic transference as resistance allowing them to remove themselves from the equation. Asheri goes on to add the incest taboo into the equation, pulling from Mann’s (1997) view that the analytic situation mimics sexual intercourse. This can be a useful tool for transference and countertransference, which we will come back to. Asheri says, “If we accept the notion of transference then we have to take into consideration the notion that our clients’ erotic longing for us is, many times, an incestuous longing (the longing for the good parent they never had) and, as such, the incest taboo applies with all its power.” This certainly adds an additional element and one that needs to be held in awareness for us as therapists. What might I not want to be aware of or feel in myself and as a result direct the client and/or the therapy, consciously or unconsciously, away from said feelings or awareness? We need to be so keenly aware of our own self-deception as we wade into these waters.

Finally, we come to David Mann. In my view, he is really the pioneer of bringing the erotic transference out from the dark ages, the view that erotic transference is purely resistance, and into something that is more present, alive, and transformative. While deeply rooted in the psychoanalytic theory, his overall premise is that the erotic is the clients deepest wish for transformation and movement towards a new “transformational object”. From a psychoanalytic perspective, the mother is the original transformational object for the baby. “The mother is experientially identified by the infant with the processes that altar self-experience” (Bollas 1987, as cited in Mann 1997). Mann believes that the emergence of the erotic transference is the clients deepest wish for growth. Through the erotic, the deepest recesses of the psyche come into view. “The fundamental nature of the erotic is that it is psychically binding and connects individuals at the most intimate and deepest of levels. The erotic transference, therefore, is potentially the most powerful and positive quality in the therapeutic process.” (1997 p. 9). It is my belief that from this view we are able to bring clients through and when we bring this out of the realm of just talking, we also open to an entirely new and deeper dimension for both client and therapist.

I - II Erotic Transference as it Presents in Psychotherapy

Next, we'll investigate how the erotic can show up in the therapy room. Let me start by saying despite the previous section of this paper making a strong argument against the erotic transference as resistance, it ABSOLUTELY can show up as resistance. The potential threat of deep pain, unresolved trauma, unmet needs... these are all good reasons for a client to try a different tactic in order to be in control, to avoid something, it's our job to create boundaries and be in relationship so that we can help guide them *through* and into those feelings. This is also how my own erotic transference manifested. We'll touch much deeper into this in Chapter 3, the connection between erotic transference and narcissism.

There is an inherent seduction in the therapeutic setting. A relationship that is based on intimacy, with confidentiality and privacy, with the intent to explore the inner most recesses of the client's psyche. Add onto this the humanistic approach in how we hold our clients within in the Core Energetics system and this seduction intensifies. This in and of itself can create a space for the erotic to emerge. We listen so attentively and so deeply, not only with our ears but with our whole body, the quality of this can recreate a transferential longing with the hope of repair for what was not fulfilled as a child, the longing toward the good enough parent.

We can take it back to the mother and infant dyad, the primal seduction. The erotic is very alive here and occurs in a natural and spontaneous way. I've heard it said many times that babies learn very early on how to seduce. In the ideal situation this is managed and regulated by the mother. The erotic transference can also mimic the primal seduction, erotic transference as symbiosis. The client may fall in love with the therapist, and it is our job as therapists to welcome this and help shine a light so that the illusion may start to fall away, and we can reciprocate appropriately without acting upon this love. (Tanner, 2015)

It's important to note here that the erotic transference is more than just sexual attraction, we move into the realm of the hope of fulfillment of our unmet childhood needs for love, connection, attachment, nurturing, etc., this is likely to be mostly unconscious on the part of the client. There is a heightened quality that goes beyond just normal attraction. This can manifest overtly: sexual fantasies

or falling in love very directly, to much subtler ways: the client might start to complement the therapist or there could be covert seduction, which can be much harder for the therapist to discern. What's more this could be arising from a variety of different developmental stages within the client. The important piece to note here is that we move out of the realm of just attraction and move into something that is more all-encompassing. Lott (2000) speaks about this phenomenon from the perspective of the client, relating just how confusing it is to be in the midst of this dynamic. Is it real love or is it just transference? This speaks to one of Mann's arguments, is there a difference between real love and transference love? Lott makes the point that the client gets stuck at this position of falling in love, the therapist can't be an equal participant in the process of falling in love. Where normally both parties would disclose things about their past and present life, seeing them in a variety of different situations, these things would help to determine if both parties want to move forward. And this exact scenario is part of what makes the transference intensify and thereby the feelings, both positive and negative. And it is our job to hold these feelings, not so much with neutrality, but with openness and welcoming so that the transference can actually be worked through, allowing the client to discover something more true, more authentic, more alive in themselves.

Let's look at the different kinds of erotic transference. First, the term erotic transference, this is the broad category, and the one that we'll be using most here. We can think of this as any form of idealization, admiration, merger, or romanticized longing directed toward the therapist. It can emerge at any developmental stage (pre-Oedipal, Oedipal, post-Oedipal). This often includes idealization and merging fantasies and it may or may not have overtly sexual components, and it likely contains elements of attraction and attachment dynamics. Next, we come to sexualized transference, this is a specific subtype of erotic transference that is explicitly Oedipal or post-Oedipal. The client expresses attraction in overtly sexual terms, seeking to seduce, test, or engage the therapist as a sexual object. This will often involve power dynamics and forbidden attraction, most common in connection with narcissism which we will unpack more later. And finally, we come to eroticized transference, this could be considered the most extreme as it is used the most defensively. Here the client repeatedly sexualizes the therapeutic relationship, and likely elsewhere in their lives, as a means to avoid emotional connection. Unlike erotic or sexualized transference, it is compulsive and serves as a complete defense against vulnerability. This is often linked to trauma, neglect, and/or sexual abuse history. Eroticized transference serves as a means of control rather than connection – it is fundamentally about power rather than intimacy. Here again with all three of these transferences we

can see why they might be considered “resistance” or even “negative transference”, but it’s what’s underneath that we want to help the client move towards. In practice, these categories are fluid, and a single client may move between them, or express aspects of each over time. Understanding these distinctions enables the therapist to track the underlying wound or structure, assess where the client is in their process, and apply interventions that move the erotic material toward integration and transformation rather than re-enactment.

Coming back to Mann (1997) he offers us several lenses with which to view the erotic transference and suggests that we as therapists use ourselves as a tool to help determine the symbolic nature of what is being presented within the transference. Is it their longing and desire that is pointing to unmet attachment needs? Is there a quality of repetition where the client may be repeating a past relational trauma? Is there a deeper emotional wound that is striving for fulfillment? Is the Oedipal struggle playing out? It’s my view that even when the erotic transference is presenting as “resistance” there is something much deeper underneath that is urging to be revealed and healed, which is why the unconscious has presented it in the first place. There is not a blanket statement that applies to all erotic transference, each client is different and comes in with different wounds and needs. I believe it was Yalom who said that we should design a new therapy for each client, the same holds true here.

I – III A Core Energetics Perspective

This has all been very heady. Let’s bring this back down into the body and into the realm of energy. I think we need to start back at the basics. In *Core Energetics*, Pierrakos says Reich’s basic observation was that people repress, and they actually resist the resolution of their emotional conflicts. He believed that this avoidance was a result of the blocks developed in childhood to dull the impact of punishment or rejection by the parents of spontaneously expressed feelings, both positive and negative. These blocks are happening on a bodily/muscular level, this is the creation of character armoring. The blockage freezes the flow of energy in the system, as well as numbs any perception of energy flow (read: emotions). “The key to restoring health, therefore, lies not just in exposing buried memories and ideas, but in dissolving the armor” (p. 52).

Through Core, we see the erotic transference not merely as a psychological projection; it can be viewed as distortion of energy or a blockage of Life Force energy, often containing aspects of the Mask, Lower Self, and ultimately a potential gateway to the Higher Self. According to Pierrakos (1987), emotional repression creates energetic blocks in the body, armor that not only numbs sensation but distorts perception and experience. These blocks are not neutral; they are charged with energy, which can often be sexual or erotic, that when left unprocessed become distorted through Mask and Lower Self defenses. Erotic Transference often arises from these distortions. The therapist's role is to help bring the charge into consciousness and the body, and to move it through energetic expression, emotional release, and spiritual integration. As energy is freed and contained, consciousness expands, and erotic charge becomes less about external seduction and more about internal connection. Once again, we see it's the energy AND the consciousness that moves us toward transformation.

Erotic/sexualized/eroticized transference all fall right into place here. The erotic energy is what is striving toward healing and ultimately freedom. What's more, I think it's important to emphasize that I'm painting a broader picture here with erotic transference. Traditionally, erotic transference is something that is really only thought of in older structures, specifically psychopathy and rigidity, but it is my belief that the erotic can present at any stage, though it will look different for each and may even be difficult to discern in some of the younger structures.

Let's now look at how erotic transference might manifest within character structure, with the very strong caveat that people are NOT their character structure, this is merely a rough estimation given the relational dynamics and the energetic expression of each structure. *One other disclaimer* It's important to bear in mind that these structures were originally developed by a white, European man (Wilhelm Reich) in the 1930s and then further developed by Lowen and Pierrakos (both of European lineage) in the 1950s and as such these structures are looking through a narrow lens at a very specific time in history. While I believe these structures are incredibly useful, pivotal to our work and absolutely have a universality to them, it feels important to name where they come from and the potential limitations as this work broadens and evolves into a larger frame across different races and cultures.

One other piece to note as we move into the structures, with the pre-Oedipal structures (Schizoid and Oral) erotic transference, if it emerges at all, is likely to be indirect. The transference will

likely be moving from attachment wounds rather than the Oedipal struggle and as such there may or may not be an erotic component. In particular with the Schizoid wound, I am unclear if this is actually feasible as it's not something I have experienced in my practice and not something I have actually heard about happening. The desire would likely be so disembodied that you would need to be quite far along in the work together to be able to discern that the erotic was even present. With the ambivalent Oedipal structures (Masochist and Psychopath) there is a struggle between submission and dominance, between being desired and being controlled. And finally with the Rigid structure we are squarely within the Oedipal struggle and the transference will likely resemble that, attraction is about being seen, chosen, and validated.

1. Schizoid: *early attachment trauma, fear of annihilation, rejection at birth, hostile environment, dissociation from the body. Pre-Oedipal*

- How the Erotic Transference could manifest:
 - Fear of deep connection, but intense longing for closeness
 - Idealization of the therapist without full embodiment of desire
 - Dissociation from bodily sensations, experiencing love and attraction on the mental or spiritual level
- How it could appear in therapy:
 - Client might develop strong admiration for the therapist's wisdom but resist feeling their own physical or sexual energy.
 - Transference may express as desire for rescue rather than overt romantic/sexual attraction.

2. Oral: *unmet needs in infancy, longing, dependency, deep abandonment wounding. Pre-Oedipal*

- How the erotic transference could manifest:
 - Erotic transference is experienced as a desperate need for nurturance and being held.
 - Could show up as clinging behavior, fantasies of being emotionally or physically taken care of.
 - Longing can have a childlike quality, focused on intimacy rather than pure desire.

- How it could appear in therapy:
 - Idealization of therapist as “perfect caregiver” wanting deep validation and closeness.
 - Could result in emotional regression, wanting therapists undivided attention, feeling jealous of other clients. Merger fantasy.
 - Erotic transference could be masked as excessive dependency, where physical attraction is expressed indirectly through a desire for comfort
3. *Masochistic: Overbearing control by caregivers, feeling trapped, struggling between submission and resistance. Ambivalent Oedipal.*
- How the erotic transference could manifest:
 - Erotic transference could contain themes of surrender, shame, and deep longing.
 - Client may feel intensely drawn to therapist but ashamed of their desire
 - Attraction may be unspoken or suppressed, emerging in self-deprecating remarks or fantasies of being dominated/taken care of.
 - How it could appear in therapy:
 - Client yearns for connection, but feels deep guilt or fear of being a burden
 - Erotic transference might be expressed through self-sabotage, where the client acts out their attraction in a way that keeps intimacy at a distance.
 - Pain and pleasure are often intertwined, erotic transference could surface as a push-pull dynamic between wanting closeness and fearing it.
4. *Psychopathic: Betrayal in early power dynamics, fear of being dominated, used, a need to control relationships. Oedipal Overcompensation.*
- How the erotic transference could manifest:
 - Erotic transference is driven in power dynamics, the client tests boundaries to feel in control.
 - May show up as seduction, flirtation, or power struggle
 - Often a fear of vulnerability, attraction can be used as a defense against feeling exposed
 - How it could appear in therapy:

- Client may attempt to seduce the therapist emotionally or intellectually rather than overtly sexually. Or it could be overtly sexual.
 - Erotic transference could emerge as a challenge to the therapist's authority, testing to see if therapist will "fall for them" or stay grounded
 - Behind the attraction there is often a fear of surrendering to deep emotional connection
5. Rigid: *A rejection of sexuality, separation of heart and pelvis, emotional suppression, need for control over emotions and desire. Fully Oedipal.*
- How the erotic transference could manifest:
 - Erotic transference could emerge as deep but controlled attraction, often hidden behind professionalism, admiration, or intellectual rapport.
 - Client may resist acknowledging their feelings, creating internal tension between passion and repression.
 - Can manifest as idealization of therapist as a "perfect" object of desire.
 - How it could appear in therapy:
 - Seeking therapists' approval and a need to prove their desirability, to be chosen.
 - Attraction is often structured and controlled, manifesting as politeness, perfectionism or keeping a safe emotional distance.
 - Seduction, charm, performance, attempting to use sexual prowess to gain admiration, avoiding deep emotional connection.

At this point I think it's important to come back to the three tenants of Core: first, a person is a psychosomatic unity, mind and body are inseparable, and internal energy shapes every aspect of a person. Second, the source of healing lies within the self, not with an outside agency, therapist, healer, God, etc. This particular tenant is very important in the process of handling erotic transference, more on that in chapter 2. And third, all existence forms a unity that moves towards creative evolution, both of the whole and of the countless components. Erotic transference falls directly in line with these tenants, the energy and consciousness that moves through each individual within the erotic frame is actually the part that wants to heal, moving toward the creative evolution. It's important for us to hold this frame as we continue to move through.

II – THE HEALING POTENTIAL OF EROTIC TRANSFERENCE

II – I Erotic Transference as a Mirror of Wounding

I'd like to delve a bit deeper into how erotic transference can mirror the clients young wounding. The manifestations are endless as each individual is unique. But we can look through the lens of attachment/relational trauma, unmet needs, developmental trauma (character structure), pre-Oedipal and Oedipal conflicts/longings, etc. It can also provide valuable information for the therapist on how the client may be operating in relationship/s in their day-to-day life. If we consider that many clients make their way into therapy because of unsatisfactory relationships, again we're met with the potential wealth of the erotic transference when dealt with thoroughly and directly.

First, let's go back even a bit further, in *The Body Keeps the Score*, van der Kolk describes the brain on a physiological level with what is happening in our development as we experience trauma, we can then translate that into what is happening relationally for the client and begin to understand how that may show up in the transference. We now have a deep understanding of how trauma is affecting someone and when we consider that this is not just about big T trauma, but also developmental/relational trauma, we start to get a vivid picture of how some of these kinds of dynamics may start to come into play. There are three sections of the brain, the brain stem or the reptilian brain, this is where the autonomic processes of the body are controlled (breathing, eating, sleeping, defecating, urinating, etc.) the brain stem along with the hypothalamus also control energy levels of the body. This is all online even before the baby is born. Directly above this is the limbic system, our mammalian brain, this is the seat of our emotions, our ability to sense danger, where we determine what is pleasurable or scary, how we judge what is important for survival purposes. This is where we learn how to deal with complex social systems. The limbic system starts to develop once the baby is born. This is where things start to get interesting. "The limbic system is shaped in response to experience, in partnership with the infants own inborn temperament... Whatever happens to a baby contributes to the emotional and perceptual map that its developing brain creates... neurons that fire together, wire together... If you feel safe and loved, your brain becomes specialized in exploration, play, and cooperation; if you are frightened and unwanted, it specializes in managing feelings of fear and abandonment." What's more, these structures that are created can be altered later in life for the

better or worse. The brain stem and the limbic system together make up what van der Kolk calls the emotional brain. Finally, we reach the neocortex which is the part of the brain that makes us unique in the animal kingdom, this is how we are able to use language and abstract thought. This is the part of the brain gives us the ability to absorb and integrate large amounts of information (p. 50-53). Trauma disrupts the connection between the emotional brain (brain stem and limbic system) and the neocortex. This is an oversimplification, the ins and outs of how trauma operates is beyond the scope of this paper but gives us a basic understanding.

From this lens we can start to see how our brains can be specifically wired or imprinted from past trauma in all its forms, relational, developmental, shock, etc. For example, someone may be predisposed to looking for and managing feelings of abandonment and they might employ all sorts of tactics to avoid feeling it. We could also look at this as repetition compulsion or as they say in the Pathwork, recreating childhood hurts. When you consider that this will manifest in the transference, we start to get a clearer picture of how the past comes into the present and how this will get played out in the therapy. Here we've gotten to the physiological root, but if this were playing out with erotic transference there's more work to do for us as therapists to start to understand how the erotic may be moving and where it's all stemming from. We can think of the erotic transference as a window into the client's world and into their past hurts and pain. One way that we can really start to understand where things may be moving from within the client is using our own countertransference as a guide, we'll get into more detail with that later in chapter 4, but it's basically about being able to sense what's driving the behavior by what it is bringing up in you as the therapist and using that in service to bring the client into feeling what's truly underneath the erotic that is being presented in the foreground . Another example of how the erotic may move within the therapy is thinking of it as what the client didn't get. Suddenly they're met with someone who's full attention in on them, seeing them, hearing them, feeling them, it makes sense that this would trigger strong feelings and lead someone to try and hold onto these feelings, especially when this was something that they never received as a young child. It becomes amplified. The psyche latches onto the possibility of receiving what it has so longed for, for so long. One key point for us to hold onto here is that when the erotic transference is playing out, you are not dealing with the adult person who is in front of you, something much younger has emerged. It's important to remember, as with all transference, this is not about the therapist, the

therapist has become the replacement for the client. We welcome the transference and let the client find themselves through this process.

I think it would be helpful here to use a case example. We'll call this client V. V had a very distressing and disturbing childhood; they had a complete lack of any sort of object constancy growing up. V came to me in a group setting which actually made things a bit more difficult for me to determine what was happening. Energetically I could feel V's attempt to pull me in and my own countertransference reaction was quite intense. I wanted to run and once I felt like that was not an option, I was confronted with the place in me that wanted to lash out and punish. The demand for my attention was so strong and I couldn't quite understand why. During one session, V shared with the group about how in the previous session an interaction I'd had with another group member had been painful for V to witness. I found myself confused and wondering what was really going on. As the share developed further, a key piece of information was revealed, V's longing for "friendship" outside the therapeutic boundary. This was when it suddenly clicked for me. V's desire to have all my attention, the pain at what happened when I interacted with another group member... erotic transference had entered the relationship, and it wasn't until that moment when V mentioned wanting something beyond the therapeutic boundary that it all became clear to me. The place in V that had been left as a child, confused and hurt, abandoned. V had transferred onto me the hope, by way of erotic desire, to heal that hurt. I became the object of desire. The work then became about unpacking this desire in a way to point back to the deep seated, unfeeling feelings of pain and abandonment and creating a space for V to move directly into those feelings. And then making the clear distinction that this is very much about V, not about me. V needed to give this to themselves; it could not come from me. We can look at this in terms of two different aspects of V, one that is longing toward healing, connection, even merger, and another that is defending so intensely against having to feel those painful feelings of loss, abandonment, grief, and, likely, rage. At the moment, this is still in process and the unfolding of this is still underway, but it feels important to highlight the point of how the erotic transference mirrors the wounding. What's more, it also feels important to point out here that the erotic transference will not always come out directly, it can be veiled or even hidden. If we take into account all the different aspects that must be going through a client's head when they feel an attraction toward their practitioner: confusion, fear of an ending to the relationship, and likely on an unconscious level, the incest taboo, if we consider the therapeutic dyad a mirror of parent/child

relationship, it becomes clear why this can be so difficult for the client and why we may need to do some real investigative work to understand what's happening.

In chapter 1 we explored how the erotic transference could manifest within the different character structures and if we take that a step further down you can start to see how this points directly at the wound. Something is being created in the transference; a particular dynamic is playing out. There is a synthesis that the therapist needs to alchemize so that what is being presented by the client can actually be utilized. It can be difficult for us as therapists to maintain the zoomed-out view while still being in direct relationship with the client, but this is how we can start to see and *feel* what is being expressed through the erotic transference. I don't want to oversimplify here, and I also don't want to pathologize or generalize, but I invite you to go back up to the chart with the structures and look at the direct connection with the wound and how the erotic may manifest in therapy. With each structure you can see quite clearly that the transference is a direct reflection of the wound. The erotic transference presents the golden road to the client's wound, it's more a matter of us as therapists being able to navigate it.

II – II Pathway to Transformation

As you can see in the previous case example, there is so much to be mined when we can be with the intensity of the erotic transference. Something I've always heard, not to mention experienced in my own therapy, is that the relationship is the thing that heals. This holds true here as well. When a therapist can really stay and be *with* the client something is bound to transform. It's our job as therapists to recognize where and/or what the erotic transference is leading to. I also believe that while we as therapists more than likely should NOT be the first to name the erotic transference, once it's out in the open and in the relationship, we can and should bring it directly towards us. This is providing that the therapist can actually withstand the intensity while being in service to the client, and maintaining a delicate balance of not overemphasizing or avoiding the erotic transference. We then direct the client back to themselves. The opportunity has been presented for the client to have a different experience with their particular wound and it's our job to help reflect that back.

I'd like to lay out a general framework for moving through. You can think of it with 3 main steps, containment – a holding of the erotic transference without reinforcing or suppressing it, creating clear and explicit boundaries. Exploration – helping the client uncover the meaning of their erotic transference. And integration – creating a new experience of intimacy and a deeper relationship to self. Each of these steps are what help to lay the groundwork for the client to actually move toward transformation.

With this first step, containment, we're creating a safe environment where the erotic transference can unfold with clear and explicit boundaries. Often when the erotic emerges in therapy clients can experience shame, fear, confusion, etc., even the arrival of these feelings could directly mirror past experiences of being shamed, neglected, or inappropriately engaged with by caregivers. The therapist's ability to hold and acknowledge the erotic transference without reinforcing it or rejecting it is critical to the working through. Acknowledging the erotic transference openly and without judgement, reflecting back what is happening, creating a space for the client to feel seen, with an understanding that these feelings won't be acted upon. Part of what is going to make it safe for the client to go all the way into this experience is clear and explicit boundaries, emotions and energy are welcome, but the boundaries of the therapeutic container will remain firm. There could be push back here depending on what is being presented, it can be helpful to reinforce that these boundaries are FOR them, the client. The final piece in this step is normalizing the erotic transference. The emergence of erotic transference is a common occurrence in therapy. Some go so far as to say that every course of therapy will pass through some version of erotic transference at some point. This can hopefully start to ease any embarrassment or fear of rejection, though you will need to be sensitive to this throughout this process. Here is also where you start to set the frame that this is actually an opportunity to go much deeper in their growth and in the work.

In this stage what we're looking for is recognition and stabilization in the client. This might look like an increased awareness of the erotic feelings, an ability to name without overwhelming shame, containment of projections, etc. We normalize and hold the energy without reciprocation or shutdown, keeping therapeutic boundaries clear and loving.

So much of my focus has been on the client, and while I absolutely believe that the client has everything inside them that they need to heal, we as therapists also need to play a key role here. How

do we invite and normalize this for the client? What do we need to sort through in ourselves to be able to welcome this experience? How do we make sure that we don't overindulge this experience with an unconscious attempt to fulfill our own narcissistic needs or, worse, actually act on the erotic transference? The therapist needs to be clear within themselves, it is our job to hold this transference without reactivity. Mann (1997) writes, "erotic transference is not the problem, but how the therapist responds to it determines whether it's a vehicle for healing or reenactment." (p 102). Supervision is paramount when erotic transference emerges, especially if this is a new experience for the therapist. We as therapists are setting the stage for the client to be able to really explore this experience within themselves. We will delve deeper into countertransference, but for now the first important step in the path is knowing that we need to create a safe space for the client to move all the way into this experience. We need clear and strong boundaries to create a safe container, both for the client and for ourselves as therapists.

The next step is the exploration, helping the client to understand what these intense feelings are all about, this is where we do the work to understand the source of these feelings, what they represent, and how they relate to the past. Here we start to gently open the idea that this is connected to a much deeper wound and hopefully the client can start to understand that while these feelings towards the therapist feel real and present and, likely, intense, something much deeper is attempting to emerge and in truth these feelings have nothing to do with the therapist. We want to encourage curiosity and reflection, helping to point them back toward the source. One helpful piece here is helping the client identify their early relational patterns, the therapist can put this into the context of character structure for a deeper understanding of the frame. Was the parent distant? Only giving attention when the child was "good" or pleasing? Was the parent emotionally unavailable, leaving the client longing for closeness? Or maybe there's a history of relationships where seduction was used to gain connection? This is where we as therapists do the detective work to start to reverse engineer the dynamic, understanding for ourselves what might have happened to help illuminate it for the client and the framework of character structure can be very helpful. Again, the countertransference reactions will be important in this process. This entire step could happen quickly, or it could take a very long time. We also have some very helpful tools in the Core Energetics frame that can help us to work with this, we'll get into more detail on what those are later in the paper as this warrants its own section.

Another important part of this step is feeling. This is where we start to help the client move into feeling, this could start with the direct feelings at hand with the attraction and then eventually moving into what might be underneath. As we know, the understanding of anything only gets you so far, the invitation is to experience the feeling (attraction, aliveness, loss, grief, rage, terror... whatever it may be). One helpful tool can be bodily awareness, where is the client aware of sensation as they feel or even move the energy of the attraction where do they notice the sensation in the body? This can start to help distinguish between attraction/excitement/sexual energy and longing/fear/grief etc. that is underneath. This can help to distinguish for the client that their attraction, or whatever has manifested in the transference, is more about attachment and/or unmet needs than about sexual or romantic desire. Here we can see why this phenomenon can be considered resistance, it's an attempt to avoid feeling those feelings, but again, if we look at this as a Higher Self part of the client striving for healing and wholeness, we see that this is a direct line. This is the Life Force, Eros striving for integration, wholeness.

To recap, in the exploration stage we are looking for the client to experience insight and emotional access and we bring the work into the world of embodiment, taking it outside the realm of the head. Some client signs to look for: willingness to reflect on the symbolic nature of their attraction, connection to past relational wounds, emotional activation. Here we guide the client to inquire into what the desire represents, linking the erotic energy to unmet needs and/or defense strategies. And as we take this further into the embodiment aspect, we are looking for deep feeling states, possible catharsis (if this can be tolerated), bodily expression of energy, less reliance on transference for identity or safety. Here we have a plethora of tools at our disposal, think charge and discharge.

The final step would be integration. A process where the client learns to experience the erotic energy without fear, shame, or compulsion. A shift away from reactivity and towards awareness. Not only will there be an integration of the feelings, but hopefully the client can internalize the therapist's presence as a model for healthier relationships and they will deepen the relationship with themselves, understanding that they can actually give themselves what they're seeking from the outside. Something new has emerged, a different kind of relating, a different kind of intimacy, one that can hold a bigger frame. The client will begin the process of understanding how they have been unconsciously recreating their past in the present. It's more than likely that this dynamic has been

alive for them outside the therapy room. There is almost always a projection component to our relationships, especially intimate ones. The experience of moving through the erotic transference within the therapy will lessen the grip of this, both in and out of therapy. I can say from my own personal experience that once I was able to work through the erotic projection and start to feel what was underneath, something released in me. There had been an intensity with which I was moving through those experiences and there was a strong driving force in my erotic life, as I uncovered the source of this, the forcing current eased very quickly and I was able to come into a more honest relationship, both with myself and the other.

In this last section, integration, we can look for increased self-responsibility in the client, more authenticity, a diminished idealization, reclamation of Eros, Life Force Energy. Here we affirm the client's growth, reframe the erotic charge as creative Life Force, and bring the client into the alignment with their Higher Self and Life Task.

Again, let me reiterate that while I've laid this out in a simple format, the road to be traveled will likely be anything but linear. This is no small task, for both client and therapist. But with these three steps in place, it can provide a framework for the working through. With containment, exploration, and integration we can hopefully allow the client to develop a new way of experiencing intimacy and desire and, more importantly, themselves. Opening the door to something new, outside of the recreation of the past in the present, allowing the client to gain consciousness and agency with their emotional and sexual energy, leading to greater freedom and self-awareness. As we clear the distortions we bring clients into deeper contact with their authenticity, who they truly are.

III – THE CONNECTION BETWEEN EROTIC TRANSFERENCE AND NARCISSISM

III – I Understanding the Relationship Between Narcissism and Erotic Transference – A Subjective View

Narcissism is a deep and far-reaching topic. So let me start by saying that what I cover here is not going to be comprehensive in terms of understanding and dissecting all the ins and outs of narcissism. What I can offer is my own experience. This is the place that my own erotic projection moved from, and this is also the place that most erotic transference I've experienced in my practice has also moved from. To clarify, I say erotic projection because all the experiences that I've had with this have been outside the therapy room with authority figures in my life. Erotic projection and erotic transference are operating in the exact same way, the only difference is that transference is the word we use when projection is present within the therapeutic container and the client is projecting onto the therapist. To clarify further, this particular type of transference/projection fits more in the realm of sexualized transference, there is a clear and direct sexual component to the transference/projection. It is my belief that there is a component of narcissism moving through almost all erotic transferences. To be fair, I also believe that there is a component of narcissism moving through all of us. This is a pervasive mechanism that is, in fact, driven by society at large, but that's a topic for another paper entirely.

Let's start with a definition that we can work with. In his book *Narcissism*, Lowen pulls from Kernberg, "Narcissists present various combinations of intense ambitiousness, grandiose fantasies, feelings of inferiority and overdependence on external admiration and acclaim... chronic uncertainty and dissatisfaction about themselves, conscious or unconscious exploitiveness and ruthlessness toward others." He then goes on to say, "The narcissist identifies with the idealized self. The actual self-image is lost." (p. 10). This last piece is really the crux of it, the connection to the real self has long since been lost or, more likely, was never made to begin with. Lowen also offers a helpful frame of narcissism on a scale, there are not hard and fast rules, but there are gradations in how it will manifest in the individual, understanding that the roots are all the same, it's really a matter of how deeply defended the individual is, which Lowen describes as the degree to which a person identifies with

their feelings. This is directly correlated to the trauma and overwhelm the child experienced. Depending on the degree of intensity, this may be partially integrated (the lower end of the narcissism scale, the phallic-narcissist) or completely denied (extremes of the narcissism scale, paranoid personality).

In the Borderline and Narcissism module in my post graduate year Anna Timmermans took us through a variety of different experiences that shed a light so brightly on my own narcissism that I found it very difficult to be with for quite a long time. She started the class with an exercise that demonstrated just how far outside myself I really was and then went on to explain that the lack of mirroring as a child is really where this wound begins because without the mirror there is no sense of self, everything gets built on faulty ground. This class opened a door for me in my own process that completely turned my world upside down. And it wasn't until this class that I understood that all of my experiences with erotic transference had moved directly from this place. I had previously understood through my therapeutic journey that there was erotic projection happening for me in relationships (outside of therapy) with authority figures and I'd even started to understand part of what had been driving that behavior, but it wasn't until confronting my narcissism head on that all became clear.

I think at this point it would be helpful to bring in more of my own experience to help connect the dots. As I mentioned in the introduction, my sexuality came online in a palpable way when I was in college. And to be quite frank, I used this in a way that hurt people. In the moment I had no idea what was happening consciously, all I knew was that people were paying attention and responding to me in a way I'd never experienced before. During my time in college I'd found my way into a clandestine relationship with a guest director from the professional world who had come into our program. For a bit of context, I was in theatre school and had my sights set on fame and fortune (narcissism much?). Acting was the one place where I'd felt like I'd gotten any kind of recognition as a child, I was told I was very good at it and so I drove towards it with all I could muster. In hindsight, I think part of the reason why I was so "good" at it was that there wasn't really a self to maneuver, I would just mold myself into whoever or whatever I needed to be for whichever part I was playing at the time. I remember often thinking, *I must be good, I AM the character!* as the lines between myself and the character blurred. Narcissism and acting go hand in hand.

It was a big deal to be cast in a production with a guest director. I remember being fascinated with him, who is this person? Does he think I'm good? How can I impress him? How can I be special? Most of this not really operating on a conscious level. All my focus was on him, and I was performing for him every day in rehearsal. One day after rehearsal, he invited me out for a drink, a rush of excitement moved through me, but I also felt incredibly nervous. And looking back now, I recognize that in that moment the mechanism that turned on in me was the very same mechanism that Anna used in her first exercise in the Narcissism and Borderline masterclass. I was so far out of myself and all the way into him, feeling into what he wanted, what he needed, what excited him... calculating for myself what was my way in. I remember a distinct moment when I knew he was flirting, to be clear we'd been flirting since we'd met, but this was different. All his attention was on me, we were alone. I clung to it and ran full speed ahead. I would be remiss if said there was nothing real here, again we're met with Mann's (1997) argument, is there really any difference between transference love and "real" love? There were real feelings here, but they became hijacked as some part of me realized that here, with this man, there's someone who's seeing something in me, there's someone who knows what it takes to be in this business, there's someone who desires me, someone who can hold me.... Without conscious awareness, I stepped into a role, and I'd placed him into one as well. This all continued for a time but once the initial excitement wore off, I remember thinking to myself, how did I get here? I felt so confused and lost. I played my part well; he was completely enraptured. I'm sure I must have been something for him as well. The dismantling of it all didn't bring me any closer to understanding what had just happened, it wouldn't be until years later in therapy when I could start to unravel just what had happened between us.

Now let's zoom out a bit. Looking back, I can see just how much my feelings of worthlessness drove my deep need for validation from him, not only about my talents as an actor, but who I was as a person. Help me understand who I am, what I am, and that I'm good... this need for validation was a pervasive experience in so many aspects of my life. When it was clear that he was interested, suddenly all my sights were on him. And in my grandiosity, I used him to achieve my means both personally and professionally, while working tirelessly to defend against the unfeeling feelings that were driving me forward. A strong male authority figure who is seeing me, desiring me, boosting my distorted view of myself. A longing in me toward intimacy and connection, pointing directly at my own unmet needs from childhood. My seduction had "worked" and yet I found myself confused and alone.

Let me provide some history for a more detailed picture of how all this was moving. After my parents divorced when I was 7, I became my mother's little man, her emotional support. This was overwhelming, but I didn't really have the understanding of what was actually happening. I so often remember as a child trying desperately to attach to other friend's family's so I could escape my own. Later in life when I had started dating, I would do the same with my partner's family. There were deep reverberations of co-dependency running through me from my maternal grandfather's alcoholism. I learned later that my father's realization of what it meant to be the "adult child of an alcoholic parent" and seeing how that was playing out in my mother was in fact the reason (or one of them) he asked her for a divorce. My father, while physically present, left a gaping hole where I needed protection, he wasn't present in a way to allow me to handle my Oedipal issues in a 'good enough' way. And in my 'succeeding' at the Oedipal struggle, killing my father and marrying my mother, I, of course, failed miserably. I'll never forget during one therapy session many years in, I had started moving my anger and demand towards my father, what we uncovered took me entirely by surprise. As a child I'd held so much resentment towards him, the place in me that felt like I could handle my mother when he couldn't, what's more how I had to be the parent for my mother... I suddenly felt just how large I'd made myself and also how separate. This was the origin of my grandiosity.

Coming back to my father, I could never quite figure out who I needed to be for him to really get his attention. There was always such a stern, cold demeanor in him that left me confused and often scared. It was two opposite ends of the spectrum with my father and my mother. I found myself longing for some kind of connection with him and repelled by her overwhelming need.

Now if we jump back to the experience in college, it becomes abundantly clear that these feelings that I had towards the director have their origins here, the part of me that was trying desperately to heal my unmet childhood needs and longings, and the part of me that was attempting to resolve my Oedipal conflict. And you can see how all these feelings, unmet needs, and the Oedipal conflict are moving directly from my narcissism. The used becomes the user. What's more we can look at this particular manifestation from the perspective of resistance. There is a reason that the erotic transference as resistance held such a strong place for so long, in many ways it is what's happening here. If this were occurring in a therapeutic context the idea would be to work through, helping me to reach what's actually underneath the erotic feelings, the worthlessness, the powerlessness. The

attraction and seduction can be viewed as defensive, keeping me out of authentic emotional engagement, I was playing the part that I intuited he needed me to be which is why on the other side I felt so confused and empty. The narcissism moves to protect against vulnerability and feeling the pain of the childhood relational wounds. If we go back to Lowen, here I'm met with the part of myself that does not feel and somewhere along the way made the unconscious decision that I WILL NOT feel.

There's one last piece here that feels important to open, why did this happen outside of therapy and never inside? It wasn't like this happened one time, I played this out several times in different ways but always with men in authority. As we look at the different components of this, my particular experience is certainly reminiscent of sexualized transference/projection, but there are some elements that feel more in alignment with eroticized transference/projection. All these experiences were much more in the realm of control, power, seduction, using my sexuality as a means of manipulation. The fact that this only happened outside the therapy room is further indication of how deeply and profoundly defended/protected I was. I got to control all the different elements of this, making them desire me, drawing them toward me. This is really about vulnerability, my vulnerability and my unwillingness to actually step into it. Outside the therapy room, I set the rules. My therapist once asked me why I never tried it with him, I really had to sit and think with this. What was it about that I didn't bring this in? In the moment the answer I was aware of: I knew it wouldn't work. Some part of me knew that the seduction and the games wouldn't land, I would have been confronted with myself and my vulnerability in a way I was NOT ready to face.

III – II A Theoretical Breakdown of Erotic Transference as a Mirror of Narcissistic Wounding

I'd like to provide a bit more of a theoretical context around my personal experience so that we can have a deeper understanding of why it happened, what was happening psychologically, and how this is applicable to others. Similarly to what was explored above with erotic transference as a mirror of wounding, we'll delve into the nuts and bolts of that within the realm of narcissism and narcissistic wounding specifically. From my own personal experience as well as experiences in my practice, I've found that narcissism driving erotic transference is a common occurrence.

Erotic transference, particularly in individuals with narcissistic wounding, is not about sexual attraction in the conventional sense. Instead, it is a symbolic process – an attempt by the unconscious (or Higher Self) to repair or rework unresolved relational trauma. It can also be an attempt to avoid having to feel the deep pain of these unresolved places. If we look at my experience with erotic transference, it's clear that it was not about the director himself, nor about genuine romantic desire, but much more about an unconscious search for validation, recognition, and control over my own emotional narrative.

Something is revealed in the meeting of erotic transference and narcissism, beneath the surface of attraction and seduction there is a lack of a self, everything is operating from an ego ideal, there is an unconscious longing for mirroring, and a deep-seated fear of powerlessness. There is an emptiness that reflects the feelings of worthlessness that are ever present and deeply defended against. The therapist's role in working through is just the same as discussed in chapter 2, section 2, you walk the line between welcoming and not suppressing/rejecting while not overindulging in the transference. Through containing, exploring and integrating it's the therapist's job to help the client slow down and explore what these feelings represent. We'll distinguish three components within the context of my erotic projection that expose the narcissistic wounding.

1. Erotic transference as a defense against worthlessness
2. The search for mirroring and recognition in erotic transference
3. The grandiosity-inferiority split in erotic transference as an avoidance of true vulnerability

Each of these components played out in my experience with erotic transference and each is recognized in psychoanalytic, somatic, as well as other therapeutic modalities as elements of narcissism. We'll take each and explore them thoroughly, using this as an example of how we can help the client connect the erotic transference back to the wound.

The first and most prominent element in my experience was erotic transference as a defense against worthlessness. At the core of narcissistic wounding is a profound sense of emptiness/worthlessness. These feelings of worthlessness are often so overwhelming that the psyche develops elaborate defenses to avoid feeling them. In my particular case I began to understand just

how much this was driving me after the narcissism masterclass, it became abundantly clear that a large majority of my “extrovert” behavior was being driven by my attempt to disprove my sense of worthlessness. What’s so fascinating is how this was operating on such an unconscious level for me. When erotic transference emerges from the narcissistic wound, we can understand it as an attempt to bypass the feelings of unworthiness through seduction, admiration, and control.

Lowen (1985) describes narcissistic attraction as a defense against deep-seated emotional emptiness, saying that the narcissist doesn’t seek love, they seek a confirmation of their own specialness. The erotic transference in my case was not seeking true intimacy, it was more about a self-preservation, or said more accurately, a preservation of the ego idealization, an unconscious attempt to maintain a sense of “self.” All of which is driven by what lies underneath. As I write this, I can feel the pain of this place in myself and I’m left with compassion for this part of me that was so desperately striving to disprove, I’d concocted a façade and was attempting to use another to prop it up further, which in turn only furthers the emptiness.

The director’s attention became a vehicle for proof of my worthiness. The entanglement that we found ourselves in was necessary for me to hold onto this. If he desired me, if he thought I was good enough then it must be so. The moment I sensed his interest; I clung to it. This was not about desire for me, this was about desperately needing the reflection of my worth through his gaze. And here we have the hallmark of narcissistic erotic transference, the attraction is not so much about the person as it is about what the other person’s attraction means for the individual’s self-concept. If we had been in a therapeutic setting things would have been different. The therapist can be mindful that the erotic transference is in fact a survival strategy, a way to avoid confronting the painful feelings of inadequacy. If we can gently point the client back to themselves and build a strong enough container to actually tolerate the feelings, something will be transformed.

Second, we find the search for mirroring and recognition in erotic transference. There is a similarity here with the defense against worthlessness, but there is a subtle and important difference. As mentioned above, one of the main deficits in narcissistic wounding is a lack of mirroring in early development. Without proper mirroring from the predominate caregiver/s, the child does not develop a stable self-concept and instead learns to construct their identity based on external validation. Erotic transference can often mirror this early search for recognition. From this vantage point we can think

of the client looking to the other to help understand who they are, they are attempting to construct a sense of self from the mirroring and recognition of the other. This also furthers the emptiness, they are constructing an ego ideal based on an external source, attempting to *BE* something entirely from the outside.

In my experience, the director's attention represented more than attraction and admiration – it represented self-definition. If he desired me, it meant I was worthy of desire. If he believed in my talent, it meant I was talented. My erotic feelings toward him were, in reality, a manifestation of the same mechanism that had played out in my childhood – seeking external sources to reflect back a self that I could not feel internally. The director represented the mirror that could tell me who I was. To be clear here, this was a mechanism I used in many aspects of my life, but here we see it playing out directly.

In therapy the erotic transference creates a unique opportunity to work directly with this in a way that we may not otherwise be able to come in contact with. Most times clients are resisting, which is often unconscious, in the artistry of this work we can find ways of bringing the client into feeling and experience. And here we are met with a such an opening, the therapist must help the client recognize their longing for validation without becoming the object that fulfills it, we hand it back to them, letting them fill themselves. We will of course hold the client's higher self and will find ways to reflect that back to them, but we don't step into the role of fulfilling the need for validation which in turn would likely be a fulfillment of the therapists own narcissistic needs.

Finally, we reach the grandiosity-inferiority split within the erotic transference. Narcissism is often described as a constant oscillation between superiority and inferiority. Erotic transference frequently emerges when the client feels exposed, inadequate, or emotionally unmoored – and rather than experiencing these feelings directly, they can move them into a fantasy of specialness through the erotic attachment to the therapist.

Lowen (1985) describes how people with narcissistic defenses will swing between feelings of superiority and feelings of worthlessness, both of which protect them against true vulnerability. Erotic transference can emerge when the client unconsciously seeks to regulate this emotional instability

through the attraction, striving to land in the grandiosity which only serves the ego idealization. The superiority and the inferiority are both false, whereas true vulnerability is closer to the truth and where we want to help the client land in themselves.

In my case, the experience with the director provided a temporary escape from my deeper feelings of worthlessness, powerlessness, helplessness... The attraction to him was a way to feel powerful, in control, and admired. However, once the initial thrill subsided, I was left feeling empty, confused, and alone. Here again we're met with a clear sign of narcissistic erotic transference, the belief that in merging with or even possession of an idealized figure will resolve the internal emptiness, only to find that it does not. Both the grandiosity and the worthlessness need to be felt through so that the client can land in what's true, their vulnerability.

It's my hope that in the dissection of this it helps you understand just how clearly the erotic transference can point back to the wounding. Each client will be different, and while narcissism is a driving force in erotic transference, there will be many different manifestations. As you begin to work with this phenomenon more and more in the context of therapy, you will become a better detective at what is driving this in the client and what needs to be revealed underneath.

III – III The Oedipal Component, The Missing Link

At this point some of you may be thinking, this is all well and good, but HOW and WHY does this transference become sexualized, where does this come from? I intentionally left this until the end of this chapter. In the writing of this paper, I'd pulled apart so much around my own wounding and the pain of these different places in myself, worthlessness, powerlessness, my attempt in searching for a self outside myself... When I met with my supervisor to review my outline she said to me, you're missing the biggest piece... to this I was a bit confused and bewildered. She asked the question above, why does the transference become sexualized? In so many ways that's really the point. Of course it's pointing at something underneath, but why does this manifest through sexuality or eroticism? My own blind spot here speaks volumes, so I'd like to unpack this further making the connection of the missing link.

Many of you reading this may have already put the pieces of the puzzle together, I'd already alluded to it earlier, but I'd not fully grasped the impact... Enter the Oedipal struggle. In psychoanalytic theory the Oedipal stage (typically between ages 3-6) is when a child experiences intense, often unconscious, romantic and sexualized feelings usually toward the opposite-sex parent while simultaneously viewing the same-sex parent as a rival. As someone who identifies as bisexual, this is not quite so clear cut for me. We'll go into further detail about how this manifested for me in my experience with the director and look back at the origins of this dynamic with my struggle between my parents. While this is specific to my situation, I believe there is a universality to this.

Many cases of sexualized transference, where attraction toward the therapist takes on an overtly sexual quality are rooted in an unresolved Oedipal conflict. What has been explored in this chapter is directly connected with the phallic-narcissist character. Lowen classifies the phallic-narcissist character with the rigid structure and puts this structure in the category of hyper Oedipal, these conflicts often manifest as a drive to seduce, dominate, or win the love of an idealized figure, mirroring early attempts to gain exclusive affection of a parent while guarding against competition. During the Oedipal stage of development, the child's emotional and physical (in this case, genital) development become entangled, the child now has the ability to hold both object love and object rivalry, leading to the emergence of key psychosexual conflicts. A desire to be the exclusive love-object of the parent, the fear of rejection, abandonment, or punishment (from either parent), and the rivalry with the same-sex parent. If these conflicts are not worked through in a "good enough" way, they will, of course, reemerge in adulthood within relational dynamics. The therapy room with its inherent power dynamic is the perfect setup for it to play out.

Looking back at my experience, I can now see that my attraction to the director was deeply Oedipal in nature. My need to be desired, chosen, and recognized by him was not simply about admiration, it was a direct reflection of my unresolved childhood longing for my father's attention and my mother's enmeshment. My father's distance, both pre and post-divorce, left a void. I longed for his approval, to be seen by him, but he remained emotionally unavailable. My mother's enmeshment placed me in the role of "her little man", a surrogate husband. While I don't distinctly remember, it's more than likely that this was happening before they divorced as well. I took on emotional responsibilities that blurred boundaries and caused me to grow up faster than any child should. And

while I didn't have an understanding of this in the moment, I found myself oscillating between grandiosity and worthlessness.

When I encountered the director, he embodied a father figure I had always longed for, powerful, knowledgeable, and seemingly capable of providing the validation I had never been able to find in childhood. While at the same time he also stood in as the rival, the one I had to "win over," a challenge to prove my own desirability and power. To be explicit, my sexualized transference/projection with the director mirrored my Oedipal conflict by wanting to be seen and chosen – a longing for paternal recognition. I wanted to seduce and conquer – rivalry with the father. I wanted to feel powerful, not small – avoiding childhood feelings of powerlessness and worthlessness. Kernberg (1985) explains that individuals with unresolved Oedipal conflicts often experience a fusion of admiration, competition, and sexual attraction toward authority figures, leading to idealization followed by devaluation when the fantasy collapses.

One of the elements of the phallic-narcissist character is to validate the self through conquest, sexual or otherwise. Kernberg (1992) says there is a tendency to idealize and pursue powerful figures as a means to reinforce their own grandiosity. Gabbord (1996) states that this character uses sexual conquest to defend against feelings of inadequacy, often leading to highly sexualized transference in therapy. The sexualization becomes a means of securing power rather than an expression of true intimacy. The therapist is turned into the idealized but forbidden object, fueling the push and pull of seduction and withdrawal. The fear of rejection is disguised as confidence or seductiveness, masking deeper insecurity. This last piece also speaks to why this never played out in the therapy room for me, which was discussed in detail above.

I would like to briefly touch on erotic transference with younger, pre-Oedipal structures and the WHY it might become erotic. The body's primary mode of seeking connection, regulation, and pleasure is through the senses. Early, preverbal attachment is always embodied, sensory, and arousing in some way, be that through warmth, gaze, breath, or skin-to-skin contact. As we spoke about earlier, there is deep eroticism in breastfeeding, which has only recently been explored further in the psychoanalytic realm to understand the impact this has on both mother and infant. When those preverbal attachment needs were not properly met in infancy, as adults those unmet needs can resurface and often carry a bodily charge of erotic longing, even when the actual need is for safety,

nourishment, connection, presence, etc. As adults, sexuality becomes a pathway toward expression, connection, attunement and there can be a conflation of all this that arrives as the erotic in the transference. When deep unmet attachment needs surface in therapy, they can awaken the nervous system's memory of early, pre-sexual aliveness, and since adult bodies have now integrated this aliveness into sexuality, the longing feels erotic, even though the true need is for deep connection, safety, recognition, etc.

To recap my experience from this lens, the moment the director showed interest in me, I felt powerful, his attraction to me validated my worth. When the excitement faded, I was left feeling empty and confused, a repetition of my early childhood wounding seeking validation from my father and feeling abandoned. The projection was not about real love or desire, but about winning, securing validation, and avoiding the unbearable feelings of worthlessness, powerlessness, being unseen and unimportant. The confusion in me around my own Oedipal struggle, both emotional and physical/genital sexualizes the relational dynamic, turning admiration into attraction and competition into seduction. This particular instance became about securing attachment and avoiding deeper wounds. Using my sexuality for validation and an attempt at finally having the power. Had this happened in the therapy room, the therapist could have helped me move beyond the need to sexualize attachment and move toward a more integrated, authentic sense of self.

The erotic transference can serve as the very doorway to revisiting and transforming the Oedipal injury, not just cognitively, but somatically. Which truly is at the heart of the rigid wound. When erotic longing is met with loving containment, clear boundaries, and a refusal to play out the rivalry/seduction, something deeper opens. The therapist becomes the holding figure who helps the client relinquish the fantasy and integrate the loss and thereby reintegrating the distorted energy. This is where transformation happens, not through winning, but through feeling.

This chapter is meant to explore the connection to the wound. Having the understanding of how the erotic/sexualized/eroticized transference is operating and being able to explore its connection to the client's history and wounding is what is going to create the pathway for real change to occur. As I've said before, each client is different and unique. What has been presented here, while deeply personal, can also provide a scaffolding for what to possibly look for when the transference

becomes sexualized with a client, there is likely to be an element of narcissism and/or rigidity. We'll now investigate specific ways to work with erotic transference in the therapy room, including the therapist's countertransference.

IV – TECHNIQUES FOR WORKING THROUGH EROTIC TRANSFERENCE

IV – I Core Energetic and Somatic Approaches to Erotic Transference

There is an art to the work that we do as therapists. We weave a great tapestry as we often can have a clearer view of the client than they do of themselves. One of the pieces that I'm constantly asking myself is how do I give the client an experience of such and such while still staying deeply attuned? I can often see or feel what needs to be felt underneath and the question really becomes how to bring the client there in a way that they can actually digest and allow what needs to be felt/experienced. This is a much broader topic, but it applies even more so when working with erotic transference. There are so many books, papers, handouts that offer specific interventions for working with structures and sexuality. I believe that a lot of these lend themselves quite nicely to working directly with erotic transference. I will list several in the reference section at the end of the paper. But for now, it's my intention to offer a few ideas that can serve as a jumping off point. The invitation is to let your artistry and creativity lead you, let yourself be in the relational field, and use your countertransference in service (more on this in the next section).

Before diving in, it's important to presence that the relationship is the MOST crucial aspect in therapy. Interventions and insight only go so far. If there is a lack of trust or safety within the relationship, then intervention and insight are not going to get you anywhere. Building the therapeutic alliance takes time depending on where the client is in their own process and where they are with you as the therapist. It's our job to be able to discern where the client is in that process at any given time, while also holding all the relevant information about their history, their capacities, their edges... We are often walking a razors edge. The question we ask over and over again is: what is needed here?

One piece I'd like to mention as we make our way into some techniques, it's important to be aware that while the initial stages of the erotic transference may present one way, it may not stay there. With younger structures operating on a pre-Oedipal level, the erotic will tend to have an undertone of unmet need. But as adults, we have all moved through our own Oedipal stage, even

when there may have been an arrest in development at a younger stage. What's more, given an earlier arrest in development, it would be more than likely that there was some difficulty in navigating the Oedipal stage. With that, it's important to stay aware of how the erotic transference may shift in the client. It may start in a place of merger and longing, a deep need for connection and could quickly shift into a more overt sexualized transference as the Oedipal component comes online. The therapist needs to stay aware of how the erotic is moving in the client and in the relational field. It's important to remember that we all have elements of all 5 character structures and those will present themselves throughout the therapy, this is also possible within the context of erotic transference. It will be important to make sure that the shifting is not a form of resistance, ignoring one thing and moving into another. Has the Oedipal component come online in a natural progression or is it a distraction from something else? This can, of course, happen in a variety of different ways.

Let's start with some very basic bodywork. Look at the body of the client and notice where you see or experience tension/holding/blocks. I always find an excellent way to bring a client into their body and their energy is to do a series of the waterfall into the bow, really encouraging the vibration so it can start to move through the holding/blocks in the body. Let them stay in each position for quite some time, really let them vibrate! This can be adjusted as needed depending on the capacity of their container, there are times where I will have someone do this several times in a row. Here we are also working to expand the container as well. You will want to really encourage the breath and sound here. A technique I recently learned that you could incorporate here is to have them let out higher pitched sound, which will connect them to a younger place. I find this sequence is an excellent primer and often times it will take the client out of the mind chatter and bring them more into the present moment, with themselves, with you, and with the therapy.

An interesting entryway is the jaw as the jaw and pelvis are inextricably linked. Here are some general ideas, but let your intuition guide you. Massaging the jaw and neck, working the jaw side to side, up and down, jutting it out. You could have the client exaggerate opening the mouth, sticking out the tongue and vocalizing. Biting on a towel and pulling with the jaw, sucking movements, you could go so far as having the client stick a finger down their throat to induce coughing, choking movements. And as things progress you could introduce some pelvic work; this will need to be eased into. Again, some general ideas: bring attention to sensation in the pelvic area, gentle tilting or rocking of the hips, bouncing pelvis on the floor, pelvis into the cube, introducing the therapist to the other side of the

cube while thrusting, staccato breathing. Jorge Galindo has a fantastic paper on working with sexuality that lists interventions for beginner, intermediate, and advanced, I've listed in the reference section, this is highly recommended. There are endless ways to work with this, one vantage point the therapist can take is to notice which segments are blocked or held and work specifically to open those up, allowing the energy to move through the body. As this is heightened with erotic energy, it's likely that the defenses and resistance will show up stronger. If we think of the erotic transference as a distortion, it's almost guaranteed that there will be some kind of contraction, holding, leaking, block, etc. in the energy as it moves through the body. The approach of freeing the energy and working with the energetic distortion to allow it to flow is an excellent way in so that you can then begin to explore further what this is really all about. A great exercise to help identify blocks is to have the client go into a gentle wall sit, back against the wall and they go down about halfway between standing and 90 degrees. They will stay here for about 5 minutes or so, invite them to verbalize all the sensations they are aware of throughout the exercise. Where they are feeling sensation, it is likely there is some kind of block. You can also observe how you see the energy moving (or not moving) in them as they do this, it's possible they may not be aware of some places in their body. Unlike the traditional wall sit, this is not designed to trigger anger, it's more about slight stress on the body to reveal places of holding/blocking.

In Core Energetics the work unfolds in 4 stages, penetrating/melting the mask, releasing and transforming the Lower Self, centering in the Higher Self, and Universal Life Plan. I'd like to offer this as a framework for how we can work specifically with erotic transference. This gives a fluidity across character structure where the therapist can adapt interventions based on where the client is in the process in relation to the erotic transference. We'll review each stage, and I will offer a few suggestions for each section.

1. **Penetrate/Melt the Mask** – Identifying and dismantling defensive strategies around the erotic transference.
2. **Release the Lower Self** – Working directly with the emotions, impulses, and shadow aspects beneath the transference.
3. **Center in the Higher Self** – Integrating awareness and self-responsibility in relationships.

4. **Universal Life Plan/Life Task** – Expanding beyond the transference, reclaiming the gift in service.

Stage 1: Penetrate/Melt the Mask – Identifying and Dismantling Defenses Around Erotic Transference

Therapeutic Goals:

- Bring out the erotic transference if it is underground
- Bring conscious awareness to how the erotic transference is serving as a defense mechanism.
- Identify the primary relational survival strategies at play
- Help the client feel the gap between their mask and their authentic self

Here we're met with how the erotic transference will initially emerge which will run the gamut, characterology will play a role in how it is presented. As discussed earlier, the pre-Oedipal structures will have a very different quality to Oedipal structures. Someone with a schizoid defense may intellectualize the desire, dissociating from the body entirely, whereas someone with a psychopathic defense may use overt seduction and/or charm in an effort to control the relationship. The therapist will need to use their instrument (read: their body) to discern what is happening and where it's moving from. Also, remember that while the erotic transference may emerge in one way, it doesn't mean that it will stay there, it could move.

1. **Somatic Awareness Exercise: Noticing the Mask in the Body**
 - a. Have the client scan their body and identify where they feel the attraction toward the therapist.
 - b. Encourage client to feel this and ask them to notice what happens if don't immediately explain or act on it.
2. **Mask Dialogue: Identifying What the Erotic Transference is Hiding**
 - a. Ask client to role play a dialogue between outer persona (mask) and their deeper, unacknowledged emotions.
 - b. Then ask client what the part of them that flirts or seeks approval wants you to see. What is it afraid of?

Stage 2: Release the Lower Self – Expressing the Emotions and Shadow Aspects Under Erotic Transference

Therapeutic Goals:

- Work with repressed rage, sadness, desire, fear, etc. beneath the transference
- Help the client move the energy of attraction in an embodied way
- Guide the client in owning their erotic impulses rather than projecting them outward

Those of us who practice Core Energetics know that the lower self is really the gem of this work. It's no different here. This stage is more than just the lower self, it's really about finding and expressing what is underneath the erotic transference. This doesn't necessarily have to have a lower self quality to it. Though it is likely that there will be something in the erotic energy that is covering the pain and hurt that is underneath. The objective here is to help the client bring it out.

1. Active Breath & Pelvic Release

- a. Have the client use deep, rhythmic breathing to activate energy in the lower belly and pelvis. Encourage hip movement (circular or thrusting) to start to release blocked energy
- b. Work to bring the client into the full charge of this energy without controlling it. Containment is important here.

2. Energize the Demand

- a. Invite the client to directly energize the demand they have towards you. This can be with thrusting, hitting, kicking, etc.
- b. As the energy builds, help them uncover what is actually underneath, helping them to see that this is not about the therapist.

Stage 3: Center in the Higher Self: Integrating Self-Responsibility in Erotic Transference

Therapeutic Goals:

- Support the client in understanding their erotic attraction as part of their own journey toward wholeness

- Guide them toward self-responsibility in relationships rather than projection
- Help them separate erotic energy from the need for validation, power, connection, merger, etc.

Here we arrive at the place where the client begins to see the therapist as a mirror rather than a source of fulfillment. As we all know, there are Higher Self qualities that are used in distortion in the mask, this is the place where the client can start to move toward reclamation. The Life Force begins to move with more freedom, the distortions breakdown. Here the client begins to understand what this process was all about.

1. A Reclamation

- a. Invite the client to close their eyes, breathe deeply, and bring awareness to themselves as an integrated whole with all their eroticism, help them create an embodied experience of the feeling
- b. While holding onto that feeling, have the client start to list what they've reclaimed in themselves through this process.

Stage 4: Universal Life Plan – Expanding Beyond the Transference to Life Purpose

Therapeutic Goals:

- Help the client to uncover how the erotic transference (and what's underneath) relates to what they're here to do
- Support client in moving from relational healing into a more expansive sense of self and mission
- Transform erotic energy into creative, life-affirming force

We hold this stage as the ideal, not as a mandatory step. I know for me this is part of what made it all make sense. Why did this happen, what was it all for? And then being able to see how this directly relates to what I'm here to do (I think this paper is part of that...). Here is where what has been reclaimed gets put to work in service of the greater whole, be that with others in the client's life or humanity at large.

1. Creative Expression of Life Force

- a. Have the client step into the feeling state of their life force, eros, and invite them into movement or some other kind of creative expression (dance, painting, writing, singing, ritual, etc.)
- b. Guide client to consciously feel their energy and direct it into creation rather than projection. Express it.

In Core, the body doesn't lie. When erotic energy arises, it is both a relational and an energetic communication. The therapist may receive the erotic transference as flirtation or seduction, but in the energy field, the body may reveal something entirely different, maybe a contraction, shame or a collapse. The relational lens helps identify who the therapist represents, often felt through the countertransference, the energetic lens helps locate how the wound has been held in the system, often as frozen desire, muscular armoring, or disconnection. We as therapist's need to listen with both sets of ears.

These are merely a starting point. Let your own creative life force and intuition help guide you as you find the way to move through this rich, exciting, and often challenging transferential dynamic. Psychoanalytic theory has helped to unearth so much around this dynamic, but it gets caught in the mental realm which is deeply limiting. We as Core therapists take in the person as a whole: body, mind, emotion, will, and spirit. Every single one of these dimensions will come into play as you navigate this. As with every other aspect of this work, it's with the energy AND consciousness working together that real transformation can take place.

IV – II – Countertransference, Boundaries, and the Ethical Use of Touch

Countertransference

We've talked so much about the client and ways to help them navigate the transference. Now we will delve into the world of the therapist. While this section is toward the end of the paper, that does not mean that this comes at the end of the process, the countertransferential element comes

into play from the start (or even before) and, as such, should be navigated, explored, and managed from the beginning. In this section I will pull from a few different sources offering a lens of how one can view and use this landscape. The therapist can utilize their countertransference as a diagnostic and therapeutic tool. Erotic Transference is not a one-sided phenomenon, it exists within a relational field. Just as there are a rather limited number of resources about erotic transference, there are even less around the erotic countertransference. This speaks directly to the astounding number of boundary violations of a sexual nature between client and therapist. Not only is this a clear breach of ethics, but it is also a retraumatization for the client. In Core Energetics we have the added component of touch. In my opinion this offers the possibility for even deeper healing, and, with that, it also opens the door to a higher risk of rewounding if not navigated and managed correctly.

Mann (1997) provides a framework that I find particularly useful in his unpacking of the countertransference. He starts with the concept of erotic subjectivity in the therapist (and all people). This includes all of the therapist's conscious and unconscious sexual thoughts, feelings, physical sensations and fantasies toward the client. Mann says, "Unless we take the view that all erotic desire and fantasy is a perversion or neurotic, and psychoanalytic theory tells us this is clearly not the case, then the therapist may experience healthy erotic feelings and these may be useful in the analysis if the therapist deals with the desire appropriately; if the therapist remains unconscious of the desire and does not analyse it effectively, then the erotic feelings are more likely to bring an unhealthy distortion into the work." (Kindle location 56) Prior to Mann most of the literature states that the erotic countertransference is either a neurotic distortion in the therapist or merely a reaction to the client's material by way of projective identification. By bringing awareness to the therapist's sexuality and erotic life, he is establishing a true relational field. He provides one clear distinction: the therapist needs to scrutinize their erotic fantasies through self-analysis, supervision, and collegial support so that they can be utilized in the therapeutic relationship in the interest of the client. It's the therapist's job to have erotic desires as objectively as possible, they feel but contain them. Mann says, "It is this containing function in the desired parent that the child needs to internalize. Feelings, especially prohibitive incestuous feelings, can be experienced; they do not have to be acted upon or repressed, neither of which is in the interest of the child's healthy development" (Kindle location 59). The navigation in the realm of the therapist's erotic subjectivity is: not to repress, deny, or split off feelings, leading to displacement or projection on to the client; and/or not to become overwhelmed by the feelings thereby leading to acting out. There will be times in therapy where these feelings in the

therapist will be of extreme importance and other stages when other feelings and fantasies are more dominant. Mann suggests that the intensity with which they impress themselves on the therapist is the most useful indication of their importance at any one time. A final piece that feels self-evident, but should be mentioned, the therapist's erotic fantasies should NOT be shared with the client, this is akin to expecting the child to deal with the parent's incestuous feelings.

Countertransference is a joint creation with the client, this is also true of the transference. Erotic countertransference is a mixture of the therapist's erotic subjectivity interacting with the client's. Some of this will be a result of the client's projective identification and the rest will be from the therapist's healthy and neurotic sexual material, both conscious and unconscious. Tanner (2014) pulls from Soth taking the erotic countertransference into the realm of body-psychotherapy, "[The] Therapist should be rooted in their own somatic reality... Somatic countertransference is an essential element of understanding erotic countertransference in body psychotherapy, as it is the therapist's awareness of their own body, of sensations, images, impulses, feelings and fantasies that offer a link to the client's process and the intersubjective field." This somatic element of the countertransference takes us even deeper into Mann's next point around the different types of countertransference that may develop, the erotic Pre-Oedipal Mother, the erotic Oedipal Mother, the erotic Pre-Oedipal Father, and the erotic Oedipal Father, these are not gender specific to the therapist, but rather a feeling state within the therapist that is a co-creation with the client. Mann tells us that the parent's emotional state is not the creation of the child, but the infant's stage of development will influence how the parent feels about the child as the experience of parenthood has a tendency to trigger different unconscious processes in the parent. If the therapist can utilize their somatic awareness of their own countertransference, it will help drop us into the dynamic in a much faster and deeper way.

While I have a deep appreciation for Mann's Oedipal countertransference framework and can certainly appreciate the intellectual depth and fortitude, I believe that we need not make it quite so complicated. The first distinction we need to make is whether the countertransference reaction puts us in the realm of pre-Oedipal or Oedipal. A pre-Oedipal reaction is likely to be a pull toward unconditional nurturance, the therapist may feel a desire to rescue, soothe, or 'give more' to the client. There may be feelings of overwhelm or enmeshment, a sense that boundaries are being tested with a demand for total presence in the session and possibly even out of it. Asheri (2004) gives a great

example of her experience, “When working with pre-Oedipal material the transference dynamic is likely to be based on the longing for an unconditional nurturing. I am likely to have a maternal bodily response which can be erotic but hardly likely to be genital. In this situation I find myself, through images or physical sensation, thinking of breast feeding, nurturing or on the other side feeling overwhelmed or resentful by the demand on my energy (sucked dry) and so on. I perceive the client’s quest for increasing the formation or definition of self.... The erotic orientation is more sensual and, if it is sexual, it is not yet relational.” This certainly has a more material flare to it and Asheri is bringing in her own material with her experience as a mother. In my assessment, within most pre-Oedipal erotic transference/countertransference dynamics, the therapist will likely be in the all-giving-mother roll.

Oedipal countertransference will likely have a more explicit sexual charge, the therapist may feel flattered, drawn in or seduced by the client’s attention/attraction toward them. Or it may lean the other way, Mann (1997) describes a clinical example where he had strong sadistic fantasies of wanting to sexually humiliate the client which helped him understand the client’s experience around his father. When we are clearly in the Oedipal there will be a more relational element to the dynamic. What’s more we will likely become involved in the Oedipal triangle in some way and here is where we would use the therapist’s erotic subjectivity as a clue in. What type of fantasies are present and what do they indicate about the process that you find yourself in with the client? We may be the object of desire or the source of disappointment. We can be the idealized parent/lover or the rival/competitor. Here we find issues of love, possessiveness, envy and competition. There is often a push-pull dynamic of attraction and prohibition, the desired but forbidden object.

Managing Countertransference to Maintain Clear Boundaries

Let’s move now into managing the countertransference. Without proper management, erotic countertransference can easily lead to enactments which are an abuse of the transference, which is a direct abuse of power, and a clear boundary violation. Left unchecked, it can lead to sexual acting out which is sexual assault. The International Association of Core Energetics Code of Ethics states that client and practitioner cannot engage in a sexual relationship until 5 years post termination. More rigorous ethical guidelines say that this should *never* happen. I put this here merely to stress the point. Boundaries are essential for the working through of erotic transference. The therapist may feel the

seduction of power and the gratification of their own narcissistic needs, be it overt or covert, but this will not end well... for either party. As we discussed in Chapter 1, creating boundaries for the client helps create a safe space for this dynamic to be explored. This is just as true for the therapist, clear, strong boundaries are a must.

As people who work in the psychological realm, we are expert at justifying and rationalizing our behavior! I think that applies exponentially where the stakes are high and there are so many preconceived notions of what is “ok” and what isn’t. This is why supervision is paramount when the erotic transference/countertransference emerges in therapy. We each hold blind spots and having a trusted supervisor who knows us, knows our work and has a frame of reference for the client is essential. This can also be done with colleagues, bring what is happening in session into conversation with peers. If there is something you are holding or feeling unsure about, take that as an indication that you should be getting some outside perspective.

I’d like to offer a few other ways for the therapist to manage and discern the countertransference. Similarly to what was discussed above, the somatic countertransference can be a very useful tool. There will, of course, be activation in the therapist’s body, learning to track this without reacting can create an understanding of what might be moving within the therapist and within the relational field. It also may be a useful tool in helping the therapist sort out what is their material from what is the client’s material. Another vantage point to look through, if there is a similar dynamic/pattern with several of the therapist’s clients as opposed to just a few clients, this is an indication that there may be something for the therapist to unpack for themselves around their own eroticism and how it is being brought in relation to the client. It’s the therapist’s job to maintain dual awareness, one, with the client through the relational field and, two, with what’s happening inside themselves as they relate to the client within that field. Paying attention to sudden emotional changes within themselves during the session, as this can be an indication of personal material being triggered.

The last piece I would like to present here connects back to the initial frame of how to work with the erotic transference. One of the biggest and most common missteps therapists make when dealing with this phenomenon is the over-indulgence or avoidance/repression of the erotic transference. Again, I raise the question, what needs to be worked through in therapist for them to

allow this energy to be in the room and between themselves and the client? What needs to be worked through to allow the exploration of this energy in an open, non-defensive way? Gabbard (1996) warns that therapists who avoid discussing erotic transference out of fear often push the client into deeper shame and repression, reinforcing their early childhood wounds. Alternatively, if the therapist is over-indulging the transference and using it to fulfill their own narcissistic needs, it can be a different form of recreation where the client may be used. Further, this could lead to an enactment or overt sexual acting out. How do we as therapists ride this line within ourselves and with our clients? Again, supervision and/or collegial support will be helpful in this navigation. Just as each client is unique, so is each therapist. The therapist's reaction is going to be uniquely their own. It could be attraction, repulsion, flattery, uneasiness... it all leads towards a deeper unpacking of the dynamic. And it all needs to be investigated to maintain the integrity of the therapeutic container and to move toward healing, for both the client *and* the therapist.

Ethical Use of Touch

Again, we make our way into a topic that could be a paper in and of itself! Touch is still a bit of a hot button in so much of the therapeutic realm, but in the Core Energetics framework, we know how powerful a tool this can be when applied appropriately. Much of the psychological framework around erotic transference comes from psychoanalytic theory and I think it offers so much in the unraveling of this material. And yet there is a large and pivotal component that is missed, the body is left out of the equation. Core teaches us that you need energy and consciousness to move toward true transformation. In psychoanalysis touch is limited at best, and in the literature on erotic transference, they double down on avoiding touch when the erotic transference emerges. On one level, I can understand, there is an increased risk of what the touch may elicit both in the client and the therapist, and if left unexamined, the consequences could be disastrous. Within Core we are already primed to investigate our intention behind touch with a client, I would like to reiterate some of that here. I do not believe that the rules change around touch when erotic transference is involved, but I do believe we need to take an even closer look at what goes into touching and have a deep understanding of the potential dynamics that can come into play.

Danielle Tanner (2014) lays a fantastic groundwork on the intention of touch when the erotic is involved and then provides a clear and concise framework for how to manage the ethics of it. She invites the therapist to address the relational perspectives of touch whenever we engage. If we touch with the intention of creating erotic charge, this would be not only problematic, but unethical. If erotic charge takes place within the transferential field there is an opportunity to work with it, to allow it. She suggests that within the erotic transference the client may be aware of the containment, which may be a factor in allowing the erotic to emerge in the first place. Here the client recognizes that the therapist is not available. She goes on to say that we need to be very aware of our client's perception of touch, especially if there is a possibility of early childhood violations, which could lead to confusion around touch. Many in this instance would avoid touch all together, but her point is that the way to actually heal from such trauma is through touch, verbal or cognitive approaches will not be able to penetrate the somatic elements of this kind of trauma. The client needs to experience and feel non-abusive touch. Clients traumatized in childhood are often unable to make the distinction between affectionate touch and sexual touch and healing is unlikely to occur if positive and appropriate touch remains only an idea or intellectual concept. She cites a study by Horton et al. (1995) that found that sexually abused clients felt that touch repaired self-esteem, trust, and a sense of their agency, especially in regard to boundary and limit setting and asking for what they need. She clarifies that there is a need for us to acknowledge our client's aliveness, sexuality, their child, and their adult whilst maintaining clear boundaries. As therapists we need to utilize our own internal boundaries and be aware of our instincts and intuition, if you are being cautioned in yourself not to touch, then you should not touch. It would also be unwise to touch when a client has enmeshed boundaries or has a poor sense of reality/ego strength. Similarly, when a client is regressed or if the client is dependent with ill-defined ego boundaries. She pulls this from Kertay & Reviere, 1998, p. 28. The therapist should give careful thought and analysis with each instance as to how appropriate touch would be. Touch needs to move with very clear boundaries and intention.

Tanner says that the client should feel empowered enough to be able to know if they want to be touched and be able to say so, this is enabled through constant negotiation and the therapists trained understanding of touch. I emphatically agree and I would add that the therapist's understanding of the inherent power dynamic within the relationship is also paramount in discerning what is ethical and appropriate. She goes on to say that when two biographies meet, a third space is

created and within that space it is the therapist's responsibility to work ethically, with respect and transparency. Touch requires self-awareness on the part of the therapist, a willingness to ensure that we are acknowledging our own needs for touch and connection and that we are taking responsibility for meeting those needs outside the therapy room.

"When we are working with touch and specifically with a client's libido, with their sexual energy, with a sense of empowerment, compassion and celebratory respect, we engage in a journey toward healthier re-emergence of their sexuality, a sense of their self and the establishment of a more balanced and fulfilling sexual relationship. That I can be alive, and I can fully feel the erotic charge of the other in my own body, that I can attune and resonate to my clients' eroticism and be excited by their sexuality while being able to recognize and hold a boundary where I do not succumb to this sexuality, enables my client to also witness another taking self-responsibility for their own sexual charge." (p. 64)

Tanner finishes by reminding us that as therapists when we touch, we are often touching the parts of our clients that have been disowned, abandoned, hated, or unconscious. The contact has the potential of sealing the fractured parts and creating a more cohesive sense of self. There is an immediacy and an intimacy in touch when we move with warmth, compassion, and empathy. She pulls from Ehrenberg 1992 and says, "It is this intimate edge, which is characterized by both a developing therapeutic intimacy and the client's growing edge that can lead to greater self-awareness and aliveness." (p. 72)

To recap, with clear boundaries and clear intention we can maneuver in the realm of touch, opening elements in the transference dynamic that would otherwise be "untouchable." This is another tool at our disposal that can help our clients have a deeper, more authentic experience of themselves. I will also reiterate the importance of supervision as we navigate this. As I mentioned earlier, with touch we have the potential for even deeper healing and with that we also have the risk of an even deeper rewounding.

We've explored quite a bit in this chapter, and it's my hope that you will feel more well equipped in the actual working through of erotic transference both within the client as well as within the countertransference of the therapist. One of the most beautiful aspects of Core Energetics is that

it opens itself to evolution of the work and as such allows for us to pull from so many different frameworks and modalities as we work with clients. This is merely a beginning.

CONCLUSION

We've taken quite a journey through erotic transference. Let's look back at the original hypothesis: when worked all the way through using Core Energetics, erotic transference provides a pathway to the client's deepest healing, a true transformation. In my research and in my own experience, both on the client side and the therapist side, this has been proven to be emphatically true. When we as therapists can engage erotic transference with courage, skill, curiosity, and empathy, it is not problem to be managed or interpreted, it is in fact a gateway to transformation, not only for the client, but also for us as the therapist. Traditional psychotherapy often holds the erotic transference as resistance, a distraction from the "real work" of therapy, or worse, a danger, something to be avoided. Within Core Energetics we recognize the erotic energy as a direct expression of Life Force itself, and its emergence in therapy is an opportunity to move toward profound healing.

In working with erotic transference, we are not just exploring childhood wounds, nor are we merely creating consciousness around our unconscious relational patterns. This work invites the client into a visceral, embodied confrontation with their deepest longing, their most hidden wounds, and their most profound disconnection from self and other. If we can engage with it properly and walk the razor's edge with the client, it can lead them toward true liberation, not just from the transference itself, but from the internalized distortions that have kept them from truly embodying their authenticity and freedom, their own Divinity.

While the theory on erotic transference mostly comes from the psychoanalytic frame, which works mostly on the cognitive, insight, and interpretation level, Core Energetics recognizes that transformation occurs when we work with the energy and consciousness together, moving far beyond mere understanding. Sexual energy, Eros, and Love are not simply byproducts of human psychology; they are fundamental expressions of the Divine. Here again we are met with the depth of healing and transformation that the Core Energetics frame can offer when working with erotic transference.

When we move past erotic transference as a "clinical phenomenon," we recognize it as an energetic opening, an expression of distorted or blocked Life Force that is seeking resolution, integration, and expansion. We move through that expansion within the four stages:

penetrating/melting the mask: recognizing the falseness that has developed as a defense against vulnerability, releasing the Lower Self: working through the distortions and impulses that have been repressed, leading us into centering in the Higher Self: discovering the deeper truth beneath the projection of the erotic transference, and finally aligning with the universal life plan: reclaiming Eros as a force for creation, transformation and relationality. This framework allows erotic transference to be worked through, not as an obstacle, but as a path toward true healing and transformation, where sexuality is not just about human relationships, but about how we connect to the fullness of life itself. It is my hope that through this paper not only can you see the healing potential of what this energy has to offer when worked through, but that you now have tangible pieces of *how* we as therapists can work with it to help bring our client's to that place deep healing, true transformation.

My personal journey through my own erotic projection has taken me to the deepest, darkest parts of myself. My own understanding of how this piece has provided me a path toward my own deepest healing is why I've chosen to explore this topic. To be honest, the depth of this has slowly opened over years... my inability to bring this into my own personal therapy made this a bit choppy for me. First, my initial understanding in how and why I projected onto authority figures, which then opened to a deep understanding of the pain of my own sense of worthlessness which created this outward seeking of validation. And while I know that in unpacking of all this within my own therapy, we certainly addressed the Oedipal component to it all, it wasn't until the writing of this paper that the true impact of that settled into me. The pain of the loss, the longing, and my desperate attempt to fulfill it from somewhere outside myself. As I write this, I feel a pang of grief, not only at how difficult this has all been for me as I look back, but also at the loss of my father. While I'd certainly done quite a lot of work around our relationship, I would have like to have met him from this place within myself.

As I unpacked all of this in my own process, I was able to integrate and reclaim my own energy, shifting out of my unconscious reenactment and into a more authentic, embodied way of being. A "cleanness" to my energy, or maybe a better way to say it is outside of distortion. Part of the reason why I think Core Energetics therapy (and therapists) work is not only the methodology/framework, it works because we as therapists actually take ourselves through the process, we live the work. This is not something that is outside of us, we embody it over and over again. And this is the work that I bring to my clients. Erotic transference is not something to be avoided, nor is it something to be indulged. It

is something to be transformed. It's the bridge between past and present, between illusion and truth, between distortion and wholeness. It is a pathway to their deepest healing.

For this work to unfold, we must be both a container and a mirror for our clients, holding the erotic energy without enacting it, staying present without withdrawing, exploring the transference without indulging or rejecting it. This requires a deep level of self-awareness, a willingness to track one's own countertransference with all that may be presented, and an ability to engage erotic energy without fear or avoidance. We must be willing to stay in the unknown, resisting the temptation to resolve or explain the transference too quickly. Be willing to be uncomfortable in the not knowing. There is a profound alchemy in simply holding the erotic charge without acting on it, allowing the client to experience their longing in its full intensity, without collapse or suppression. This is the space where transformation happens, where energy moves, and where healing can emerge.

Erotic transference is not about the therapist. It is a mirror that allows the client to see themselves, their own unconscious material, a stage on which their deepest wounds and desires are projected, creating a pathway to reclamation of lost Life Force. When worked through with depth, courage, and consciousness, erotic transference doesn't resolve, it dissolves into something greater, something whole. This is the work that traditional therapy can often miss. Where others may seek to control or neutralize erotic energy, Core Energetics invites us to explore it, live it, breathe it. It is, in fact, the source of our transformation. When we engage erotic transference fully, truly working through it, we are not just healing an individual wound, we are reintegrating the lost aspects of self, reclaiming vitality, and stepping into a full, embodied, life. Erotic transference is not the problem, it is the path that leads us home.

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CORE ENERGETICS FILES

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Sexuality in Core Energetic Therapy – No author listed

Stages of Core Energetic Therapy Re: Your Sexual Self – No author listed

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