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An Exploratory Case Study of the Interference of Erotic Transference in the Longevity of Psychoanalytic Treatment

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Abstract**—**In this exploratory case study, a 37-year-old male patient who previously terminated treatment after four months of therapy with a different therapist begins anew with a 38-year-old female therapist and undergoes a similar cycle of premature termination, with added discourse caused by erotic transference. Process notes and records of the therapy treatment indicate that during the short course of treatment, the patient explored his difficulties navigating personal relationships, both current and past, and his difficulties coping with hypochondriasis. The therapist becomes tasked with not only navigating the patient's inner conflict but also how she relates to the patient in the countertransference process while maintaining professional boundaries. This includes empathizing with the patient while also experiencing discomfort in the erotic transference from a professional standpoint. When the patient terminates once more, the therapist reflects on the possible reasons for termination. This includes the patient's difficulties with tolerating interpretations, which cause him to blame himself for past events. These interpretations were also very frequent, contributing to the emotional burden the patient experienced. The therapist reflected on the use of interpretation versus exploration of the patient's feelings and how exploring his feelings, including his feelings towards her, would have allowed for an opportunity to explore the emotions that troubled him more deeply. This includes exploring the patient's anger and fear, which stem from unresolved conflicts from his childhood. Moreover, the erotic transference served as an enactment of previous experiences in which the patient feared losing what he loved, leading him to opt for premature termination instead of losing his ability to control the relationship and experience loss.

Keywords**—**Countertransference, erotic transference, premature termination, therapist-client boundaries, transference.

I. Introduction

DESPITE the wide variety of therapy modalities that a therapist is able to study and utilize, a shared variable that can influence the course of treatment regardless of modality is the therapeutic alliance [1]. With the concept of the therapeutic alliance originating from psychoanalytic theory, it has come to be recognized as an essential element worthy of exploration within the dyad. For this reason, the transference and countertransference experienced within the therapeutic alliance can provide deeper insight into the trajectory and outcome of treatment [2]. The transference provides an understanding of the patient's relationships, both past and present, and can also demonstrate what relational patterns are happening repeatedly for the patient, and how those patterns now surface into the therapy space. These projections that are placed on the therapist may also reflect a patient's wish for a certain kind of relationship, including a romantic one.

To be more specific, erotic transference describes a transferential experience in which the patient projects fantasies pertaining to romantic and/or sexual desires [3]. Without the libidinal needs of love and companionship being fulfilled by individuals in the patient's outside life, these expectations are then placed on the therapist, leading to a challenging position when the therapist needs to juggle the patient's needs with their ethical responsibilities of maintaining professional boundaries [4].

The therapist may have difficulty noticing that erotic transference is taking place, or maybe in denial of its presence [3]. It may also be rooted in the therapist's own difficulties with the countertransference. In some cases, the therapist may find themselves entangled, knowingly or unknowingly, in an enactment with the patient, especially when the therapist begins to self-disclose. This can be problematic and cause the patient to become parentified, thus blurring the line of who is the receiver of treatment. The important part to recognize is how it occurs unknowingly, and how the therapist may unconsciously seek gratification caused by being idealized, creating a sense of cohesion in the therapist while the patient experiences fragmentation. Likewise, it is also worth exploring instances where the therapist's own discomfort and limited experience inhibit their ability to further delve into the countertransference, preventing the alliance from deepening.

For some men, erotic transference can feel overwhelming or shameful, leading to further fragmentation and possibly premature termination [5]. This overwhelm may be rooted in their own discomfort in experiencing intimacy that they have not experienced in other relationships, as well as an unconscious understanding of a boundary violation for their woman-identifying therapist. At the same time, for the woman-identifying therapist, there may be shame in discussing this transference with colleagues or within supervision, despite the prevalence of this dynamic [5]. In the following case study, a male patient begins treatment with a female patient, and during

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treatment, an erotic transference quickly emerges, then quickly disappears when the patient abruptly terminates treatment, leading his therapist to reflect on what had occurred within their fifteen sessions together that had led to this decision.

II. Patient Background

Situated in Iran, this patient is a 37-year-old man, and his therapist is a 38-year-old woman. He is the first of two children with a four-year difference between him and his brother. He has been married for ten years and has a six-year-old son. He has a degree in engineering and was self-employed as a gold seller at the time of treatment, with his brother-in-law as his business partner. The patient reported feeling depressed and had previously been diagnosed with bipolar disorder, although he does not understand the reason for this diagnosis. Prior to his time with the therapist in this case study, he worked with another therapist about one year prior. This treatment lasted for four months before the patient abruptly terminated. Upon follow-up, he stated that he wanted to work with a different therapist. When beginning work with his new therapist, the patient stated that he was seeking therapy in order to address his fear of losing his child.

The patient's childhood history includes persistent worrying regarding his parents' relationship. The patient stated that he was "very nosy and always worried about [his] parents fighting," and this included fearing that his parents would separate if the fights were not resolved.

For much of his childhood, this patient's mother was a student in Tehran, while he lived in Gorgan with his father. He felt responsible for making sure his father would not feel sad in his mother's absence. This included compromising his studying to spend time and going out with his father to see friends. In recounting his relationship with his father, the patient notes that he had "a very strong relationship with [his] father. [His father] treated [the patient and the patient's brother] differently and loved [the patient] more." In his larger community, the patient was also seen as a role model to other children. He would be considered a "moving encyclopedia," and through lecturing from his father, the patient never engaged in violence with other children, including when he was pushed around and bullied.

III. Course of Treatment

The patient canceled the first scheduled session. In the rescheduled session, he shared that he was hesitant to restart therapy and reshare what he had shared with the previous therapist. He stated, "I could not establish a close relationship with my previous therapist, and some things kept repeating themselves. My psychiatrist told me that I am Bipolar, and I take the pills with sadness even though I think that is the only thing that I do right in life." When the therapist inquired when he began feeling sadness, the patient stated that he had "decided to get fat in 2003 to be exempted from military service, and every issue started from that year." He further elaborated that he became suicidal due to his weight gain and began to have obsessive thoughts about contracting a disease. He copes with fears of getting sick and dying and often checks the symptoms of various diseases online. These thoughts and fears preoccupy him and limit his capacity to spend time with his child. At the end of the first session, the patient noted that when he talks about the past, he gets dizzy and sees a series of words moving in space.

In the following session, the patient notes that the words "not paying attention" come to mind when he becomes dizzy, and he continues to notice dizziness when talking about his time in school. In exploring this word, he talks about his previous treatment and then his business partnership with his brother-in-law, and his brother-in-law's aggressiveness. He also explores the fears he grew up with as he watched his parents argue.

> *Patient:* I had always been afraid that my father and mother's fights would lead to a divorce. In the second, third, and fourth grades, among each one-third of the term, I had to be on the go between Gorgan, my father's place of residence, and Tehran, my mother's place of residence. At the time of the war and rocket rain, I was always with my father in Gorgan and was always thinking, "What if a missile hits and my mother dies?" Since my childhood, I was forced to leave my friends and come to Tehran and again return to Gorgan. Not having any control over this situation bothered me a lot.
>
> *Therapist:* What do you want to control?
>
> *Patient:* The good conditions. From my childhood, I was always expected to be a happy, studious, and top-grade student, and I tried my best to meet those expectations. Now this expectation is still there. If I [do not] laugh even one day, they will say, "Why are you not happy?

The therapist empathized with the patient, and the patient continued to discuss his worries as a child regarding his father's health. This included feeling scared when his father would check his blood pressure, and also worrying that his father was not adequately taking care of himself. The patient made attempts to influence his father so that he would maintain his health, as a result.

In reflecting on this session, the therapist notes the patient's propensity towards fragmentation, especially in relation to the dizziness he experiences. She starts to suspect that additional precaution is needed when providing an interpretation. Thematically, she observes the patient is overwhelmed from feeling unable to control not only his external world but his internal world as well, including the dizziness and the words that come to his mind.

After canceling and rescheduling the next session, the patient returns after a visit with his parents and begins to question the efficacy of therapy, given that he notices that he has become more sensitive. The therapist further explains the process of psychoanalytic treatment, and the patient asks, "Have you completed therapy?" When asked to elaborate, the patient instead asked, "Does it mean that I will not take medicine after this therapy?" The therapist states that it could be a possibility after time, but she herself could not guarantee it.

The patient responds, "Now [I am] better. So, we will continue to see what happens. I attended this therapy more easily compared to the previous therapy. I used to attend easily

at first, but then I felt that my therapist did not understand me, so it was hard for me to connect. Otherwise, it is not difficult for me to have discussions and conversations." Later in the session, as he explores his recurring dizziness in the therapeutic space, he notes that "before [the dizziness] a spongy thing covers my chest [head and chest area] which is very slimy, and I [cannot] understand what you are saying anymore. It seems like there is a sound blowing in a lot of wind and I see a series of pictures of my childhood. My former therapist would talk for a few minutes and then ask, 'What is your opinion?' While I was looking at them, the words seemed to be missing and had no meaning for me… In my previous therapy, towards the end, I was like, 'is the treatment helping, or am I fooling myself?' I also had doubts that the connection [would not] be established either. I still have this doubt. Of course, today I had a good feeling from the beginning of the meeting, so I say to wait, maybe I will have a good future."

The patient's relationship with his previous therapist is of relevance to his treatment as well, given his constant comparison of the current and previous therapists. While he perceived his previous therapist as a mostly silent and passive presence, the current therapist instead had him actively explore what was happening to him in the therapeutic space, particularly in relation to his dizziness. The silence he experienced with the previous therapist may have felt lonely for him and made him feel stuck in his progress, leading him to become further fragmented and consumed by his thoughts.

The current therapist interpreted the comparisons he made, noting "there are differences between me and your previous therapist, and there are sensitive parts in you that make you separate from the outside world that we need to find. It is as if the outside environment creates a sensitivity in you and you confuse yourself." With this interpretation, the patient appeared to realize that he does many things unconsciously. He confuses himself and distances himself from his outer world. In noticing his bodily concerns relating to his blood pressure and overall physical well-being, he believes his body is weak and vulnerable, instead of considering how his body has the capacity to be very resilient. The therapist works to take the position of the parental figure who is not afraid and can instill confidence. For this patient, the intent was to lead him to grow in his self-confidence, and no longer view himself as weak.

As the relationship between the patient and therapist continues to take form, the therapist asks in a later session "How do you feel when you talk to me?" The patient responded, "Your presence attracts me, I am sensitive to faces, the more pleasant the face, the easier it is for me to communicate. The tone of voice is important to me. In addition, only here I say my bad feelings, but my good feelings can be heard by everyone." He further elaborates "If I say that I feel bad, I will not be noticed anymore. [I am] tired of myself. I think 'I wish I did not exist because [I am] always suffering and everything is my body's fault.' I feel that my marriage has hurt me because I [did not] marry someone I loved…I always make things that I like in my imagination with the girl I love, and every year on her birthday I congratulate her. All these years, I tried to be a good husband and a good father like a robot, and practically there is no feeling except loving my child."

The patient's initial comments regarding the therapist's appearance suggest that the self-object needs that the patient seeks are now being projected onto the therapist, especially when considering his naming of needs that had not been met by his caregivers in his upbringing [6]. In a later session, these unmet needs are further brought to light when the patient describes his resentment towards his family, believing that his father was at fault for modeling fear that the patient now carries with him. In particular, relating to the bodily concerns that his father had that the patient had observed and learned. While the patient experiences his own fragmentation, it appears that his father experienced fragmentation as well, manifesting in bodily concerns that the patient learned, and which overwhelmed his thoughts [7]. The father's own lack of cohesion took form in his child, inhibiting the patient's capacity to form his own self-structure.

While the patient is speaking of his anger, he does so in a flattened manner. In the following sessions, the patient continues to explore his shame for being unable to satisfy his needs in his upbringing, while the therapist works to help him gain insight into understanding his own limitations as a child and to acknowledge that some of those needs were denied to him. This is especially in regards to how the patient's own needs were compromised in order to make space for his father's needs.

Midway through the course of treatment, the patient canceled three sessions in a row, before eventually returning. He would explain that he had been out of town and that he had been told by his psychiatrist to change his medication, and he was now using lithium only. In trying to understand the three canceled sessions, the therapist wondered if the patient was becoming overwhelmed by having interpretations too quickly, and also considered the impact of medication.

Of note, throughout his time working with this therapist, the patient showed fluctuations in his bodily concerns and made note of when he became highly focused on his blood pressure. This included checking his blood pressure, at times doing so several times in a single week. A pattern that seemed to emerge was that he more often assumed his blood pressure had risen when he was experiencing stress and "negative thoughts." However, when the therapist provided him insight, explaining to him the strength of the human body, this would create some empowerment in the patient, and he would enter sessions saying that he had reduced the number of times he worried about or checked his blood pressure in the week.

The patient would eventually begin to also explore his desires more explicitly, particularly relating to becoming a dentist, and being with another woman. "There are two things left in my heart, one is a girl I loved and the second is to become a dentist. I make the memories I love with her in my mind. I feel that my marriage with my wife was due to my stubbornness because of my mother who told me not to mention that girl's name. Now I hate myself and I feel dizzy. I could have been a successful dentist with my wife whom I love very much, but I lost both. I [did not] do anything bad in my life, yet these two incidents hurt me." The patient's attention soon turns to the

therapist, and he asks her if she has children. The therapist responds that she does not, and inquires what had led to the patient's curiosity.

Patient: I want to know if you teach your child the things you know.

Therapist: Why do you want to know this?

Patient: It would help me.

Therapist: How?

Patient: It makes me feel secure.

Therapist: What kind of security?

Patient: That someone has experienced it because for a long time now I [cannot] believe people's words unless I am sure that they are telling the truth. I need to know that someone like you has experienced it. How do you talk to a bunch of people every day and it does not involve you emotionally?

Upon further investigating what the patient was seeking to understand, he stated, "I want to know how you control yourself so that I can control myself in the same way. I feel like I have a lot of questions. I feel confused."

As the time in treatment continued, the patient began to make more drastic choices, which, to the therapist, appeared to be hasty. This included a plan to separate from his wife, and in speaking about his wife, it is evident that he had begun to devalue her, pointing out flaws in his twelve years of marriage to her. Conflict in his personal life increases as a result of his decision, and he notes that his wife has said that he has changed and that he was doing worse, to which he disagreed. The patient also began to become more expressive in sessions. No longer did he explain his anger through flat affect. Instead, he now became open in expressing his feelings.

During the last session, the patient talked about how he was considering working independently from his brother-in-law. At the end of the meeting, he said, "Your hairstyle suits you." The patient did not come to the next meeting and said that he had signed up for a class that would last two months. The therapist filled out a treatment interruption form, but after two months, he said that he had a personal problem and that he could not continue treatment, leaving the therapist in shock.

IV. Complications Resulting in Premature Termination

The therapist roots her shock regarding the patient's premature termination to what she believed to be a well-established alliance, given that the patient had expressed that he felt a deeper connection with her compared to the previous therapist. One possible explanation for premature termination is an erotic transference experienced by the patient, which may have felt hastened due to how quickly and often the patient was presented with an interpretation. Schaverien [5] identifies a pattern that occurs within men who terminate prematurely, that brings to light a dynamic that appears to happen specifically with a woman-identifying therapist, in which the patient leaves in order to avoid intimacy. This traces back to early childhood dynamics, where the man once regarded a woman, his mother, as a powerful being. By placing him in a therapeutic relationship that inherently prescribes power to the therapist, he returns to this role. The inherent intimacy associated with therapy feels threatening, and he begins to feel himself merge with the therapist.

In this case, too, the patient inquired if the therapist had children and wondered if she had taught them the same things that he is learning from her. He wanted to use her as a model for how to control himself, as he observed her to be capable of controlling herself after interacting with people throughout her day. Perhaps this is similar to how the child seeks parental guidance, which in his case may be especially salient due to his mother's inconsistent presence throughout his upbringing.

It seems that there is also an Oedipal issue, because the patient, in the absence of the mother, was very well connected with his father and had good times together [3]. While the relationship with the mother was not explored more deeply throughout treatment, the patient's relationship with his father and the patient's relationship with his son and wife, showed that he was in a constant position of compromising himself, leading him to be limited in how much he could openly be himself, fueling his depression of what could have been, and what had been lost [8]. This may have further limited his ability to see others as sources of safety and cohesion, causing him to be alone in his experience, and develop compulsive acts - relating to his hypochondriasis - that served to substitute those needs, albeit in an unproductive manner. The security that he could have felt from others came instead in the form of focusing and managing his body, and this focus itself fluctuated in his time with a new object, his therapist.

In the therapist's experience with the patient, she notes that she felt embarrassed when the patient talked about her appearance, preventing her from being able to further explore the therapeutic relationship. She was concerned that if she explored it further, he would consider her self-indulgent. Despite her worries about feeling embarrassed, it is once again worth noting the prevalence of erotic transference, and how it infiltrates the therapy space to the surprise of the female-identifying therapist [5]. It is for this reason that issues of erotic transference are necessary to bring into the supervision space. Moreover, when erotic transference helps pave the way for premature termination, the therapist too is left with all the remnant feelings of the final interaction, which perhaps contributes to this therapist's own shock, and even sadness, regarding an abrupt end to therapy.

Sometimes in the meeting, when the patient was talking about the relationship, the therapist would ask what things he likes in his relationship with her but did not get into the detailed questions that her supervisor suggested.

The supervisor's emphasis was on the here and now and staying in the present. At the same time, it was suggested that the interpretations be given in the form of a question. The questions that would be better to ask in the meeting with the patient when he was talking about the therapist are as follows:

How does it make you feel to be able to say that you feel good?

When I am faced with your words and feelings, what reaction do you see in me?

What is your experience with me? How is this for you?

What does my face, my feeling, answer deeply in you?

What does it ensure? What need does it fulfill?

What is the reason for changing the feeling you have now?

How do you feel about me now?

What kind of feeling do you receive from me?

How do you feel about us?

What do you think about my feelings toward you?

The nature of analytic treatment and the use of interpretations placed difficulties on the patient as well, in that he was tasked with exploring his issues, both those related to the past and those he faced in his marriage, and caused him to question different aspects of his life and his choices, leading him to blame himself, and to mourn the loss of a different possibility of how his life could have gone had he pushed for his needs. It was as if everything was lost, and nothing could be recovered. As if there were no positive points in himself, his life, and his relationships, causing him to hate himself. This may have perhaps pushed him to quickly repair what had been lost and denied, explaining his decision to ask for a divorce [8]. This attempt at undoing what had been done felt hasty to the therapist and was fueled by his guilt. The patient was making strides in recognizing his anger and frustrations but given that he was already in a fragile state when beginning therapy, instead of being able to take time to work through, and build on his low self-esteem, he was rapidly making changes in an attempt to gain a sense of control and independence. Up until this point, much of these attempts at control stemmed from his ineffective attempts of managing his body, which, while causing him anxiety in the short-term, and in the long-term, it provided him with control and safety that he was not receiving from other relationships.

In various meetings, through exploration and different interpretations, the therapist tried to provide him with the insight that environmental and family factors prevented him from taking the steps that could benefit him. The therapist hoped that he would be able to understand that he was limited in his own agency as a child, and could forgive himself with this insight, but he continued to feel guilty. In an attempt to feel whole and secure, the patient idealized the therapist, but the rapid interpretations may have furthered his fragmentation, making analytic treatment increasingly difficult to bear [3]. By idealizing the therapist, he looked to her for guidance, as evident in his wondering how she may teach her own children, and what he could learn from her. However, there is still the fear of losing the object and dealing with the fragmentation resulting from the loss, which may have prompted his distancing. Upon reflection, the therapist wondered if instead of giving the interpretation, she had asked the patient more questions so that he could find the answer himself and prevent him from feeling accused.

V. Conclusion

In general, two cases can be mentioned in the explanation of the reasons for premature termination: first, the confrontation with a difficult patient experiencing fragmentation, and second, the issue of the therapist's countertransference in the confrontation with the patient's erotic transference. It is as if the patient says that he will fall in love and lose again, losing everything and feeling inadequate. While questions may still remain regarding what could have been uncovered had the therapy continued, this case serves as an example of the attempts the patient may make to reach cohesion, including through his interactions with his therapist as a new object who has the potential to meet his needs. The patient is introduced into a new setting that pushes him towards newfound intimacy, and the commonality of an ensuing erotic transference cannot be understated.

Likewise, the therapist, though uncomfortable and fearful of appearing self-indulgent, may come to benefit from further exploring the erotic transference, and understanding her value in the patient's life, and how she may be used as a way for the patient to reach the cohesion and control he craves. The patient was attempting to work towards something new and regenerative, by separating from his wife and exploring what could have been for him, both on a career level and a personal level, and with that comes the possibility of loss and uncertainty.

The termination, then, provides the patient with some agency, which he had long been missing.

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