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Too hot to handle? Working with erotic charge

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Abstract

What would it bring to practice and theory to reconceptualize psychotherapy as an erotic relationship, where eros is at the core of what we do? How can our work as psychotherapists be best supported in an erotically denying culture and in an ambivalently erotic profession? This paper looks briefly at the history of psychotherapy around this issue, and argues that relational body psychotherapy has specific strengths for working with the erotic. Body psychotherapy has long championed the centrality of sexuality in our lives and in the therapy room.

KEYWORDS

Embodied Relating, Enactment, Erotic Charge, Erotic Desire, Erotic Transference, Relational Body Psychotherapy

1 | THE INTENSITY OF THE EROTIC: TO SEDUCE, ATTRACT, REPULSE, REPEL, ENCHANT, MESMERISE, ENGULF, HYPNOTISE

Erotic desire is a universal impulse and an essential ingredient of life. Without it, life would cease to exist. Without the fire, the playfulness and the energy of the erotic, our individual lives can become deadened. The erotic is central to our aliveness and, I believe, needs to be central to counselling and psychotherapy.

How do we make sense of our intense experiences as psychotherapists and counsellors? When the erotic enters the therapy room we can be swept by strong emotions—arousal, disgust, enchantment, love, hate. This article is my attempt to join the eloquent voices in our profession aiming to understand and articulate the embodied erotic experiences we can all have in our therapy rooms. Shoshi Asheri (2004) asked: "Erotic desire in the therapy room: Dare we embody it? Can we afford not to?" She convincingly argues that erotic aliveness is the most responsible and healing response we can offer our clients—who can also bring us the gift of reminding us that we are passionate beings. This is complex, often subtle work, demanding integrity and rigour.

As therapists we always seek a balance between witnessing our clients, and being impacted and swayed by their process. When the erotic comes in, our capacity to witness can be compromised as we get lost in the intensity of the relational exchange. Working relationally, our task is to dance between these poles of the detached witness and someone swimming in the soup with our clients. The erotic can threaten to overwhelm either or both participants.

We are in the sway of powerful emotions, which means that the potential for transformation is also present. In this article my aim is to offer some guidance, some handholds, that our intellect can grasp and hold steady, often while our bodies do a lot of the processing.

2 | INTRODUCING MYSELF AND THE EVOLUTION OF THIS PAPER

I've had a hunger to learn about working with erotic charge since a challenging experience with a client in the early part of my career. Soon after I started practising as a psychotherapist, a young man, several years younger than myself, came to see me. I felt an instant attraction to him, as I think he did to me. He was looking to explore memories of inappropriate sexualised touch from an older sister when he was a young child.

Very soon I felt out of my depth and stumbling in the work together. With hindsight I feel I should have admitted my lack of experience and referred him on. I found the sessions stirring; often I felt frozen like a rabbit caught in the headlights. My strongest experience was of feeling intensely sexually aroused; it felt overwhelming and absurd. I was acutely aware of my fear of abusing him, of becoming the inappropriate sister.

I would work very differently now, aiming to slow down the process and bring some awareness to the complex embodied responses present in the room. I was too inexperienced, embarrassed and caught in my embodied countertransference responses to bring any useful reflection to the re-enactments which were unfolding between us. The therapy didn't end badly, but I thought I had failed him in some essential way.

Where I did succeed was in being very careful about the boundaries between us. I ensured that there would be no touch. This kept us “safe” from sexual re-enactment, but, unforeseen by me, another enactment unfolded. He left after about three months, feeling frustrated and that I was distant, unavailable. I had become the withdrawn, physically rejecting other. Needless to say, there was a lot of learning for me. It became clear that there are two main risks when working with erotic charge: that we act on the attraction and engage in inappropriate sexual contact or—also damaging, but less written about—that we deny the attraction in a way that denies our clients' sexuality and aliveness.

This paper has emerged from my need for insight into this complex and highly charged arena. The primary focus is on the therapist's experience, their anxiety, vulnerability, aliveness. Exploring how the client's story has shaped their sexuality and erotic relating is beyond its scope. However, there is an extensive literature concerning attachment, development, social, cultural and trans-generational influences on a person's experience of their sexuality.

I have run workshops on working with erotic charge throughout my training career. I ran these workshops initially with Nick Totton, as Nick and I worked as training partners for 8 years. My erotic charge workshops have developed separately from Nick, though I am indebted to his thinking and draw extensively from his writing in this article.

3 | “BUT WHAT DO I DO?”

I greatly enjoy running the erotic charge workshops. There is a charge in the room, a curious mix of excitement, nervousness and keen interest, an aliveness that feels ultimately life affirming. We often explore difficult, uncomfortable personal and client material. My thinking has developed from my reading of predominantly relational body psychotherapy and relational psychoanalytic literature, but also from participants' contributions to the workshops.

I've met many practitioners, both experienced and inexperienced, who echo my own experience of overwhelm, paralysis and confusion when faced with highly charged sexual transference and countertransference. A frequent question on these workshops is, “But what do I do?” My aim is to normalise working with erotic charge: to encourage participants to see it as inevitable and, in the biggest picture, desirable that erotic charge enters the therapy room—a process which is in many ways natural, normal and manageable. I offer a theoretical framework, discussion space and supervision as containment for the often considerable anxiety that can be present. Mostly I encourage participants to draw on their current skill base and experience. The teaching often centres on working relationally and its

complexities, drawing from the body psychotherapy model that I teach and practise: Embodied-Relational Therapy. I also introduce the Oedipus complex as a way to understand the different developmental needs that people have around their sexuality.

I increasingly want to reframe psychotherapy and counselling as an intimate and erotic relationship; to challenge our profession not to relegate erotic transference/countertransference to a special situation needing training and additional insight; to recentre the erotic as the work.

4 | THE INCEST TABOO

I've learnt that many practitioners have intense anxiety and lack of confidence around their own sexuality. I have been surprised at the levels of fear, mostly, though not exclusively, from women, of their bodies and their capacity for arousal. Reflecting on this, I realise that I have discounted the depth and influence of the incest taboo, and our profession's "intolerance and dread of erotic countertransference," (Tansey, 1994, p. 39). I think a complex mix of fears is involved: of the forbidden zone of sexuality in the therapeutic relationship, of confronting and negotiating the powerful misconduct taboo and the incest taboo—and of the demand which the erotic can bring for the therapist to be more vulnerable (Warnecke, 2018).

The edge of my own fear around the erotic emerges when I try to unpack my response to Asheri's (2004) practice of allowing "myself imagining how it would be to make love with this client" (p. 6). She has taken Mann's description of "the psychoanalytic situation as an expression of sexual intercourse" (1997, p. 120), one step further. I understand and support her argument that such a thought experiment can bring invaluable information as to the relational complexity of the erotic with a client, but notice my resistance to fully engaging with her suggestion. To fantasise about having sex with most of my clients, even though I can support the idea intellectually, is too challenging; it somehow seems too brash, invasive—or perhaps, if I really stepped into the experiment, too scary and overwhelming, for all of the reasons discussed above.

5 | LITERATURE REVIEW

There is a wealth of literature from many modalities on working with the erotic, particularly from the last decade, for example in Luca (2014). For me the relational body psychotherapy tradition is in a unique position to be able to comment on working with the erotic. Drawing on the legacy of Reich's insistence on the centrality of the body and sexuality in our lives, combined with an integration of working relationally, brings unique strength to its clinical thinking and practice. My belief is that our tradition can support body psychotherapists in claiming more physical and intellectual freedom, being less caught up in fears and constraints around touch, sexuality and risk taking in the therapy room.

Female body psychotherapists initially made the most impact on my thinking and working with the erotic. Asheri (2004) and Tanner (2015) showed great courage and passion in their writing. Both writers explored the use of touch when working with the erotic, and give examples of appropriate disclosure of their erotic desire to clients. Rolef Ben-Shahar (2010, 2014) and Cornell (2015) are male relational body psychotherapists who also champion the centrality of sexuality and the erotic in an accessible, engaging, passionate style.

There is a long psychoanalytic tradition of addressing the erotic. Ferenczi (1949) argued that traumatic causes of psychological disturbance, especially sexual violence against children, had been neglected within psychoanalytical thinking. He introduced relational themes only taken up much later by pointing to the uneven power distribution in therapy as a retraumatising factor. Searles (1959) discussed the centrality of "Oedipal love in the counter transference," arguing that the therapist needs to be aware of *reciprocal* feelings of love and desire. Davies' subtle and sophisticated writing (1994,1998,2003) has helped re-educate us all on the complexities of working in this arena, through a sophisticated reconceptualisation of the Oedipus complex and the central importance of the mutual love

affair between parent and child. She has argued for the importance of the therapist owning their desire towards clients. Mann has made a significant contribution through his own book (1997), the two books he subsequently edited (1999, 2002), and his numerous workshops.

Rereading the literature in preparation for this article, what stood out most strongly was each writer's reframing and radicalisation of what we do as counsellors and psychotherapists. A common theme is to argue for the centrality of the erotic within our work.

6 | A WORD ON WORDING

Shoshi Asheri (2004) has described erotic desire as the "drive for physical, emotional, intellectual and spiritual connection and integration within oneself and with another" (p. 3). I'm using "erotic" to include not only obvious sexual attraction, but also more subtle interactions and relationship tones that are charged and hard to verbalise (cf. Mann, 1997, p. 5). Situations with clients that I'd describe as erotic include: a sense of playing together like children, and then he gives me a very intimate smile; sitting with a female client and having the image and sensation in my breasts of feeding her; also feelings of repulsion or intense discomfort.

From the many terms in the literature—transference love, erotic transference and countertransference, oedipal love, erotic desire, eros, erotic charge—my own preferences are erotic charge and erotic desire. "Charge" has an important lineage in body psychotherapy: it is softly defined, and can refer both to the vegetative or energetic aliveness of a client's body, and to the relational charge. It's well suited to describing embodied relational interactions, emphasising the energetic and process qualities of the therapeutic exchange rather than the verbal and content aspects (Soth, 2005).

7 | A BRIEF EROTIC HISTORY OF PSYCHOTHERAPY

> *The primal couple, the Adam and Eve of psychoanalysis, were Joseph Breuer and Anna O. Breuer was Freud's early mentor. . . . Anna O was a very intelligent, hysterical, 21 year old woman. She was also very attractive. . . . Breuer had developed what we would now call a strong erotic countertransference towards his interesting patient and would talk about her endlessly with his wife, who became increasingly jealous, morose and unhappy . . . Breuer was the first recorded casualty of unacknowledged erotic countertransference, with Anna O the first casualty of unrecognised erotic transference.(Mann, 1997, p. 12)*

Freud's early work involved hypnosis and the use of touch; it seems that his discomfort with the degree of transference, particularly erotic transference, is what pushed him to abandon the use of touch and hypnosis (Rolef Ben-Shahar, 2013). Psychoanalytic practitioners today have directly inherited Freud's efforts to avoid touch and prevent his feelings from being directly witnessed by the client.

> *For a century now, since the time Breuer fled Vienna and the passionate professions of his patient Anna O . . . psychoanalysts have contorted themselves, their patients, and their understanding of the psychoanalytical process in an attempt to minimise, disavow, project and pathologize the sexual feelings that emerge between the analytical couple in the course of their emotionally powerful and most intimate encounter with each other. (Davies, 1994, p. 747)*

A significant moment in the history of the erotic within psychotherapy was Reich's exclusion from the International Psychoanalytical Association. Reich's politics and his insistence on the centrality of sexuality in the development of neurosis were too challenging. His exclusion meant the exclusion of embodiment from psychoanalysis and a severing of body psychotherapy from its psychoanalytical roots (Totton, 2002).

8 | PSYCHOTHERAPY: AN INTIMATE RELATIONSHIP

> *We can think of transference in therapy precisely as a response to the offer and experience of intimacy. (Totton, 2012, p. 46)*

In therapy we offer our clients contact, we offer to be close, inviting intimacy: for our clients to tell us their stories, their fears, their secrets. We are usually encouraging them to be more open, less inhibited, less self-censoring—perhaps more spontaneous and freer: for someone who is frozen to move more, to awaken, to raise their libido. Many writers have described the appearance of the erotic as inevitable and desirable. (Davies, 2003, 1994, 1998; Mann, 1997; Reiss, 2013; Searles, 1959; Tansey, 1994; Warnecke, 2018).

Nick Totton (2012) has described how intimacy is in many ways right at the heart of what we do as therapists, but that it is also right at the dangerous edge. We offer our availability to be in a therapeutic relationship with our clients, and part of what we are called on to offer is our availability to be related to as sexual beings. To work at depth with clients we at times need to offer an openness to be attracted to our clients, an openness to being found attractive. We also need to protect ourselves so that we feel safe enough to work in this way and to only do so when it feels appropriate to us. When it does feel right, it can offer the chance for deep healing work to take place.

9 | EMBODIED RELATING

> *Our body bathes in and soaks up the embodied presence of the other, we catch fire from them; we breathe them in and metabolize them; we reverberate to their rhythms, and our own rhythms shift to echo them. (Totton, 2015a, p. 48)*

How can I meet the other, my client? How does my body respond to them? How do our bodies want to meet? What exchange is going on below/between the words we speak? How do I want to respond and find myself responding to their vitality, passion, sexuality? How am I drawn in, captivated, repulsed by them?

Body psychotherapy can offer us useful tools and insights on using our embodied responses to our clients therapeutically. Totton (2015b) coined the term "embodied relating" to conceptualise this complex process. Our "embodiment is a rich source of information vital to our interaction with others: our bodies are much more able than our rational conscious minds to respond to complex, subtle, contradictory information and unconscious material. Our embodiment is a relational resource. (Totton & Priestman, 2012, p. 45).

Other writers outside the body psychotherapy tradition speak of the essential nature of embodiment. Davies, (2003, p. 166) explores how the therapist can make use of her own bodily awareness to serve as a map "through a veritable minefield of potentially explosive and disorientating transference countertransference re-enactments." Rosiello (2000) has also commented on the mutuality of the transference, countertransference exploration.

10 | ON SEDUCTION

> *There is an inherent seduction within therapy: the intimacy of the relationship behind closed doors, the privacy, the confidentiality, the deep exploration of our inner world and the mystery, all potentiate the seduction. (Tanner, 2015, p. 55)*

Both of us are doing our best to get inside the other: to know them, to explore them. We are also summoning up all of our defences against being got inside. In some ways the project of therapy can be thought of as studying this openness and closedness to one another. Karen Maroda (1998) argues that the analytical situation is a mutual

psychological seduction, which occurs in every therapist–patient relationship. I'm aware that some therapeutic relationships can have very low charge, almost as if there's no attraction, no excitement. I can find these relationships hard work, a dullness pervading. I question how effective I and the relationship are being. I suggest that there needs to be a certain amount of erotic charge for the therapy to be successful and, similarly, a measure of seduction for intimacy to develop. I ask myself, how am I being seductive with this client, at this time—can I get curious about that? How is my client trying to seduce me now? How might that be creative and how might it be more problematic?

It's important to on-goingly explore our own seductiveness within supervision, therapy and other spaces. It's good to keep a check on what we might be unconsciously acting out from our own material. How can we get to know and become more comfortable and familiar with our own seductiveness, so that it becomes an asset rather than liability?

For the client, the term seduction may have other connotations. If they had a seductive parent, how might that play into the transference? We need to pay close attention to the kind of seduction that is emerging within therapy. Some clients may have experienced behavioural manipulations, such as grooming (Roz Carroll, personal communication May 25, 2019).

11 | A CASE VIGNETTE: KAT

What follows is a fictional case vignette. Fiction felt like a useful vehicle to expand and illuminate my thinking around working with erotic charge, leaving me more free to explore client issues without fears of compromising privacy or confidentiality. Orbach (2000) uses fictional case studies extensively and effectively.

On first meeting Kat I was struck by her vitality and attractiveness. A woman of 33, she was direct, clear and assertive; deeply engaged in her work as a lawyer and enjoying her high-flying career. She was intelligent and interpersonally skilled. Most of the time she felt clear, purposeful and in control of her life and work. What brought her to therapy was that occasionally, especially after contact with her family of origin, some crisis would lead her to crash and become immobilised for several days. I immediately liked Kat and sensed that it would be interesting and, at times, challenging to work with her, since I could see that she had a pushy side that was capable of challenging me.

The first few months went well and I enjoyed them. We explored her work, her desire to be in relationship with (probably) a man, her history of relatively short but intense relationships with both women and men—also her frustration with her parents, and especially the pressure that she experienced from them to do exceptionally well in her career and to marry a man and have children. Kat was open to and interested in exploring her process as it expressed itself through her body. She seemed to lap up and enjoy the intimacy of sharing her life and the physicality of working with a body psychotherapist. I noticed a growing vulnerability, a fragility that seemed to emerge at unexpected points.

12 | A THERAPEUTIC MOMENT

Some way into our work together we were exploring a feeling of constriction around the top of her chest and shoulders. After some experimentation we found a position which felt right to both of us to amplify her body sensations. I put my arms around her shoulders and chest to clamp the upper part of her body to my body. During this piece of work she struggled and fought me as the clamper. Some of the time she was still and listening to her internal sensations. I, in turn, was listening to my internal experience.

Not for the first time when working with her, my body felt full and alive with intense sensations and emotional responses. I was aware of the intimacy of the moment and the physical contact between our bodies my arms were wrapped around the top of her chest so that I could feel contact with the top of her breasts against my arms, my breasts squeezed into her back and also her buttocks were nestled just above my pubic bone. I tried to slow my breathing, and kept checking with myself that it still felt appropriate and congruent to be in such erotic and close

physical contact. Listening deeply to myself, I realised that the contact to me had different qualities to it. I was aware of an adult sexual level of arousal that I felt could potentially become quite hot. I was also aware of the sense of playing together, teasing, a kind of childlike innocence to the contact. I was also aware of a dreaminess and a sense of safety and comfort in me holding her, as if she was very young.

In this erotically charged moment I experienced pre-Oedipal—the sense of dreaminess and holding—Oedipal—the teasing and playing—and also post-Oedipal desire—the overt adult sexual arousal. I found this experience both confusing and clear, physically and intellectually. I was grateful that I felt resourced and had some grasp on working with erotic charge. At that point it felt too early to talk about the complexity of the erotic charge between us. I felt sure that, in time, the material would emerge more and become something that we could consciously engage with.

13 | OEDIPAL CHALLENGES

As I stated earlier, I have always introduced the concepts of pre-Oedipal, Oedipal, and post-Oedipal eros into my workshops. Many humanistic practitioners have had little exposure to, or experience of, working with the Oedipus complex. I am not aiming to give a full picture of the Oedipus complex, which has been extensively described, but want to raise some points which seem particularly pertinent. I see it as a useful framework to understand both how a child's developing sexuality impacts and is impacted by their relationship with others, particularly their primary caregivers, and to think about our role as therapists, what's useful or counter-productive, and what are the complexities of working with this material. Although the model has limitations, I think it's still a useful one, which can include the diversity of gender identification and sexual attraction to others.

It can also be used abusively. The myth and its therapeutic use include both cultural bias, blindness (appropriately to the myth), and an attempt to move forward. Davies (2003, 1994, 1998) has very creatively reframed the theory. She speaks about the intense mutual, and at times passionate, idealised love affair that can develop between children and their parents. She fully acknowledges the intensity of the parents' desire. The Oedipus stages can be thought of as the struggle to love and be loved and to form our own identities as sexual beings. The struggle to be both validated as desirable and to be a separate human being; to be together and apart.

Pre-Oedipal—Babies are passionate beings, experiencing life vividly through sight, sound, touch, taste, and smell. There's is an alive, active engagement with all around them. Babies give clear signals about the contact and engagement they want with those around them. The parents or caregivers' task is to engage in the dance of mutual regulation of this pre-Oedipal stage. If this stage doesn't go well, the adult in therapy can re-experience feeling engulfed, poisoned, invaded or left with yearnings to merge, be held and protected.

Oedipal—The challenge for parents is how to see their child in their beauty. How can both parents, see, witness and acknowledge the child's emerging sexuality? How can they reflect the child's desirability but not act upon it, to give the message:"Yes, you are a beautiful, sensual, sexual, human being; you are loved, safe and I will not transgress our relationship." This is a complex negotiation which can go wrong in many ways. Parents also have to grieve and let go of the child, to allow them to move on and have other intimate loving relationships.

Post-Oedipal—Work with the post-Oedipal phase challenges us to let go of our attachment to being a mother-like figure (Staunton, 2002) and to risk being witnessed in our adult sexuality. Both Davies (1994) and Tanner (2015) have written courageously about the need for the therapist at times to own and speak of their attraction to a client. "There had to be an acknowledgement of the adult who desires sexual intimacy, in both of us, as well as the infantile sexual demands. There was a need to move fluidly between both of these transferences, not merely relate to one…There has to be a willingness of the therapist to allow and not deny the eroticism in the room (Tanner, 2015, p. 70).

14 | WORKING RELATIONALLY AND ENACTMENTS

Our best resource when working with the erotic is our ability to track our embodied responses and utilise them in combination with our clinical thinking. As the relational intensity shifts and changes, our capacity to witness ourselves and our clients will also shift and change. We need to recognise our own patterns of dissociation, overwhelm and overstimulation in order to be able to rest in not knowing, ambiguity and conflict (Soth, 2005). If the client's material is stirred, they may not have reflective adult capacity and will need our support with any dissociation, confusion, fear and misreading that may result. The therapist who may be on the "edge" of their material has at least been trained to keep some connection to overview or processing mind. But, as Shoshi (2013, p. 83) reminds us, "although the therapeutic process at such moments may seem to have a flavour of mutual regression, I have no doubt that the asymmetry of the power responsibility can and must remain intact."

Our task is often to allow and embody split-off aspects of our clients' experience (Davies, 2003). How can we achieve the difficult task of allowing "our own erotic psychosomatic arousal and the fantasies that are associated with it, without guilt or shame," so that "we can access crucial, or therapeutic material, with significance both for our client and ourselves" (Tanner, 2015, p 77)? There will be many times when we are challenged to face our fears, of the multiple taboos around the erotic in our work.

Our erotic embodied responses to our clients will be complex and can be hard to make sense of. This is where a good supervisory relationship is essential. We will experience multiple transferences and be multiple objects for the client simultaneously (Soth, 2005). There are many possible re-enactments to be aware off, a sexual re-enactment is important but not the only possible destructive outcome, as my experience with my young male client showed. "Enactment is spontaneous, difficult if not impossible to control, unconscious and effectively driven. Enactment is a mutual event" (Maroda, 1998 p 123).

Enactments by definition are mutual. Unfortunately, many practitioners are not working from that understanding. I know for myself that clarity that intense, difficult-to-process enactments are mutual was a hard-won learning.

> *An analyst in the throes of a strong countertransference is under the influence of the same type of repetition compulsion as the patient. . . . The analyst's feelings shock her, because she does not know this part of herself. This patient is threatening her by stimulating something she does not want to see. (Maroda, 1998, p. 125)*

When we feel particularly stuck or lost, it's usually because our material has been deeply stirred. Therapist and client are effectively each playing out the internal script for the other.

For any therapy to unfold productively there needs to be a good fit between client and therapist. There needs to be a recognition of one another as adult functioning beings in the room. There also needs to be an unconscious fit so that enactments will unfold. A logical conclusion of this is: when there's a good fit between client and therapist, I will unconsciously stir their material, they in turn will unconsciously stir mine. Part of that good fit may be that the erotic enters the room—that passions, yearnings and love will be stirred. Often for both parties.

15 | WORKING WITH EROTIC CHARGE AND SEXUAL ABUSE

As I write, the controversy around *Leaving Neverland*, the film where two men tell how they were sexually abused as boys by Michael Jackson, has made headlines and shocked America. The *#MeToo* movement, Harvey Weinstein, Jimmy Saville, abuse by Catholic priests, the American Gymnastic Association, football coaches . . . the list of the exposure of sexual abuse is long, and the issue is very much in the public domain.

When I first started working in groups nearly 30 years ago, I was aware of the shocking figures for childhood sexual abuse affecting one in three women and one in six men. Clients who have experienced sexual abuse as children,

or sexual invasion and/or rape, are unfortunately common, rather than the exception, in therapy. Consequently, working with the relational complexities this brings to erotic charge needs to be a central consideration.

A full exploration of these issues deserves another article, but I'd like to explore these issues briefly. I have found the Oedipus concept a useful tool in working with the erotic; however I'm very aware that, historically, it has been used to deny the existence of early sexual trauma, by forever shifting:

> *the focus from that of the out of control parent, moved to extremes of traumatic transgression by experiences of aggression against, and erotic longing for, the child, to an exploration of a sexual fantasies and desires of children whose parents are cast in the immutable stone of dispassionate objects of desire. (Davies, 2003, p. 161)*

When working with clients such as Kat, I'm increasingly alert to when the Oedipus phases seem to be presented in quick succession or even simultaneously. In each Oedipus phase our clients need different things from us. Our somatic countertransference experiences can feel very confusing, as we receive complex and contradictory messages. Increasingly, my belief is that such clients will have experienced sexual transgression. Tanner (2015) goes as far as to say "for a client who has experienced early childhood violations or sexual abuse, seduction can become a mode of resolving internalised conflict" (p. 77). Also, sexual overstimulation within the therapy relationship may be how a client's trauma seeks to be known and understood (Davies, 1998).

This is a complex, edgy, danger filled arena. How do we walk the tightrope of being present to our own embodied relating, allowing an unfolding, but not replaying sexual invasion or wounding?

> *Someone who was sexually abused as a child obviously does not need to be sexually abused by his analyst, but he may need to stimulate intense anger, a desire to harm, or intense sexual feelings in the analyst. The more prepared the analyst is to experience these feelings as a natural event in the treatment, the less likely the analyst is to repeat the past in a literal, and traumatising, way. (Maroda, 1998, p. 137)*

I would argue that it is essential for us to explore and work through, as well as we can, our own experiences of sexual invasion and abuse. Maroda (1998, p. 135) gives an example of a client who was sexually abused twice by therapists who got lost in their own countertransference because they were sexually abused as young girls. A second way to resource ourselves is by working relationally and developing our understanding of re-enactment dynamics. I would also argue that it's invaluable to challenge our professional dread and denial of the erotic.

> *Our collective intolerance and dread of erotic countertransference paradoxically contributes heavily to the appalling documented incidents of sexual abuse of female patients by roughly 7 to 10% of male therapists. (Tansey, 1994, p. 139)*

16 | A MUTUAL SEDUCTION

For the first few months I experienced Kat as fun, and her almost continuous flirting for the most part charmed me. At times Kat would flirt with me through play, as if she were a very cute five-year-old, who wanted attention for her beautiful showing off dancing. But, as time went on, I felt as if Kat *could only* flirt with me.

As we moved into the fourth and fifth month of our work together, I noticed a change in myself. At times I could feel bored, irritated, overwhelmed, bemused even invaded by the intensity and force of her flirtation. At times she'd tell me about cases that she was working with, especially the hard ones that involved some kind of physical

intimidation of women, in a kind of tough, almost macho way. Sometimes she'd tell me about people who she was attracted to, both men and women, and seemed to delight in the details of what draws her in physically.

I tracked the nuances of my embodied responses to Kat, using them as an anchor throughout our work. It was a resource to hold myself steady. In one session where I felt bruised and unusually thrown off balance by her joking about a court case of sexual intimidation of a woman, I gently but firmly challenged her. My heart was racing, it felt a risk to challenge her. In the session Kat tried to joke it off and make fun of my seriousness. When we unpacked this interaction over the next few sessions, Kat experienced what she described as "crashing", entering a period when she felt fragile, vulnerable and at times immobilised.

What slowly emerged was Kat's story of sexual abuse and invasion, as a young child, by her father's brother, and also of being raped by a boyfriend in her late teens. Kat had been in therapy before and had explored both these experiences then. Our work together helped her to integrate and to realise how much she still dismissed and minimised her past sexual trauma, but how, in many ways, she was still trapped and confused by it.

Reflecting in supervision on the first five months of working with Kat, I realised that her flirtation had an aggressive edge. It took me some time to challenge her, which retrospectively surprised me. I was struck by how this material emerged. In some ways both of us enacted a violent way of being—Kat with her flirting and me through my challenge. It felt to me that her increasingly aggressive flirtation was expressing both her need to have the material underneath explored and her wish to deny and repress that material. Thinking of Kat reminded me of Ferenczi's (1949) thoughts on the child's identification with, and introjection of, the aggressor: that the "attack as a rigid external reality ceases to exist, and in the traumatic trance the child succeeds in maintaining the previous situation of tenderness" (Ferenczi, 1949, p. 221).

What did Kat want from me? For the most part she needed me to survive and to see beyond the distraction. It had a reality to it, since we were both women who are attracted to other women, but it also felt like a red herring: as if she was trying to distract me not only from her overt sexual trauma, but also from her more vulnerable pre-Oedipal and Oedipal erotic needs and impulses.

17 | WHAT HAPPENED TO THE HEAT?

William Cornell has noted that sexuality and passion were central to Reich, who was "relentless in his confrontation of the social control and repression of sexuality" (Cornell, 2015, p. 113). He asks what trends in contemporary therapy are causing the disappearance of sexuality in the work. "One of the things that happened to the heat is the growing dominance of attachment models in psychotherapy and psychoanalysis" (Cornell, 2015, p.114). Nick Totton (personal communication) argues similarly that the reframing of therapy as a mother–baby relationship, introduced by Object Relations, resulted in the desexualisation of clients and the therapeutic relationship. Much psychotherapeutic practice can be seen to be built upon structural attempts to sterilise the therapeutic relationship (Mann, 1997, p. 16).

There are dangers inherent in this approach. "If out of fear we ignore or dilute [erotic charge], we risk a re-enactment further down the therapeutic road" (Tanner, 2015, p. 76). Our profession's fear of erotic countertransference only increases the likelihood of such material remaining unconscious in the therapist and therefore liable to acting out (Asheri, 2004; Searles 1959; Warnecke, 2018). Our own fears of the incest taboo and doing serious harm to our clients can result in practitioners subtly and unconsciously repressing material.

> *Therapy is an intrinsically risky undertaking, which cannot be made wholly safe if it is to be effective… Very often, the trauma from which our client has been suffering can only be fully brought into therapy by being re-enacted there. (Totton & Priestman, 2012, p. 47).*

Michael Soth writes that there is no guarantee that therapy re-enactments won't be damaging to the client. His suggestion is that re-enactments will unfold with a creative outcome, only when all the fragments of the conflict can be experienced and held in the relationship (Soth, 2005).

Can we, as Rolef Ben-Shahar (2013) invites us, embrace the erotic and aliveness of the therapeutic relationship?

> *Relationships are not clean, they are a messy business, with emotional involvement, aggression and erotic impulses, hurt and hope, mutual interest colliding, political aspects interacting, love and hate interchanging. (p. 8)*

Dare the profession embody erotic desire? What would that mean for our training courses, what would that mean for our theoretical beliefs? What would that mean for our interactions with our clients? What would that mean for us and our lives, inside and outside of the therapy room? Relational body psychotherapy offers a potential model and home for that kind of paradigm shift. My sense is we're a very long way away from supporting practitioners to dare to embody the eroticism they feel and to be erotically alive in themselves and their work. We're very far from that as a profession and as a culture.

18 | EMBODYING EROTIC DESIRE

As Totton wrote in 2012, It is crucial to acknowledge our own defences against embodied relationship. To engage in this way makes us very vulnerable, moving us into a state of "liminal awareness" where we are in a sense at the mercy of the other's feelings. Working with erotic desire has specific challenges for us to confront and negotiate—powerful taboos, such as the professional misconduct taboo or the incest taboo (Warnecke, 2018).

To work with erotic charge calls us to examine and work with our own material. Our best resource is our own aliveness. How comfortable are we with other people being attracted to us and speaking about it? How comfortable are we in our bodies, with our sexuality? How confident are we disclosing our feelings to others? How comfortable are we with intimacy? We don't, of course, have to be sorted or perfect; our own wounds will get stirred. But the advantages of exploring our own material is that, over time, we will find it easier to return to our witness position when we are stirred.

"Erotic desire . . . . Dare we embody it?" The question Shoshi Asheri asked at the beginning of her keynote speech for the UKCP conference in 2004 still rings true today. "Dare" is the right word. It is still challenging, still not culturally or professionally supported, to be erotically alive. By "erotically alive" I believe Asheri means aliveness to our own sensual nature, our sexuality, our embodiment, our joy. It is possible to have what we can call an erotic relationship with being alive, a constant renewal of joy and pleasure in existence (Totton, 2012, p. 49).

As children most of us were erotic beings, living in sensually alive bodies in a sensually alive world. How can psychotherapy work with and support these three aspects of reality—psychotherapy as an erotic process, clients and therapists as erotic beings, living in a playful, sentient erotic world? It feels a great tragedy to me that, as we grow up, we get conditioned out of that aliveness. Body psychotherapy is a way of studying how we deaden, numb and dissociate from our embodiment. We do have a responsibility to be as alive, sensually awake and as erotic as we can be.

19 | CONCLUSION

Psychotherapy has often acted as if the erotic is too hot to handle. There has been a turning away, a denial; but perhaps also, alongside this, a movement towards, an acknowledgement. I'm arguing for an embracing of the fire and heat on all levels.

To repeat: we are best resourced as practitioners when we can support our own erotic aliveness, bring the fire, play and creativity of our own passions into our work. Welcoming the erotic makes the therapy alive and dynamic. Our challenge is to embrace erotic charge with our clients and still maintain appropriate boundaries; to find the fine line between retraumatisation and healing.

In the words of Shoshi Asheri, (2004, p. 12), "the explosive material is in the therapy room anyway." She proposes learning to play with it, touch it, consciously and artfully and by doing so risk the chance of therapeutic transformation. It is also a challenge for trainers, supervisors, training institutions and professional bodies, to teach, to write, to think, and support practitioners to embrace the reality that psychotherapy is an intimate and erotic relationship.

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