

“When growing up I’m going to be a great kisser”

The presence of the analyst and the child’s erotic
transference

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The issue of erotic transference in child analysis, unlike the erotic transference of adults is, generally, little discussed in the psychoanalytic literature.

Through a clinical case, this paper describes, some considerations and contributions on the subject, including different perspectives encompassing both from Freud’s initial approach in 1985, as a resistential and an obstacle to the treatment till the clinical aspects given in the transference-counter transference interplay in the here and now of the session.

Child erotic transference because of the level of activity of the patient permanently threatens the analysis development and it’s a technical challenge for the analyst that has to perform a discrimination work between the countertransferential impacts and the possibility to play, act and interpret in order to attempt to resolve it.

The title of this work was a phrase said in one of the last sessions of analysis of a child in treatment and involving the verbalization of a child with more symbolic ability, and already analyzing a neurotic conflict achieved after the processing in the

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psychoanalytic process of the conflict and of the traumatic situation that triggered the symptomatology, motive for the consultation.

The clinical case that I present is that of Pablo, age 4, second son of a young middle-class married couple with a very active social life, who was brought to consultation by his parents. They had observed that after a few episodes of vomiting and dizziness, their son began to put his finger in the mouth, and to enter a state of isolation from which it was difficult to rescue him.

A few days before the consultation, the patient's older brother had told the mother that Pablo told him that when they went out at night, the maid gave him the "Meme"* (breast) to put him to sleep. Parents reacted very differently to the comment, the father refused, "could not be true," he said. While the mother spoke to the maid (a foreign one) that confirmed the incident saying "I treated him as if he were my own son."

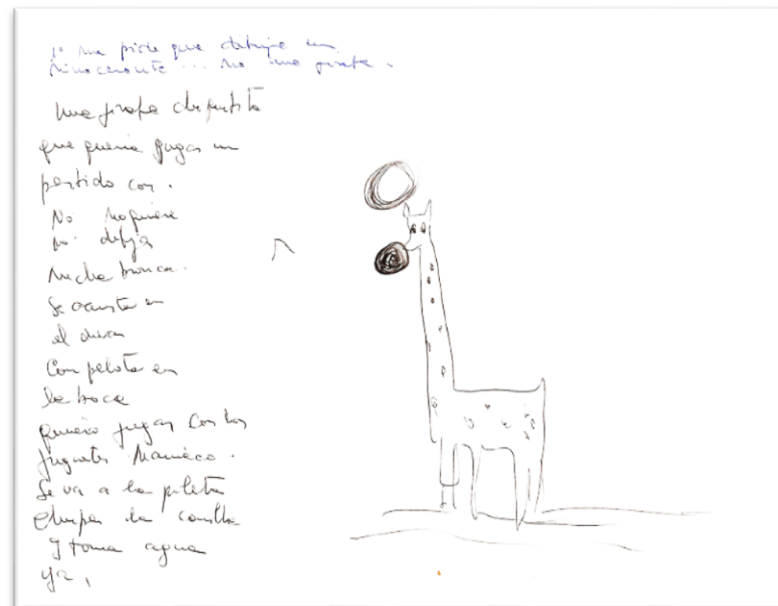
Since the first interviews with the patient, the preeminent feature was the intense erotic transference developed, and that had remained through much of the analytical process.

Pablo's case motivated me to investigate a rare theme in the child psychoanalytic literature

During the hours of psychodiagnosis study that I decided to take after the interview with his parents, Pablo asked me to draw for him a little giraffe to which he added two balls, one in the mouth and another in the head. Then, and following a manic pace, he laid down on the couch and put a ball in his mouth. In the drawing one can see that double inscription: in the mouth the ball-breast and the other, at the mental level, representing the fantasized and permanently present breast. The intensity of the fantasy that seemed to occupy all his mental space was reaffirmed when, in session, he placed the ball in his mouth.

*TN: *Meme*. Colloquial way for breast-feed

Drawing 1



In my clinical experience, if at the end of the playing hour a child asks "when do I return?" and/or "how many times I'll be coming?" I value it as an indicator of the beginning of the transference relationship and of the experience of having found a place of support. That is, it implies the recognition of a bond and of a different dialogue that the child clearly perceives. The need for help arises from the existence of the symptom to even the verbalizing that the patient can express in wishing to return to the place where he feels he has been observed when he was playing and heard when he was asking. If we consider Bion's model of the preconception as the put in "touch with a realization that approaches it, the mental result is a conception." "The conceptions, therefore, will always be linked to an emotional experience of satisfaction."

In the extrapolation of this concept to the clinical work and, specifically, with the erotic transference, I could see that it takes place in an ambivalent patient request to be understood but, also, to repeat with the therapist the sexual satisfaction that submitted him.

The encounter with the analyst allows the repetition, but with the possibility of a different solution, and it is then of extreme importance the analytical attitude, based on which a solution to the anguish and to the consequent post-traumatic symptomatology can be provided.

The symptom, which at first was psychosomatic, became an "autistic enclave" symptom recalling the concept of M. Klein, in which she refers to the experience of fusion, "of unity with the mother and of the security that characterize prenatal life, "and that is dramatized in the scene that shows the patient lying in a fetal position with his thumb in his mouth.

These manifestations represent an attempt to recreate a narcissistic union with the object-mother who would protect and isolate him of the actual situation of violent eroticism. It should be noted not only the abuse, but also the existence of a family atmosphere without sufficient veils, and that afterwards were unfolded in the transference. To the traumatic experience generated by a real experience, was added as an adjustment with characteristics of his personality, emerging from a tendency to the oral fixation, since a sudden weaning, given to the mother's pregnancy of her third child. Besides, situations of neglect of the parental privacy by not respecting the privacy of their lovemaking that children observed in some opportunities were added. Some habits such as, for example, that the father wandered around the house only with the top of his pyjamas showing with indifference his genitals to his children, marked a highly eroticized family climate, with the lack of limits in the necessary asymmetry children-adults.

The encounter with the analyst refers to the contact with the object. Fairbairn (1946) says in "Object relationships and dynamic structure": "The real libidinous aim is to establish satisfactory relationships with the objects; and according to this, it is the object that it's the true libidinous goal"

Elsa del Valle, when studying the different points of view by which the search for the object is tried to be explained, says: "But whatever the choice be, it's necessary to remember and to insist that, should it be either by the desire of completeness, or either by the activity of the fantasy that gives meaning to the baby's experience through the object's 'empty' place, or by the instincts activity that are handled with an imprinting in their search of the object (or by both factors' complementary action), the fact is that the concrete sensory experience, the contact with the real object is always required, so that the psychic object could be constituted as such. "

According to the above-named quotations one might think that the finding of a therapist is the finding of an object providing libidinal satisfaction.

This is a technical important issue in a patient with an intense eroticism in the transference, since the analyst must be the object that frustrates the intention of satisfaction, and that's a difficult balance not to generate or stimulate the development

of a negative transference, which, for sure, when appearing must be interpreted and discriminated.

I.e. one should not allow the performance that involves the repetition in the search of the erotic object, while one should take care not to become a rejecting and persecutory object for the patient.

In my view, this is the greatest and permanent difficulty that appears in the analysis of the erotic transference.

The analyst's person

It is usual that in the psychoanalytic practice with children, when choosing the therapist the gender of the analyst should be evaluated with each individual patient. A choice that will depend on several considerations: the sexual constitution of the patient, his or her history, conflict, symptoms, trauma, age, among other possible causes.

From a post Kleinian perspective, since in the transference the analyst will be linked both with the maternal transference as well as with the paternal or the fraternal one, the sex or the gender of the analyst would not be a factor to consider. Undoubtedly, these transference projections will develop inexorably in the process. However, the analyst's person, at the beginning of the analysis could establish a different bias, in general and in particular, on the subject I have chosen to convey: that of the erotic transference in child psychoanalysis.

While for Freud (1912) the transference, both negative and positive, are repressed erotic drives to M. Klein, from the beginning of the analysis, erotic and aggressive drives are projected in the figure of the analyst. Meltzer widens it by saying that drives are projected into the internal objects of the analyst.

From the Klein's point of view settings and characters of the inner world are transferred in the analytic situation, the erotic transference should not be underlined or especially distinguished since it would be, by definition, part of the analytical process.

However, the transference erotic quality of this four years old patient made me think that it was fair to research on the topic and try to understand what happened and how it happened in child analysis.

Diagnosis

Clinical case

Then I want to summarize by saying that this is a four years old patient with an oral fixation, voraciously expressed, who had lived a traumatic experience of sexual abuse and whose symptoms, psychosomatic, at the beginning, evolved into a picture that could be assimilated as an "autistic enclave ". The feelings of guilt that appear in abused children increase self-aggression and isolation symptoms which are observed in the case.

I'll show, now, diagnostic hours' clinical material as well as some vignettes that illustrate the erotic transference developed.

In the first hour of play he takes two lions and joins them saying that they give each other a peck.

A: Who are they?

P: Mom and Dad.

A: And what do you do?

P: I bite my dick.

Expression that refers to the oral rage and to the identification between his dick and the one of his father, mutilations that appear in the identification with a masochistic object. Remember when Rita fears to pull up her own *butzen* of a bite, as punishment for castrating her father.

Fairbairn points out that as in the adult the libido may deviate from the genital to the mouth, in children "it may deviate, prematurely, from the mouth to the genital, if the availability of the mouth is compromised by situations of frustration. This particular deviation is associated with childhood masturbation and it would seem an important feature of hysterical psychopathology".

H. Rosenfeld says, "When erotization with the breast is accompanied by strong erotic sensations, there may be confusion between the nipple and the penis, a devaluation of the breast functional role and delusional fantasies (*in psychotic cases*) of sex with the mother."

During the study the primal scene was epitomized in several sequences: when he hit hard two board rubbers "that produce dust," or trying to glue two markers one blue and one red and the lion and the lioness "in love" kissing each other, perhaps as an expression of a response to the pain and the anger of being excluded and of being exposed without veils to overexcitement, not manageable. Defenses are maniacal, against the submission of his bonds to the primal scene. The violent need of opening the door of the office shouting "stop giving pecks" or, wanting "to pee" in the very same office, when recalling the scene, are expressions of mood that overflowed him.

In the same diagnostic time: Pablo takes the bottle and gives it to a doll, while laughing he touches her "little hole", he continues the game until his body starts to vibrate. I understand that the anxiety appears because of the confusion between the oral and the genital, till he says: I want to cut glacé paper! He seems to cry out for discrimination to calm down.

In that same hour of play, Pablo goes to the couch; he lays down and asks me if there is a blanket, he touches his dick and tells me: "I dream of a blanket". "I'm very tired". He seems to connect with the exhaustion that produces in him this fight like no other, the desire for a blanket to protect him and cover him, and the excitement. After a while he leaves the office to go to the waiting room, indicating the time in which the persecutory anxiety turns the office into a dangerous place: it seems to be a repetition where fear has to do with being left alone with the analyst, as well as with the maid, who consent to his excitement.

In this sense I think that the person of the analyst and gender (a woman in this case) might have allowed the quick staging from his traumatic situation; certainly with a male therapist, and during the first contacts, the dramatization or embodiment could have been another.

The search for the real mother in the waiting room was an attempt to calm the anxiety that the fantasy awoke in him, so far acted without the possibility of displacements that would had allowed a greater access to symbolization.

Different clinical expressions that indicated the various transferences in the sessions

Although it is true that, from the beginning of the analysis, Pablo developed during the treatment behaviors that made one think of a positive transference since he

spoke and played calmly, it also emerged a frankly erotic transference. Pablo tried to get up my skirt and he also, unexpectedly, sat on my lap wanting to touch my breasts.

The resistance to the analysis, to listen to the interpretation and the shouting to silence were frequent as well as the heightened dramatization of his anguish. The negative transference was openly expressed when he destroyed his box, his toys, escaped the office and tried to kick the analyst or refused to come.

In some sessions, when he managed to leave the office, he threw himself in the waiting room and, with his fat finger in his mouth he placed himself in a fetal position. After a while, the interpretations of his need to be a baby attached to her mother, to feel safe, from the fear of being left alone with me as with the maid turned out to be reassuring and made him return to the office.

I'm going to present clinical vignettes of different sessions to show, clinically, extreme situations where **the erotic transference** was developed, producing in the analyst countertransferential sensations of bewilderment, from which the analyst rescued himself by thinking especially on the interpretation.

1st Vignette

Pablo comes to the session with his father and compulsively wants to kiss the analyst and touch her breasts while he screams I want to be a baby because only babies can take the boob! I just want to take the boob; I did it with Mary when I was three!

A: You also want to do it with me, you are afraid of growing; as if because of growing you were to remain alone.

P: I hate to grow, because only babies can take the boob

Despite the limits clearly expressed by the analyst: she would not allow Pablo to touch her, his insistent attempts showed the overwhelming anxiety in front of the separation and his attempt to repeat what had calmed him down once. It was obvious that with his action he intended: the annulment of the analytical function trying to repeat the finally traumatic scene and the acting as a communication to interpret.

I think we should do at this point a reference to the father as the witness in front of whom he denounces his overexcitement, and who, we know, had tried to deny the possibility of abuse. He seemed to ask for action or limits to a father tucked in his professional career, model of competition and hyperactivity.

Pablo finished building a city and invited me to play to husband and wife. From this situation, I decided to add to the game box 2 piñata balloons, strong and large, that the patient filled with water, and asked me to knot them at their ends, clearly representing two breasts with which he played or plunged his little face between them.

2nd Vignette

In a previous session to the holiday's separation, the analyst and the patient play hide and seek. At each meeting Pablo is very excited. The situation gets worst in the sense that the performance and the maximum erotization appeared in this way: Pablo asks the analyst to turn around and he masturbates himself.

In silence, the analyst dismayed, facing an unprecedented experience, expression of an intense projection of the experience of exhibition pertaining to trauma. When the patient finished his masturbatory act my first reaction was to "distract him" trying to change the climate of the session, I invited him to play a board game and Pablo chose dominoes.

While playing, calmly, the analyst, already recovered, tried an interpretation: you wanted to show me how lonely you were going to be during my holydays, as lonely as when mom and dad go away together and how you think you are going to get calmed.

The material allows us to understand the mechanism of projective identification by which the analyst, confused, feels paralyzed and must recover her wits to be able to think about the interpretation and the play as a way out to the acting produced.

D. Meltzer in "The psychoanalytic process" refers about this type of masturbation, of penetrating rubbing, saying that it "is associated with problems of possession and maniacal reparation and related to sadism and to projective identification". And H. Rosenfeld would coincide in thinking that "the erotic transference is closely linked to the projective identification" and its consequences. On the other hand, the patient "seemed to become independent of the breast", when showing: I do not need you or I calm myself alone.

But there was also an aggressive act that drew the analyst "of his feeding normal role, probably as a result of the patient's frustration or envy".

In "Impasse and interpretation", Herbert Rosenfeld, when commenting about the intense erotic transference that arises in schizophrenic patients in the early treatment, clarifies that having enormous difficulty distinguishing between fantasy and reality, he suggests that the analyst should have extreme caution in interpreting it as they can be mistaken as concrete suggestions to act.

I consider that in children in whom the concrete thinking still has primacy and in whom there is symbolization distress, care in the game in the action and in the interpretation must be taken into account.

Meltzer in his article: "*Narcissistic base of the erotic transference*" in *Sincerity and other works, the collected papers of Donald Meltzer*, he speaks about the narcissistic core hidden behind this resistance, but also of the importance "of the analysts' person" and about the countertransferential handling of such intense anxieties.

The erotic transference can lead to actions of the patient or of the analyst that may destroy the analysis.

Self-aggressiveness symptoms: guilt

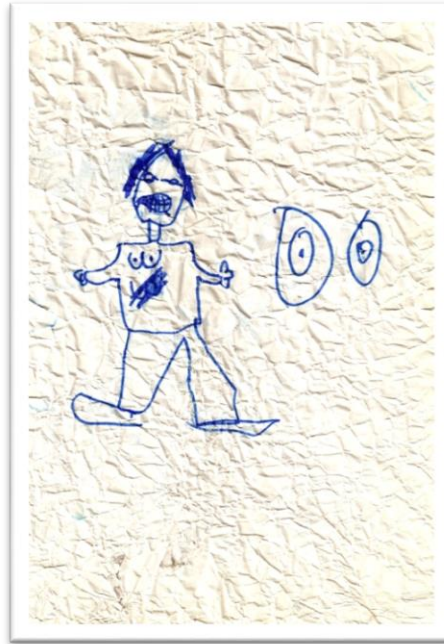
After two months of treatment, Pablo plays to throw the ball to the ceiling and to hit himself with it, even trying to hit the ceiling that in one part of the office is lower. He throws himself in the divan and asks me if when someone is fainted, breaths. My answer is yes.

Then he asks what I would do if he or the doll (Barbie naked) would throw themselves out of the window. I replied that I would not allow him to do something like that, and that remembering the naked women, it is not as bad as he thinks, and that because of that he has not to kill or punish himself hitting his head as he just did.

Pablo goes to the bath basin of the office and wets his head. I asked him if he wants to cool his head when his ideas turn him hot and angry. The next session Pablo draws me naked (see drawing) and tells me he dreams with me like that, asking me what should I do if he fainted ... "throw me droplets or kiss me?" He asks me to throw him droplets and then to soak him more.

He discriminates the analytical function. In the drawing he marks the partial object and the whole object.

Drawing 2



At almost two years of treatment, Pablo tells me in a session that he does poorly in school, and that he believes he is a "bad boy" that "the maid pay attention to me because I treated her like a tyrant" and also that he had felt "a nasty taste in the mouth". He takes a bottle of school glue and throws it with force on a sheet of paper. I explained to him that what he wanted was to vomit the idea, as when he got sick, and punished himself because he believed he did wrong, but that the adults are who should say no to a tyrant baby

I try to show with these vignettes the guilt that an intense suffering causes to abused children and the symptomatology that added to the picture, as in this case, produce a learning disorder.

In one of the last sessions before the interruption of the analysis decided by the parents, Pablo suggests to play dad and mom, personified by him and by me, the analyst, making clear, all the time, that "we would take much care of our children." It was during the game that Pablo uttered the phrase that gives title to this work: "When growing up I'll be a kisser," which I consider a sample of incomplete evolution of the

process and of the development of his pain. The oedipal processing was at stake, with a neurotic conflict and less impression of the traumatic situation.

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