Sexuality, Affection, and Erotization
Implications for the Treatment of Sexual Abuse

The analysis of Nancy provides a detailed look at the effect childhood sexual abuse has on the need for and expression of affection, the inhibition of sensuality and sexuality, and the proliferation of guilt and shame about sensual pleasure and sexual excitement. The common pathway for these needs, fears, and inhibitions to be expressed and analyzed was found in the eroticized transference that Nancy organized with her analyst. This transference opened a window into the vicissitudes of erotization derived from Nancy’s sexual abuse and associated experiences that reinforced the abuse.

THE EROTICIZED TRANSFERENCE

In Erotic Transference: Contemporary Perspectives (Gould and Rosenberger, 1994), a historical overview as well as different current views of erotic transference reveal the extensive disagreement among analysts as to what constitutes “erotic” and what is understood by “transference.” In Chapter 5, we spelled out our understanding of transference as constructed out of both the patient’s representational configurations (Lachmann and Beebe, 1992a, b, 1993) and the ongoing interchange between analyst and patient. The patient’s specific contributions to the analyst–patient interaction uniquely shape each therapeutic dyad. The contribution of the analyst’s countertransference is not confined to the analyst’s “reactions” to the patient or to the patient’s transference “demands.” All aspects of the analyst—including his or her theoretical preferences, which inevitably influence both the process and content of the analysis—are included. It is crucial, therefore, that the analyst’s countertransference and theoretical bias be consistently examined within the treatment. This task is of special importance in the treatment of sexually abused patients and in the analysis of an eroticized transference.

In reviewing the literature on the eroticized transference, Bergmann (1994) was “struck” that it was “written mostly in the language of

analyst’s entering, the dream experience, inquiry can take the form of questions like “What were you experiencing when that happened in the dream?” or “What were you feeling when this occurred?” The analyst’s inquiry, remaining close to the dreamer’s experience, affectively reconnects the dreamer to the experience for the purpose of amplifying and understanding the dream.

Inquiry is more focused on those dream persons or images that are in need of clarification. Object relational themes, affect-laden images of self, other, and self-with-other can be identified. The overall drama from beginning to end has immense communicative power about the dreamer’s innermost struggles and strivings. Once the dreamer’s scenarios are identified, the analytic task shifts to identifying (if unclear) if, where, and when these themes have emerged in the patient’s waking life. The function of the dream often can only be understood when juxtaposing the patient’s waking and dreaming states. When a dream expresses an exuberant mood of effectiveness and success, for example, it could either reflect a current waking state and serve to further its consolidation, or it could have served to restore self-esteem in the face of a shame-producing waking experience of failure.

This phenomenologically grounded approach also validates the dreamer’s experience and increases conviction as to the meaning of the dream. Dream images are not translated as defensive stand-ins, but are appreciated for their communicative value within the structure of the dream drama. Most importantly, the dreamer can begin or continue to rely on his or her own experience (rather than on what traditionally has been the analyst’s interpretive translation) to understand the dream, which facilitates self-cohesion.
Chapter 8

Sexuality, Affection, and Erotization

one-person psychology... It is never indicated what the analyst did or did not do, either to provoke this love or to return it to workable channels” (p. 514). In referring to his book, The Anatomy of Love, Bergmann cited the role of infantile prototypes in love, specifically emphasizing “the wish that the lover cure the wounds the infantile objects have inflicted” (p. 504). In the analytic situation, wishes to refine a lost or unrequited love, and the yearning for the healer, become powerful. Bergmann also referred to Blum’s (1973) suggestion that the eroticized transference is a form of transference neurosis in which the analysand tries to actively seduce the analyst and is thereby actively repeating what happened to him or her passively in childhood. In his detailed case report, Dewald (1972) regarded the eroticized transference of his patient as a paradigmatic transference neurosis leading to a very successful analytic outcome.

We concur with the important place of the analyst’s contributions in the erotic transference. In the discussion of Nancy’s eroticized transference, we illustrate her attempt to find the cuddling, nestling, and nurturance that she felt she failed to receive from her mother. These longings for a maternal figure were assimilated into her shame and guilt-ridden sexual experiences with her father and brother. These initially nonerotic longings became eroticized and could be worked through in the analysis of the eroticized dimension of the transference. We include those instances where the analyst acknowledged to himself that he had participated in an enactment of the seducer—seduced (83:1:12) experiences of Nancy’s childhood. The analyst’s effort to “wear the attributions” is a further attempt to keep the repetition of childhood sexual experiences within analyzable proportions.

Any discussion of erotic or eroticized transference must recognize the contributions of George Klein. In his (1969) discussion of the plasticity of sexuality, he paved the way for many of the nuances of erotic manifestations that are recognized in analytic practice. Klein argued that Freud conceived of two vastly different theories of sexuality. One is the metapsychological theory of drives, which is a proposal for a general theory of human nature using quantities of energetic discharge. Klein identified the other theory as the clinical theory. This theory “centers upon the properties peculiar to sexuality, upon the values and meanings associated with sensual experiences in the motivational history of a person from birth to adulthood, upon how nonsexual motives and activities are altered when they acquire a sensual aspect, and vice versa” (1969, p. 15). Klein discussed nonsexual motives being “sexualized” (p. 37) and contended that only the clinical theory recognized sexualization or erotization as salient phenomena in the clinical situation. He argued that the meaning and the “plasticity” (p. 29) of sensuality accounts for the phenomenology and the dynamics of sexuality.

Klein distinguished between sexuality as a drive to be discharged and as a meaningful experience to be savored, avoided, desired, feared, imposed on others, or fled from. Klein’s work contributed to the analysis of the complex meanings encompassed in Nancy’s eroticized transference, her expression of longings to be nurtured in sexual imagery.

Wolf (1994) understands the eroticized transference as a way in which a patient may retain a necessary connection with the analyst, that is, by eroticizing this tie. Though historically clinicians have been alert to the possible resistive aspects of the erotic transference, Wolf and others (for example, Gould, 1994) now also focus on the restorative, vitalizing, and self-enhancing function served by eroticized transferences. This line of interpretation builds on the contributions of Ferenczi (1933) and Schafer (1977).

An analyst’s discomfort with sexual overtures by patients contributes to the transference-countertransference stalemates that are often ascribed solely to the psychopathology of patients who form eroticized transferences. In addition to the analyst’s failure to address the sources of the transference, the analytic dialogue is diverted from the therapeutic gain that the erotic transference offers. In the analysis of Nancy, the eroticized transference carried the treatment for a considerable time. Only toward termination did Nancy clearly come to differentiate between her eroticized transference experience and her desire (and anxiety) for a satisfying sexual relationship in her everyday life. Wolf (1994) indicated that the emergence of an eroticized transference should be welcomed into the analysis as an expression of thwarted, longed-for needs that are no longer suppressed out of fear of disappointment or rebuff. By “welcoming,” we do not propose that the analyst “do something” to invite the patient to eroticize him or her. Rather, we mean that eroticized feelings, such as expressions of affection and sexual imagery, are accepted, as any other expressions would be. That is, these “erotic” attributions are “worn” by the analyst, just as any other attributions of the patient would be.

We prefer the term “eroticized transference” to “erotic transference,” which may more simply involve motivations of the sensual-sexual system alone. For example, Nancy’s eroticized transference was derived to a significant degree from unrequited longings for physical and emotional affection from her “stiff” mother. These attachment longings, replete with sexual imagery, “curiosity about women—about
breasts, bottoms, legs and comparing” (83:1:13), appeared throughout the analysis until its termination. They were then absorbed into the affectionate feelings that characterized Nancy’s relationship to her analyst. In characterizing Nancy’s transference feelings as “eroticized,” we refer to a dynamic sequence. Nancy’s nonsexual longings for nurturance from her mother were thwarted. To maintain her attachments, Nancy turned passively endured rebuffs into actively sought sexual contact (through exploration and curiosity), amalgamated these longings with her experiences of sexual molestation, and accepted the accusation that she was the powerful instigator of the “seductions” of her father and brother. Nancy’s sexual feelings, albeit guilty and shame ridden, coalesced with nonsexual longings and emerged as an eroticized transference.

ATTACHMENT, SEPARATIONS, AFFECTION, AND AVERSION

In a session in the second year of her analysis (83:1), Nancy said, “Over the weekend I was feeling a lot better, but Saturday I felt enormously depressed. I don’t know if I hate the weekend because I’m away from you” (83:1:1). Later in the session, Nancy connected her “bone-crushing depression” to “fantasies of being close and making love” (83:1:3–9) to her analyst. This interpretative sequence clarified the connection between Nancy’s unrequited longings, initially evoked in relation to her mother, and an anxiety-arousing, eroticized affectionate attachment.

Nancy expressed her longings for her analyst and her attachment to him as she felt his absence. She elaborated, “I find myself not wanting to be separated from you. Whatever you are, it’s better than being alone. I hate myself for that” (83:3:17) and “I hate you for going away and doing that ... The same way I hated my mother. I have a vision of getting up and throwing everything in this room at you” (83:3:23). Nancy is describing the terrible dilemma caring and loving places her in. Caring makes her ashamed of herself for desiring someone who has abandoned or neglected her. Two years later, Nancy directly connected her eroticized experience of the analysis—“mental masturbation” (85:1:11)—with not having been nurtured by her mother—“I get back to Mother and not being able to cuddle, nestle, or nurse as a baby” (85:2:13).

In a session during the termination phase, when her analyst did not utter his usual “Hmm hmm’s,” Nancy commented, “Maybe you’re weaning me” (90:1:7). Subsequently, she reported a dream “about this mother giving birth and relating it so clearly to you” (90:3:23), to which the analyst responded, “After you think about how you’ll miss me” (90:3:24).

The analyst’s continued acceptance of Nancy’s affectionate attachment (89:1), and the anger and hatred it often triggered, led to the increasing differentiation among Nancy’s masturbatory experiences and her attraction to women. Now women were attractive to her “because of their being happy, not because of their having big breasts or being angry and aloof” (89:1:18).

Throughout the analysis, the analyst’s attention is directed toward what occupies motivational and experiential salience at any given moment. Because the transference may be organized by any motivational system, no one system holds a privileged position. The eroticized transference may only come to occupy an unyielding dominance when the clinician experiences difficulty in accepting, understanding, and working with the responses these passions of the patient arouse. To this extent, the erotic demands, or rage-filled reactions to their nonfulfillment, are codetermined by patient and analyst. When Nancy elaborated that “in a strange way it’s okay to have sexual fantasies about Christ. He represents perfection and is immaterial so there’s no way to act. It’s safe” (83:2:7), the analyst responded, “As compared to my physical presence so near?” (83:2:8). The responses conveyed the analyst’s comfort with being the recipient of Nancy’s sexual feelings. He enabled her to continue to speak freely about them. Later, she added, “I want you to take out some part of you and share it with me” (83:2:23) and continued with “I want to kiss you. No, castrate you—that would be worse” (83:2:27). Here Nancy makes clear that imbedded in her affectionate-sexual desires are intense feelings of aversion for the neglect, sexual exploitation, and failed protection she has endured. To the extent that the analyst viewed these sexual and aversive expressions as free associations, like any other communication by the patient, the eroticized transference was maintained within manageable levels without producing a therapeutic stalemate.

As the analyst tracked Nancy’s longings for nurturance from her mother, and accepted and explored her sexual feelings and fantasies toward him, she increasingly trusted him with more detailed revelations about the sexual molestations by her brother, and her sexual play with her girlfriend, Margaret (85:2). In contrast to Bak (1973), who considered the erotic transference a defense against melancholia or an impending breakdown of the self, in Nancy’s case we understood her eroticized transference as fulfilling needs that embodied
facilitating, restorative, and invigorating potentials. Most importantly, it presaged new ways of relating sensually, sexually, affectionately, with men and women.

The careful tracking of Nancy’s complex transference gradually distinguished among Nancy’s sensual-affectionate feelings, longings for maternal affection, sexual-seductive intentions, and aversive retaliatory responses. In her associations to a dream (85:3), she described how her attempt to show affection was misconstrued as a sexual seduction, an illustration of a “confusion of tongues” (Ferenczi, 1933). The assumption that affection is a variant of sexuality, and the failure to distinguish between the two, may inadvertently replicate the very experiences that may have prompted a patient to seek treatment. Analysts, too, have been wary of accepting or expressing affection toward patients, lest they gratify incestuous wishes. The playful interchange between Nancy and her analyst (87:2) maintains a spirit of affection that leads increasingly to Nancy’s ability to articulate her desire for a sexually attractive man (87:2:5) and to her insight, “I turn everything off” (87:2:12).

During the final months of the analysis, Nancy could speak directly about her sexual feelings for her analyst without the shame and sense of “badness” that had encrusted sexuality for her. She said, “When you came in I heard you fumbling with your keys. There was something erotic about it” (90:1:1). Later in the session, she reported a dream in which she fought against a potential molester. She emerged from the dream feeling that she was able to make a clear, forceful response to a sexual molester (90:1:3 to 90:1:11), that she could be effectively assertive and confrontative rather than thrashing about with impotent rage.

CONSOLIDATING AN AFFECTIONATE ATTACHMENT

he feeling of mutual affection that was prominent during the final stage of the analysis came about gradually. A number of factors mitigated against Nancy expressing and feeling herself entitled to be a recipient of affection. In weighing the attributions with respect to Nancy’s sexual wishes and fears, and her rage-filled reactions when she felt thwarted, rebuffed, or misunderstood, the analyst enabled Nancy to experience her sensual-sexual motives as “adult passions” rather than as the residues of her past. Furthermore, where previously any attempt at humor by the analyst had triggered Nancy’s anger that she was being teased and humiliated, a spirit of playfulness began to occur quite naturally in their interactions. Such play conveyed to each that the other could be trusted to join in sustaining a light mood without rejection or hurtful intent. Parallel to the analyst’s expectation that she could engage in adult, playful banter with him. Nancy’s capacity for symbolic play blossomed during her prepubescent relationship with Margaret. Analytic play could be built on this solid but narrow base from her past. As Nancy’s feelings of badness, her guilt, and her shame-ridden sexuality were explored and reexperienced in the eroticized transference, their constriction of her life diminished. She could express affection for her analyst without fearing that she or he would be placed in danger of recreating the seducer-seduced sequences of her childhood. In the past, these sequences had eventuated in her conviction that all the “sex stuff” in the family was her doing or that she would be blamed for it even if she rejected their self-serving view. Affectionate attachments had been preempted by Nancy’s fear of repeating experiences of being a powerful seducer who had to keep her sexual feelings under wraps lest they threaten important attachments.

The most potent contributions to Nancy’s having relinquished her sensual pleasure and sexual excitement came from the experiences of sexual molestation. Their discussion and working through provides entree into the wider sphere of the treatment of sexual abuse.

TREATING SEXUAL ABUSE

Especially in the treatment of patients who have lived through sexual abuse (Herman, 1992), retraumatizing can be triggered inadvertently when an aspect of the analyst’s theory, manner, or interpretive approach is experienced as similar to the patient’s trauma. For example, an analyst’s theory could lead him or her to believe that prime significance must be given to interpreting that the sexual abuse fulfilled a universal fantasy and thus, at its base, whatever its cost, was a form of wish fulfillment. Such a view completely overlooks the child’s absolutely appropriate needs for secure attachment, regulation in each motivational system, and protection against predatory intrusion. These are ways Nancy’s caretakers failed her. For the analyst to have sought to demonstrate her oedipal or preoedipal fantasies as essential sources of her abuse experiences would have promoted a new form of the same trauma.

In our discussion of the ten principles of technique (Chapter 4), we spelled out the general procedures that we believe can minimize the likelihood that a patient’s analytic experience will resemble an
early pathogenic experience. By continuous investigation of the analytic relationship, and by tracking the sequence of patient-analyst interactions, we remain alert to the ruptures, empathic breaks, mismatches, and misattunements that indicate a retraumatization in the sensualsexual area. The analyst’s failure to acknowledge and investigate the patient’s experience of having felt traumatized during the treatment often constitutes a danger of greater significance to the potentiality for recovery than the disruptive event itself.

In several ways, the analytic situation can be plausibly experienced (Gill, 1982) as similar to past traumatic pathogenic experiences. An analyst’s misunderstanding and misapplication (Lipton, 1977) of Freud’s technical recommendations, which contributes to a patient’s experiencing the analyst as “cold,” impersonal, or detached, has long been recognized as having a negative effect (Stone, 1961). For patients who have been abused, such an ambience can’t relieve the patient’s expectation of exposure to danger and may actively contribute to a re-creation of feelings of being objectified and dehumanized.

When an analyst follows a theory that stresses disclosing to an abused patient the patient’s concealed deceptiveness, seductiveness, sadism or seeking of hurt, then guilt and shaming become an actual experience for the patient, whatever its resemblance to the past. Whenever Nancy experienced this, it was as if the analyst were pointing an accusing finger at her—the equivalent of blaming the victim. In contrast, when Nancy experienced the emergence within a shared exploration of motives to conceal, to have her femininity responded to, to want vengeance, or to be roughly handled by a decisive, potent man, she could recognize the motive as her own. Even then, shame and guilt often were triggered, but her pride in recognizing and acknowledging them as originating from herself with the analyst as participant helped ameliorate the injury to her self-worth.

A further problem may arise when a patient expresses hurt or anger and objects to the analyst’s formulations as blaming the patient. Rather than accepting the patient’s experience, an analyst can easily become defensive and interpret the patient’s attribution as distortion-induced resistance. A vicious circle is established between two people who feel misunderstood and, in words or silently, point an accusatory finger at each other. This vicious circle is nowhere more pernicious than when evoked in the treatment of patients who have already experienced with caregivers a similar inability to negotiate the sources and effects of trauma.

STRATEGIES IN TREATING SEXUAL ABUSE

Abreaction and Catharsis

The role of sexuality as a basis for all trauma, and abreaction as a theory of cure, has a long and convoluted history in psychoanalysis, and continues to influence the treatment of trauma victims. Abreaction of the affects that accompany or are derived from a trauma makes sense on the face of it. However, the idea that one can rid oneself of bad feelings assumes that these feelings are finite, that they are present in specific quantity in the traumatized person, and that once discharged they will not be recreated. The experiential basis for the cathartic theory rests on the subjective feeling of relief that often occurs after the release of any strong affect.

We view affects as processes that are integral aspects of motivational systems. The investigation of the relationship among motivational systems simultaneously addresses the extent to which affectivity is restricted, affects states are experienced as overwhelming, or moods color subjective experience. These affects cannot be handled independently of the motivational systems of which they are an integral part.

We recognize that on the subjective basis of temporary relief, trauma victims are often attracted to group, cult, or individual programs that encourage working themselves up into affect states of screaming, crying, or raging. The fabrication of events may also be encouraged to fill in gaps in memory or failures in symbolic representation. We believe that having been a victim of sexual abuse should not disqualify a person from an opportunity to engage in an experience in which his or her subjective world is expressed and analyzed. Thus, in line with our user-friendly principles, we focus on the validation of self-experience, the analyst’s resonance with the affective communications of the analysand, and the provision of an amnestic of safety. In addition, when the material presented by the patient deals with sexual abuse and molestation, we are alert to the ways in which the analytic situation can resemble or be experienced as resembling the original traumatic experience. Alert to these similarities, we track the way in which the patient may plausibly experience the analysis as “just like my childhood trauma.” The individual treatment, as a modality, thus recognizes the patient’s unique reaction and unique path toward recovery. The analyst’s recognition of those features a patient shares with other traumatized people is not precluded, but the particular way in which a particular person is affected by a particular trauma
is accented. We are careful to avoid becoming preoccupied with the sexual abuse (see Kiersky, 1993) to the exclusion of other salient experiences, including other feelings the patient may have toward the abuser. Not until a patient feels certain that an analyst is interested in him or her as a person, not just as an incest or abuse victim, will the patient be able to investigate the traumatic experience.

We lack the empirical experience or research documentation of the efficacy of other approaches. We recognize that at times exposing or confronting an abuser and participating in a group experience with other victims may have beneficial results, but are skeptical of these approaches if a sense of individual differences is lost. The essential message conveyed in these approaches can be “don’t feel helpless, you can challenge your abuser and maybe help others” or “don’t feel like an outcast, you have a community to which you can belong.”

The therapeutic intent is to combat shame, isolation, and powerlessness. However, we hold that central to the recovery from traumatic experiences for patients who, like Nancy, have a capacity for self-reflection and symbolic representation, is analytic recognition of the unique meaning that such a patient has organized around the traumatic experience, as well as the co-construction between analyst and patient of an individualized treatment plan.

THE ANALYSIS OF NANCY

In trauma, such as incest and sexual abuse, the loss in childhood of responsive selfobject experiences may damage the developing sense of self so that an exploratory therapeutic exchange may be difficult to initiate and sustain. In the treatment situation, establishing and maintaining a trust-filled attachment (selfobject tie) is a primary concern. In the analysis of Nancy, recognition of her need to reestablish confidence in her self-regulatory capacity was paramount to her experiencing the analyst with trusting faith and respect (an idealizing transference). Included within the reestablishment of selfobject ties in the transference is the unique manner in which each patient reacquires a capacity for self-regulation. Treatment is sometimes stalemated as the patient maintains a precarious balance between a readiness to examine past traumatic experience and a need to retain a tie to the traumatogenic objects. In maintaining this balance, the capacity for self-regulation may be sacrificed or at least jeopardized. Nancy regarded her mother’s giving her enemas as a desired form of attention, despite the cost in discomfort and loss of autonomy. Thus to self-regulate was to feel abandoned. To be incompetent and incontinent (enuresis, letting money dribble away) and to be withholding and retentive (constipated) was to invite hands-on, sensualized care.

When self-regulation has been heavily compromised, as in the case of Nancy, classical “resistances” (for example, mishandling of finances and psychic paralysis in making necessary practical decisions, both of which can impact on the continuity of the analysis) may represent both a retention of an old, painful autonomy-sacrificing tie and a step toward reacquiring control over one’s body and one’s destiny (self-regulation). In this process, a patient may at first depict the analyst as having “total control” and struggle to wrest this control away from the analyst-parent. Many traumas, especially those in which an intense affect state is triggered (Chapter 5) and the person is startled, even stunned by its unexpectedness, can limit the extent to which the experiences are subject to symbolization and reflection. Thus, “enactments” in the analysis of trauma and incest victims may be a consequence of the concrete manner in which the trauma has been retained. For Nancy, the problem of trauma took different forms. One form was the potential for intensifying affect states of depression, anxiety, and anger. Another was the absence of any memory of sensation during her brother’s masturbation against and on top of her, concretized in a symptom of anesthesia. A third form was the condensation of multiple meanings in her symptom of enuresis and its current derivatives. Enactments during which the analyst is pulled into a role response may be necessary to facilitate the process of transforming restrictive self-states of emotional constraint and hopeless despair.

In the beginning of the analysis, Nancy’s analyst, aware that an “enactment” with her in response to subtle or overt sexual material could be experienced by her as a repeat of her incestuous relationships, stiffened in an enactment of its opposite—what they came to call his “diffidence.” This diffidence, or possibly unnecessary caution, may have delayed the working through of the sexual trauma. In any case, quasi enactments with respect to the payment of the analytic fee and quitting her job were to proceed and intermix with the analysis of sensual-sexual motivation.

Each time the fee issue emerged, the analyst felt pulled between his basic inclination to encourage and trust Nancy’s sense of fairness and responsibility and his fear of inadvertently contributing to her feeling of chaos in self-regulation through a sense of neglect.
With her attempts to both lower the fee and raise it, the analyst mainly tried to investigate the meaning. When he did not acquiesce to a lower fee, the analyst established a boundary based on his own self-interest and his faith that she could do the same through her self-regulation. Setting this boundary eventually permitted a more detailed analysis of a valid balance between altruism and self-interest as compared to Nancy’s and her mother’s “sainthood.”

Model Scenes

In the treatment of Nancy, we trace the working through process of model scenes, based on her past experience, that were jointly constructed during the analysis (see Chapter 4):

1. sitting on her father’s lap and then suddenly being banished. This scene depicts Nancy as seductive and her father as helpless responder. His arousal is Nancy’s fault; men bear no responsibility for their animal nature.

Recall that until she was five years old, Nancy ate her meals sitting on her father’s lap, and then she was suddenly “banished.” In the course of her analysis, she and her analyst inferred that the basis for her “banishment” may have been her father’s erection while she sat or wiggled on his lap. Feeling his erection would have prompted Nancy to concur with her family’s accusations that she was too seductive.

2. the brother using Nancy to masturbate against and on, and his insistence that she make herself available to him, first by threatening her to continue and then by bribing her. This scene combines with her sense of being accused of seductiveness by her father. Nancy’s sense of guilt is extended to a wider range of peers. An aspect of this scene is her sadistic elaboration that “her brother would examine things—pull the wings off a fly and watch it squirm and get pleasure” (83:3:1). He assured her that their mother would not believe her if she told on him and that she should be ashamed of thinking he would do anything to harm her. In this view of the “scientist” as both a sadist and a clever deceptor, the sadism is turned around and she is the one who is accused of doing the hurting. A family collusion is illustrated in these two scenes, in which Nancy is placed in conflicted, no-win circumstances. She is left on her own to regulate these heightened affects (Pine, 1986; Beebe and Lachmann, 1995) associated with the need for sensual pleasure and sexual excitement. The groundwork for states of feeling overwhelmed and depressed is thus laid. Explicit in the model scene is the unavailability of parental figures to provide a context, a reliable background (selfobject) support.

3. tugging at her mother’s leg and sensing the stiffening of her mother’s body as she resisted Nancy’s importuning. In an association, Nancy recalled her mother lifting up Nancy’s brother and asking him to sing to her. When Nancy climbed up as well, her mother told her that she couldn’t sing even though her teacher had selected her for a solo. These scenes establish a sense that Nancy was with a caretaker who was capable of reaching for, lifting up, affirming, and praising her brother, but who would not only fail to confirm her capacities but deny them.

A fourth model scene developed in the course of the clinical exchange. In the consultation interviews, Nancy reported that Dan, another graduate student, was interested in her and that his pursuit and her responsiveness made this a promising love affair. Although Nancy continued to advance this view of their connection, the analyst inferred from her associations that Dan was far from seriously involved but rather was teasing and flirting with Nancy behind a screen of ambiguity. The essential features of this model scene were that Nancy was drawn to situations of ambiguity in her love relationships and that she herself practiced a similar form of obfuscating with the analyst.

The Clinical Exchange

In the second year of her analysis (83:1:1), Nancy opened a session by recounting her disappointment in a priest. She had expected him to be more responsive to her, to treat her as special because he had taken part in her conversion. She continued by stating that she had become aware of being depressed when she was away from her analyst, an indication that the treatment relationship had permitted a reliable attachment to form. Being away from her analyst momentarily disrupted her selfobject experience.

With some embarrassment, Nancy commented about “the explicit sex stuff” (83:1:3) that she had expressed toward her analyst. He could get out of control. She had read a newspaper article about a psychiatrist who raped his patient. She summarized, angrily, that if there is a sexual response to her, from her analyst or from her father, it’s her fault and it becomes her responsibility. She linked her feelings to her current experience on the couch. Lying on the analyst’s couch was equated with sitting on her father’s lap. Even if she turned
her head back, or rolled her eyes, it became an “analytical issue” (83:1:15). She said, “I remember the first time I rolled my head back and saw you, how reassuring it was. I do it to be reassured… That you are there. Not gone. I want to put the spotlight on you. Not only me” (83:1:17).

The foregoing sequence illuminates both the trauma and Nancy’s “curative fantasy.” The sequence began with Nancy’s failure to feel attended to and a concurrent sense of betrayal. She began to follow her usual course of blaming herself for her isolation and specifically attributed her “banishment” to having been sexually seductive. To counter her pervasive feeling of abandonment, she required her analyst’s presence and suffered over the weekends. Finally, she turned the spotlight on him—he could get out of control like the rapist psychiatrist.

Nancy’s attempt to reverse the spotlight was prompted, in part, by the pressure she had felt to comply with her family and accept their critical shaming spotlight shining on her. According to them, it was she who started all this “sex stuff,” she was a girl and girls are responsible. Her overt compliance and the impotence of her attempts to stop Matt served as confirmations of this for her. Nancy used the opportunity provided by the story of the psychiatrist to turn a passively endured experience into an active response, a particularly important occurrence in the analysis of trauma victims. We understand it as a beginning transformation, an attempt to regain mastery and self-regulatory control. Although he recognized that her momentary affect was angry and spiteful, Nancy’s analyst did not interpret her spotlighting him as a defense, a denial of responsibility, or a primary expression of hostility. Though these motives may have been involved, such interpretations would have failed to recognize her strivings to wrench herself free from the shackles of past fears, guilt, and shame. At that moment, interpreting her turning the tables on him as defensive would have failed to acknowledge Nancy’s self-restorative, self-curing efforts. He believed that shining the spotlight on him represented Nancy’s spontaneously emerging attempt to counter her propensity to protect her abusers through self-blame. The analyst participated in this process by tactfully “wearing the attribution” of accepting the spotlight. He questioned her about what way she wanted to be reassured (83:1:16).

Nancy continued to feel angry toward her analyst in the session that followed. She felt that she had been trapped in a situation in which the spotlight was only on her (83:2). The analyst summarized her feeling as “manifestly unfair” (83:2:24) and the theme of wanting to turn the tables on the analyst continued. The subsequent interchange covered both the transference and the “unfairness” of the accusations leveled against her by her family in making her the cause of all the sexual stuff (83:2:21–28).

At this time in the analysis, the model scene of being banished from her father’s lap had not yet been fully reconstructed. But intimations of it were being noted. To the extent that Nancy was dimly aware of her father’s arousal, she held herself to be its cause. Depicting her situation as unfair, and her use of the “spotlight” image to illuminate something in darkness, was most apt.

Nancy feared, angrily, that her analyst, like the psychiatrist in the article she had read, and like her father, would also lose control. Whatever followed then would be her fault. Because sitting on her father’s lap and lying on her analyst’s couch were condensed, lying on “his” couch was uncomfortable (83:2:9). She dreaded where it might lead. The unfairness of the accusations heaped on her by her family motivated her angry reaction toward them. She expected a similar course of events in the analysis.

After two years of analysis, the question of who is to blame and who is responsible had been directly engaged. The model scenes, “sitting on her father’s lap” and “molested by her brother” no longer so rigidly constricted her experience and affectivity. Though they exercised a less inhibiting influence on her sexuality, aversive and aggressive reactions were still triggered by feelings of intimacy and attachment. The sessions two years later continue the working through of these scenes.

The fourth year of Nancy’s analysis continues the working through of encumbered motivations based on the need for sensual pleasure and sexual excitement. Nancy had increased her self-assuredness. Her self-reflection was less burdened by self-blame, so she could investigate her reactions with more discrimination and objectivity: “When I left yesterday I thought it was a good hour, but still something is wrong in the background… I haven’t paid my bills. I spent $100 for Thanksgiving dinner… I don’t know what’s going on” (85:1:1).

The theme of taking responsibility for herself lost its rigid, adversarial quality, but “responsibility” and “self-blame” were still intimately connected. The extent of Nancy’s self-blame was partially derived from her experience of abuse, that was depicted in the first two model scenes. Assuming responsibility for herself thus meant accepting “blame.” The model scenes “on her father’s lap” and “the brother masturbating on her” contained the accusation that Nancy was the
enticer. The analytic work had succeeded in exploring her ambiguous sense of herself as seductive and reticent, brazen and innocent, forward and avoidant.

The themes that dominate these sessions, wanting to be special, guilt, blame, shame, and responsibility, are similar to themes that often have been ascribed to a child’s unconscious belief that she has been an “oedipal winner” whose incestuous wishes were gratified. To hold the view that the sexual molestation of a child gratifies universal unconscious incestuous wishes and that this is the central cause of its pathological effect is to ignore or depreciate the deleterious effect on each motivational system and on the patient’s sense of self as a whole (Chapter 2).

The analyst and Nancy regarded Nancy’s broad-based regulatory difficulties, her states of depressive affect, guilt, shame, and rage, as the result of the overlapping effects of disturbance of attachment, exploratory, aversive, and physiological motivational pressures. They came to understand these affect states as far more complex than reactions to the sexual trauma, reinforcements of oedipal guilt, or pseudogratifications in therapy. To view Nancy as an oedipal winner who unconsciously orchestrated the seduction of her brother and father who, out of oedipal rage and competitiveness, depicted her mother as a “rejector,” would only not be an incorrect interpretation of her experience but would replay the trauma she experienced in her family. Once again, Nancy would have been labeled “the seductress,” only this time seen as “unconsciously” motivated. She would be retraumatized in analysis by being told that her guilt was a consequence of having gotten what she was not entitled to, and she has only herself to blame if, in the process, she lost the mutual regulatory help she required from her family.

Nancy’s anxiety about intimacy and her awareness of how she had avoided a man’s sexual interest in her (85:1:9) signaled her increased self-reflection and decreased affective inhibition. With somewhat less self-blame and shame, she was able to acknowledge that she felt helped by her analyst (85:1:14). In addition, she could acknowledge that she needed something from both men and women. She felt uneasy and “decadent” (85:1:9).

Nonetheless, she realized that she enjoyed talking with her analyst. Her conviction that her pleasure in speaking with him was “decadent” began to shift. She said, “So it’s not decadent! But it seems decadent in contrast to what I’m used to” (85:1:15). The experiences of sitting on her father’s lap and lying on her analyst’s couch became increasingly differentiated. The dominance of the model scene, “sitting on her father’s lap,” that had cast a pall over her sensual experiences, had diminished somewhat. Her dread of being banished for seductiveness had consequently also diminished. As the condensation of father’s lap and analyst’s couch receded ever further into the background, she could begin to experience her analyst as a “nurturer” and herself as “nurtured.” The model scene of yearning for her “stiff” mother that had led to her sexual preoccupation about women and contributed to the eroticization of the transference was reworked simultaneously. Nancy began to experience her analyst as a somewhat distant mother, “the nipple on the ceiling” (85:1:13), yet nurturing without infantilizing.

Nancy’s feeling of “decadence” in talking with her analyst (85:1:10) indicated a residue of guilt. She spoke of “mental masturbation” that felt both “self-rousing and self-satisfying” (85:1:11). The analyst intervened to maintain an atmosphere of safety as Nancy courageously explored feelings and memories that were painful, shameful, and embarrassing to her. As Nancy delved further into her experience, she became aware of previously unreported aspects of herself. The analyst responded by reflecting her, mirroring her, and encouraging her to continue. She did so, deepening the material without undue pressure or specific interpretations. It is at that point that her associations moved to the “bump on the ceiling—like a nipple . . . (and) woman’s soft bottoms, I get back to mother and not being able to cuddle, nestle, or nurse as a baby . . . It comes up because of what happens here in a decadent way. Without your nurturing me, you’re helping me to grow up” (85:2:13).

As the session (85:1) continued, Nancy spoke about a friend, who helped her despite the end of the school year “terror” when her washing machine overflowed. The analyst commented, “You could speak of that as an “old-fashioned virtue” (85:1:16). That term was unusual for him. The odd phrasing popped out spontaneously, perhaps his association to Nancy’s use of “decadent.”

The sense of surprise and spontaneity associated with the phrase “old-fashioned virtue” signaled a transference shift instigated by the analyst. This shift would affect model scenes derived from both the need for sensual pleasure and sexual excitement. Specifically, these model scenes contained Nancy’s nurturant longings, which had been ignored by her “stiff” mother and her burgeoning sexuality, which had been squelched by her rejecting and blaming father and brother. Having organized self-experience to avoid further retraumatization,
she sought to protect herself against having her nurturant longings and sexual needs activated and frustrated.

We infer that Nancy could not straddle the impact of both the maternal failures in nurturing and the paternal failures in acknowledging her developing sexuality. As Nancy expressed satisfaction in her experience of the analyst as (maternally) gratifying and (paternally) responsive, his slightly jarring comment "old-fashioned virtue" appeared to ease her gently off his lap.

In the session that followed (85:2), Nancy offered a remarkably organized summation of her early sexual experiences and abuse, and for the first time presented in detail her sexual play with her female friend. Several factors may account for the information being revealed at that time. First, the empathic mode of perception and the maintenance of an ambience of safety helped pave Nancy's pathways to awareness. Second, the consistent attention to Nancy's affect states and the self-object experience she was seeking kept iatrogenic aversive reactions to a minimum. Third, the use of model scenes to link past experience and current transference organizations maintained an emotional immediacy in the analysis. Fourth, as a consequence of the continuing working through of the model scenes, Nancy's sense of agency and self-determination gradually increased. Her greater sense of efficacy made it more likely that additional material, previously kept out of awareness, would become accessible. That is, she recalled and investigated sexual material without arousing the same intense aversive, searing shame. Fifth, in recollecting the period of play with Margaret, she recalled a time when she was 9 or 10 years old with age-appropriate sexual activities and curiosity (85:2:5). She remembered the analyst's comment, that she and Margaret were equals (85:2:5). He affirmed her membership in a community of appropriately sexually curious and assertive 10-year-old girls. Her sense of herself as a receptacle for Matt, as banished by her father, as shamed by her mother, or as viewed as provocative or seductive by her analyst, was challenged. Sixth, the analyst's slightly off-key comment, "old-fashioned virtue," spoke to her as a literate "adult." The comment added to a perspective she was deriving from her analysis that offered some distance from her father's depreciation of her intellect—girls don't need to go to college—and wholeheartedly encouraged her to explore the world of adult sexuality as a joint endeavor. Finally, the analyst maintained a stance of optimal empathic contact with Nancy's affectivity. In so doing, filling the narrative envelope could remain in the background. It was only used sparingly when a better understanding of her feelings and needs was necessary. The envelope was

spontaneously filled by Nancy when she was ready to fill it with her experience—affect and all.

The recollections about the play with Margaret provided an important contrast to the preceding material. In her play, the motivational systems based on the need for assertion and exploration, attachment, and sensual pleasure and sexual excitement reinforced each other. Aversive motivations, triggered by anxiety, guilt, or shame, appeared as the dread of cancer, but were benignly incorporated into the play (85:2:5).

The recovery of this phase of Nancy's childhood and its recognition by the analyst as signaling her "equality" connected her with the resources of her past, strengthened her self-esteem, and provided a counterpoint to the self-deprecation that was part and parcel of the model scenes. The motivational systems that had been restricted in the dominating model scenes became more flexible with the addition of a newly constructed model scene of playing doctor with Margaret. Its recall contributed to the transformation of the feelings of decadence that were a carryover from Nancy's experiences of abuse. The sense of equality derived from this phase of her life also made itself known in the treatment. With her increased sense of efficacy, Nancy reconsidered the sexual abuse by her brother and the variety of reactions engendered by it. She even began to feel some compassion for her brother, who also did not receive adequate parental guidance.

Initially, the stiff and rejecting mother and the demanding child were two sides of the same coin. Nancy could not feel comfortable about her analyst's nurturance because incestuous feelings and accusations by "the men" were stirred up. Thus, sensual longings that had been blocked through her rejection by her mother and sexual excitement that had been blocked by the accusations and abuse from "the men" had been combined. Being able to experience her analyst as "nurturing" had a doubly beneficial effect. Gradually distinguishing between her father's lap and her analyst's couch, and between her mother's rejections and her analyst's restraint, Nancy simultaneously evolved a sense of herself as a less demanding and therefore less "bad" person. She also began to distinguish between her sexual feelings, for which she could take responsibility and from which she could derive pleasure, and the sexual responses of others to her. Nancy did not need to take responsibility for their inability to control their actions toward her.

The link between the rejecting mother and overly demanding child had been broken. Nancy evaluated both her need to be told what she needed to know, and her ability to acquire understanding on her
own (85:3). She told her analyst to enlighten her about what was going on. Even though she recognized that she was aware of the sexual implications of her associations, she wanted her analyst to lead. In recognizing her “message” as the “message,” he affirmed her growth from child to adult and acknowledged her sexual enlightenment. To have searched for concealed motivations behind the “message” would, in this instance, have conveyed to Nancy that she still was not ready to be viewed on a par with adults and that her sexual curiosity was suspect or “not healthy.” Thus, she experienced the analyst as attentively nurturant without the dangers of being shamed, infantilized, or catapulted into an overstimulating adultlike sexuality. Specifically, the analyst accepted her idealization when she observed that she understands what she says after he says it back to her. Furthermore, he remained a distinctly idealized figure who was neither ashamed of his sexuality nor angered by her sexual curiosity. He neither concealed sexually loaded words, nor shamed her about her interests. Even Nancy’s argumentative tone could be welcomed as a reflection of her growing self-assuredness.

We have centered our depiction of the work with the three model scenes constructed from the past—her brother’s sexual exploitation of Nancy from ages 5 to 11; her father’s covert sexual involvement with her, primarily at age 5, with verbal threats later; and her mother’s failure to provide sensual nurturance throughout her life. The fourth model scene recognized during the clinical exchange was Nancy’s attraction to men who practiced ambiguity and her use of uncertainty and obfuscation in these affairs, with herself and with the analyst. Nancy’s attraction to and employment of ambiguity acted as an undertow pulling against the effectiveness of the analytic work. We believe her use of ambiguity was both a part of the eroticization of the transference and a more broadly based aversiveness expression. We will consider the effect of this on Nancy’s choice of a love object, on her other attachments, and on her regulations in general.

As the analyst discerned that Nancy’s portrayal of Dan’s interest and promise of a deepening relationship was not confirmed by her rendering of the details of their interactions, he encouraged her to consider the meaning and impact on her of Dan’s shilly-shallying. She was unwilling to do so in any direct way. In her associations she did recognize that her most lasting affair had had these same manifestations of indecision and irresoluteness on both sides. Throughout the analysis this pattern continued with a long series of men. As we noted in Chapter 6, the arena in which these issues came to the foreground was in relation to her questions about the analyst “What kind of person are you?” (83:1:3). “You look benign” (83:3:1)—a source of interest and curiosity (83:3:4). By 1985 she was ready to take up the issues with Karl, who asked her to dinner “so diffidently as if he were merely paying me back for having him over. It was weird. Then I got weird too, saying well the only time I’m free is next week. I didn’t want to be too enthusiastic. He was acting as if he was unsure. I’d want to, although I think I made it clear. He was being cool so not to make it a ‘date’” (85:1:1). Nancy then takes up one of the sources of her resorting to “being weird.” Her mother had assured her that people’s interest in her “means nothing,” they are only being polite (85:1:9). Mother’s casting doubt became for Nancy a necessity—don’t get excited and enthusiastic, “fly off into fantasyland,” and you won’t be disappointed—and a resource to deal with her sexual abuse—my brother doesn’t mean to hurt me, he loves me. At this time, Nancy and the analyst returned to the theme of his diffidence as a comparable obfuscating compliance. This freed her to discuss in subsequent months her sensual and sexual sensations, largely as they related to masturbation. The result was a restoration (from her prior total anaesthesia) of sensation. We believe the dual analytic exploration of her use of ambiguity in male–female relationships and of body sexual experience provided the leverage for her first orgastic experience. She had a brief intense affair with a man who brushed aside her vacillations and made an unequivocal sexual advance in which intercourse was the clear goal. This experience, which occurred somewhat after the midpoint in her analysis, was as though encapsulated. It had the effect of providing a powerful reassurance to her that she could experience a full range of sexual feelings, but it did little to deal with the broader issues associated with ambiguity. Nancy’s eroticized affection remained tightly bound to her love for her brother. Her contact with him had provided the principal moments of exhilaration in her often desperately lonely life. To separate the threads of affection from the sexual abuse and sadistic torment she suffered at his hands required a long analysis of who was responsible for what. We have already noted the analytic exploration of her dream of reaching for her housemate’s leg as an affectionate contact and its turning into crotch touching (85:4). In this hour, the analyst noted “In your dream you do parcel (responsibility) out in a clear fashion” (85:4:26). Nancy responded in a
manner that characterized the work ahead: “I start thinking, ‘It takes two to tango.’ Then I lose it and I’m back to ‘It’s all my problem.’ Then I think, ‘Kids need adults to learn.’ It’s a real problem for that to not be available” (85:4:31). Then two years later, “With any hint of sexual attraction, I say turn everything off, turn the other way” (87:2:11) Analyst: “Lest?” (87:2:12) Nancy: “Lest I lose control. Become so attracted, I seduce them. As I say that it’s not just an issue of Brian and Anthony [priests]. It was with my brother and dad . . . you—because it’s inappropriate. If I act seductively it’s an attempt to break that down” (87:2:13). However, in the dream of being molested by the technician and fighting back vigorously (90:1:3), the analyst noted “What was helpful was the clarity with which you could see that the abuser was out of line” (90:1:10). Nancy replied, “And the clarity of my response. I was clear and increasingly forceful . . . I’m not letting myself get muddled . . . I have to respond clearly and calmly and set the limits. My new slogan on the bathroom mirror from our discussion is My happiness is my responsibility” (90:1:11). And in her final dream: The boy stamping around, collapsing the side of the bank “was my brother. I have to be careful and not let him or anyone destroy the work we’ve done, to put it down” (90:4:1).

The same ambiguity applied to her protective muddling of her feelings about all the other family members: her father, her mother, and her aunt. On one side was her need based on her loyalty to maintain the illusions each sought—her father’s denial of responsibility for his sexual arousal by her and her mother’s and aunt’s claims for saintliness. On the other side was her need to obscure her angry, vengeful, and vindictive responses to their often gross insensitivity. Some of the aversiveness was analyzed in relation to her phobic conviction that she had harmed patients through lab errors when she felt exploited by fellow workers as she had by her mother in housework duties and in nursing Mother during migraine headaches that were blamed on her. But the key element in the discovery of the source of her use of ambiguity lay in the analysis of her enuresis. Nancy’s statement, “the problem with ambiguity is while I said I didn’t like it, I tolerated it too easily and didn’t make a real effort to get things clear” (89:3:31) applies, we believe, to both cognitive unclarity and bed-wetting. As Nancy said just before this, “You’re encouraging me to talk about, to think about it. I’m going back to a world where sex has old destructive ugly facets to it” (89:3:27).

Based on discrete memories and inferences, Nancy believed her bed-wetting began around the age of three or four, after she had been toilet trained and continent, and ended at age 11 with her mother’s money bribe—“She finally gave me something I wanted.” Nancy saw herself as banished from her parents’ bedroom where her crib had been until she reached the age of three. She assumed this occurred because of something she had done wrong rather than her age. In fact, she viewed her age as a liability in that she was told to take her potty and carry it upstairs alone and put herself to bed. Her bed-wetting thus began in an atmosphere of strong resentment for “banishment” and unwanted responsibility for self-regulating. Throughout her analysis, the mutual regulation derived from the analyst’s presence helped Nancy to sustain herself. During weekends she had a sense of “losing it,” of her time and plans drifting away, as an unspoken message to the analyst that she needed him and that he could and should feel guilty for abandoning her. All of this became abundantly clear, but what was less easily demonstrated and more theoretical was the role enuresis played in her sexual life. Nancy had begun life absorbing the erotic-argumentative atmosphere of the parental bedroom, and then the sexual excitement of wriggling on her father’s lap (as she did on the analyst’s couch), and the repeated excitement of Matt’s masturbation against her leg and body. She shielded herself from awareness by an assortment of defensive measures and we believe her bed-wetting facilitated both the absence of conscious recognition and an outlet for the excitement. In hours not reported in the text, during states of excitement, she feared a sphincter release on the couch. She remembered or probably reconstructed the pleasure of nocturnal release with dreams that she was in the bathroom. She had experienced a warm sensation as well as the latent satisfaction of her mother’s cleaning up, remonstrations, and distress. The theme of vengeance against her mother by failing, that is, continuing to be incontinent, letting success with her dissertation slip away, came to full exploration in the 90:2 hour. That her enuresis was a manifestation of her averse motivation is easily proven. The role her bed-wetting played in her sexual life, although less easily confirmed, seems to us a valuable link between her general tendency to ambiguity, her childhood anaesthesia, and her choice of men with whom she could maintain a facade of pursuit and sexual arousal clouded in responsibility on either side. We note that she ended her sexual activity with Matt by refusing his bribe at the same time she ended her enuresis as she accepted her mother’s bribe. It is at this time that she began her symbolic play with Margaret. We conjecture that Nancy’s enuresis symptom helped her to contain her sexual over-stimulation without a damaging loss of self-cohesion.
After six years of analysis, the impact of the four model scenes diminished. She became painfully aware of how alone and vulnerable she had been as a child. Her self-blame from childhood onward had contained the implicit hope that if she could change, and be “not bad,” not involved in ugly sexual activity or incontinence, then her life would be better. The diminution of self-blame was coupled with a sense of vulnerability, aloneness, and depression. She now became aware of a state that she had tried desperately to ward off: without the ambiguous seductive relationships and the vengeance of failure, she felt she was not special to anyone. Simultaneously, Nancy engaged a widening range of affects with more variations as she explicated her self-experience. She described the “tilt” in relation to her analyst with a sense of parity and with no apparent resentment. She moved beyond enacting her fear that he would rape her like the psychiatrist who raped his patient that was reported in an early session. She could now reflect upon and analyze her fear of seducing the analyst and her fear that he could be seduced. She could equally well reflect on and analyze her belief that by failure and lack of clarity she could bind the analyst to her through guilty concern.

Having initially felt “special” on her father’s lap, specialness carried ominous connotations. Yet Nancy was able to raise the issue of her desire to feel “special” and her pleasure in feeling that her analyst was “special” to her.

The continued reworking of the model scenes (banished from her father’s lap, used for masturbation by her brother, rejected by her mother and drawn to situations of ambiguity with men) enabled Nancy to acquire a capacity to feel pleasurably seductive. The motivational system based on her need for sensual pleasure and sexual excitement had become less encumbered by aversiveness. Specifically, Nancy’s dread that her sexuality would lead to loss of attachments diminished.

The shame associated with sexuality also gave way, as did the requirement that she surrender aspects of her self. Initially, based on her experiences of abuse by her brother and the covert seductiveness by her father, sexuality conjured up incestuous implications. In working through the various model scenes, various past figures, such as her father, mother, brother, priest, and analyst became distinct. Differentiated feelings on Nancy’s part were associated with each one. Thus, the analyst was not placed on the same level of inappropriateness as her father, and she permitted herself to flirt with him. She could do so because she was confident that he could restrain himself reasonably well, and that he was committed to her welfare.

He could enjoy her developing sexuality rather than be overwhelmed by it. The range of her tolerable feelings had broadened.

The eighth year of analysis signaled its termination. The rigidly restraining aspects of the model scenes had yielded. Although their contents could still be noted, these themes were now interspersed in newly organized elaborations derived from the therapeutic relationship. Neither being seductive nor being seduced carried the onus it once did and ambiguity was no longer necessary to blur responsibility for sexual and vengeance desires and to preserve the illusion of positive love attachments. Recognizing sexual interest, her own and that of others, became an acceptable resource in her relational repertoire. Nancy’s dreams during the termination phase of the analysis retained some of the imagery of her sexual preoccupations. However, these dreams signaled that her experiences of abuse had not been forgotten, but had been “demystified.”

CONCLUDING REMARKS

Four model scenes captured Nancy’s experience of sexual abuse in childhood. She was explicitly used by her brother for masturbation, her father presumably was sexually aroused by her and blamed and rejected her as a seductress, her mother’s “stiffness” toward her provided a double loss and she was drawn only to men with whom she could experience blurring of intention and responsibility. Nancy felt directly rejected as well as deprived of maternal protection in that her mother implicitly sanctioned the behavior of her brother and father. Based on these experiences, Nancy’s analysis required the concurrent working through of her sexual abuse and the eroticized transference that was, in part, an outgrowth of her abuse.

We place Nancy’s analysis in a context in which we have argued that the thorny issues encountered when sexual abuse has occurred are best worked through by individual treatment in which the patient is understood from the vantage point of the five motivational systems. Our user-friendly principles protect the patient from a therapeutic retraumatization, while analysis of the five motivational systems maintains a steady focus on the patient as a complex person rather than as simply an “incest survivor.” Finally, a self-psychological treatment mode insures continuous attention to the analyst-patient interaction, and to the analyst’s awareness of his or her contribution to the therapeutic exchange.