who has gotten her husband into a very protective, nurturant role with her, and has pursued a wild sexual affair with a somewhat younger man.

By the way, Susan considers this situation banal, as if from a made-for-TV movie, although it is also the stuff of great literature, like Anna Karenina. In any case, she eventually brings some of her sexual adventurism back to her husband who, she finds out, is more willing to experiment than she had imagined.

Mitchell's patient, George, is a man who feels dominated and controlled by his wife and then, ironically, pays a prostitute to control him. The difference, he notes, is that the man has ultimate control with the prostitute, not only by paying her, but by having a secret word between them that, when he utters it, will stop her domination. One wonders, could George develop such a secret word with his wife? There are a number of couples who have developed such code words, either to alert the spouse that they are acting in an offensive way or to indicate some other private message. However, in my experience, trying to bring home the insight gleaned from the prostitute does not always work, since the patient himself may have characterological reasons not to have it work, in which case it helps for the patient to first work out his or her character issues in the treatment.

Psychoanalysts have a history of opening up discourse on sexuality and love, but also of reinforcing the status quo of societal norms. Any sexual practice can be judged pathological, but such judgment does not help clinically. Romance is important to most people, but psychoanalysts (and our society in general) ought to appreciate its many forms; the quality of feeling should be more important than any monolithic standard of correct or normal behavior. Some psychoanalysts have conceived of relational maturity and romance in rather uniform terms. An alternative guideline is the ability of the person to find love, sexual satisfaction, security, and happiness in a combination and arrangement that feels most satisfying and that allows for interpersonal intimacy without coercing or harming another person. That is what Harry Stack Sullivan (1953) observed more than 50 years ago, and psychoanalysis has yet to appreciate and integrate his view fully. To adopt subjective satisfaction, without recourse to any external standard, as the aim of clinical treatment is to draw heavily on the psychoanalyst and patient's tolerance, creativity, and flexibility. It will lead clinicians to more varied and achievable psychoanalytic goals with each patient.

How frightening is the past that awaits us.

Antonin Slonimská

Author's Introduction

In the early 1990s, a doctor referred a heterosexual voyeur to me in my private practice. I did not know anything about treating voyeurs at the time and was puzzled about why I received the referral. Eventually, I discovered his reasoning. The referring doctor thought, "This patient is a pervert, and Blechner is a pervert, so they'll probably work well together." After years of feeling malign in a pervert, I was discovering that I was now reaping some benefits as a pervert, even developing a subspecialty as a pervert. It turned out that I worked relatively well with voyeurs and other so-called perverts for several reasons, not least of which was that I did not judge them for their supposed perversion, whereas previous analysts had.

In 2003, I was asked to be a panelist in an international conference on perversion, held over the Internet. So now I was being asked to speak as a professional pervert! All the panelists were asked to circulate a short biographical sketch. I included the usual academic and professional affiliations, but I prefaced them with the statement, "Mark J. Blechner, Ph.D. is a practicing pervert in New York City." One of the participants, Paul Williams, the editor of the International Journal of Psychoanalysis, withdrew in a Huff. He was shocked that the word "pervert" could be used, ironically, as a calling card and professional credential.

My next opportunity to appear as a professional pervert came in the fall of 2004, when the White Institute sponsored a conference on "Longing and Desire." It was just a few weeks before the pivotal presidential election of Bush versus Kerry. Although I had originally
planned to speak about strictly clinical problems of patients with difficulties feeling or sustaining desire, the political climate led me to change my course. The dark clouds of religious censorship were gathering on the American horizon. George W. Bush had assembled in his government a group of religiously minded ideologues who were reinstating taboos that restricted hard-won American freedom and liberty. It seemed more important than ever for psychiatry and psychoanalysis to speak clearly about the importance of sustaining and expanding values of tolerance and independence in private matters, sexual and otherwise.

I had felt the danger in a very personal way. I had an article in press that included some “dirty” words, that is, colloquial sexual words. The text had already been set in galleys, but the editor asked me if we could “translate” those passages using more scientific terms. He was afraid that, in the current climate, the publication of the colloquial sexual words could lead to legal trouble and maybe even shutting down the journal. I did not want to trigger the journal’s demise, so I agreed to the change, but it made me shiver to think that the political climate had led free-thinking editors to fear such reprisals. There had already been precedents of television and radio stations being fined for indecency. How far will we allow such a resurgence of Puritanism to go? I hope the reader will share my sense of urgency, and I hope psychoanalysis will reclaim that position.

Freud had written about the “polymorphous perversity” of children, meaning that children are inclined to do many things with their bodies and bodily products that would be considered perversions in adulthood. While it was courageous for Freud to discuss these behaviors scientifically (things that mothers and nursemaids already knew), Freud’s use of the word perversion brought in a value judgment that I thought was destructive. So I entitled my paper “Polymorphous without Perversion.” I am publishing it here for the first time, blended with another talk I gave on “Sexual Facts and Values.”

Polymorphous without Perversion: A Queer View of Desire*

There is wisdom in turning as often as possible from the familiar to the unfamiliar: it keeps the mind nimble, it kills prejudice, and it fosters humor.

George Santayana

The word “queer” was once commonly used as a derogatory reference to a homosexual, but today “queer” has been rehabilitated, with a new and expanded meaning. In an ironic twist, what was once an insult is now a compliment in some circles. “Queer” has been revived to embrace all kinds of expressions of sex and gender, both those considered “normal” and “deviant.” In its modern form, “queer” has come to describe transgendered individuals, transvestites, gay men, lesbians, bisexuals, intersexed people, as well as just plain old heterosexuals. Actually, heterosexuality is quite queer when you look closely at all of its varieties (Blechner, 1998a). As Jack Morin (1995) has written: “No one who explores honestly the innermost realities of his or her eroticism finds complete ‘normalcy’... When we deny or reject our sexual idiosyncrasies, we renounce who we are” (p. 320).

If you consider yourself predominantly heterosexual, maybe you are thinking, “What do I care about queerness? I am normal. What does this have to do with me?” But queerness is not about a particular form of sexuality; it is about an attitude—an attitude of acceptance; instead of trying to prescribe normalcy, it takes a different approach to mental health. It proposes that we define mental health in terms of a person’s own happiness, whether the person’s mental functioning provides satisfaction and integrity. Queerness tries to free psychoanalysts and other mental health practitioners from being unwitting enforcers of dysfunctional cultural norms and prejudices. It is possible that psychoanalysis could acquire a new vitality today by becoming once again a more queer science.*

I am using the word “queer” in a positive way. Queerness means that we do not gloss over or prejudge individual differences; instead, we seek them out, identify them, appreciate them, and try to understand them, without automatic stigma or correction. We recognize that we are all much more simply human than otherwise; but within that simple humanness, there are many variations, and variation does not necessarily mean pathology.

A psychoanalyst is privileged, during years of practice, to learn how variable people’s desires can be. What one person may most desire in the world may be something that you cannot imagine wanting yourself. It might even disgust you. It is an easy step for you to judge the other person’s desire to be pathological, especially if you have most people in your society agreeing with your judgment. Psychoanalysts and all clinicians must learn to resist such judgments, or at least to question them.

* I had made this point earlier, too (see p. 84).
When the AIDS epidemic started, Abraham Verghese (1994), who was a physician working in rural Tennessee, realized how little he knew about homosexuality, and he coined the term “homo-ignorance.” It was an important word that helped distinguish between the simple lack of knowledge in well-meaning people and the pernicious bigotry of homophobia. Homo-ignorance was rampant among psychoanalysts, too, who had learned little about gay men and lesbians during their training, and much of what they had learned was false.

Besides homo-ignorance, there is also transgender-ignorance, transvestite-ignorance, voyeur-ignorance, and more. There is a dearth of knowledge among many contemporary psychoanalysts about various expressions of sexuality. This is ironic because Freud’s stress on the sexual drive as a motivator gives many people the impression that psychoanalysts must be very knowledgeable about sex. But today, most are not. Relatively little is taught about the varieties of sexual expression in most psychoanalytic institutes—about heterosexual transvestites, transgendered individuals, men who are attracted to “chicks-with-dicks,” voyeurs, exhibitionists, “stone-dykes,” and apotemnophilia. I was taught little or nothing about these in my training, and what I was taught was often haphazard, anecdotal, and not very well informed. At the end of my training, I realized that I needed to educate myself about these things. As a gay man, I had often been displeased with the ignorance of heterosexual analysts about the basics of homosexual experience. I realized that I could be faulted myself for not understanding other sexual minorities.

I have come to espouse a basic principle: When I am referred a person who has a sexual predilection about which I have little or no knowledge, I go out of my way to educate myself about that predilection as thoroughly and as soon as possible. If the case is one I am supervising, I do the same, and I recommend that my supervisee do so, too. In olden days, that required a trip to the library to do a literature search. Today, a search of the Internet will bring you more complete and up-to-date information, and you do not have to leave home.

Besides having basic, factual information, there is a question as well of the psychoanalyst’s basic approach when beginning treatment of a person with unusual sexual proclivities. How much does the analyst ask and pay serious attention to a patient’s stated aims and wishes? How straightforward is the analyst about whether he is willing and able to work toward the patient’s stated goals? How clearly have psychoanalysts staked out what is possible and desirable clinically in such cases? What are the data about outcome? And how aware is the psychoanalyst of the question of psychotherapy versus cultural pathology, namely, that is, whether the unusual sexuality is intrinsically problematic for the person or problematic because society condemns that sexuality?

Our judgments about sexual experience and behavior can be quite subjective. Consider what you think about male cross-dressers. Despite the popular image of the gay drag queen who dresses up as Barbra Streisand, the fact is that most men who want to dress up as women are predominantly heterosexual. It is much more common than usually thought. That may have changed in 2007, a special time in history when a heterosexual man who had been photographed several times in women’s clothing, i.e., Rudy Giuliani, sought nomination as president of the United States.

In 2007, the journal Studies in Gender and Sexuality asked me to discuss a paper by a senior psychoanalyst, Dr. Irwin Hirsch, about cross-dressing. I have the highest respect for Hirsch. His clinical accounts are always clear and frank, and, more than with most clinicians, you feel like you know what really happened. Also, like Freud, Hirsch reports his failures, without defensiveness. Hirsch (2007) reported a case in which he treated a man whom he calls Z., who had a girlfriend and an extensive heterosexual history, and who liked to dress in women’s clothes. Hirsch tried to influence him away from cross-dressing, even though the patient never expressed a wish to stop the practice. He writes:

I believed that Z. would have a good life with this girlfriend, and thought that she would help him settle into the hard work of his demanding profession, and as well, help him actualize what I felt would be his considerable potential as a loving father to his yet unborn children....In my misguided zeal to help Z. actualize his career and to solidify his relationship with his girlfriend, my interpretive schema accented the immaturity of his sexual interests, maintaining his archaic girly-boy identification with his mother and avoiding the “stronger” and more masculine emphasis on career and commitment to this, in my mind, wonderfully flexible young woman. Even if I had been largely on target with my insight in linking history to present, the more salient message this sensitive man heard from me was to control his cross-dressing distractions and to settle down to a promising career, and a monogamous relationship with this girlfriend with whom I was so taken. In his charming and seductive way Z. quit therapy for “practical” reasons, never challenging me for my egregiously unwarranted impositions on elements of a life that he desired. (pp. 356–357)
The consensus about therapy with heterosexual cross-dressing seems to be quite similar to therapies that claim to change homosexuals to heterosexuals. They waste a lot of money, put the patient through hell, and they do not work in the long run. For many a heterosexual cross-dresser, what he most wants is not to lose his desire to cross-dress; instead, what he most wants is to be able to dress up in the clothes of his wife or girlfriend and then make love to her. This was the case with Hirsch’s patient, Z.

Interestingly, the pathologizing of cross-dressing is skewed by certain cultural factors. If you think about it, you will realize that heterosexual cross-dressing is seen in our culture as much more of a problem for men than for women. In our culture, if a woman wears her husband’s shirt to bed, it is not considered a perversion; it is usually considered normal, even sexy. But if a man wears his wife’s negligee to bed, he is considered abnormal. Marlene Dietrich in a tuxedo was considered very sexy; Jack Lemmon or Rudy Giuliani in a dress was considered comic.

It is evidence of the same “gender ethic” that brings many more boys who are acting girlish into treatment than girls who are acting boyish. Our society still seems to value masculinity above femininity. It is considered much more problematic for a man to act female than for a woman to act male. The so-called “symptoms” of Gender Identity Disorder may be as common in girls as in boys, but parents are more likely to seek treatment of a son who is a sissy than of a daughter who is a tomboy.

And why should male heterosexual cross-dressing be a problem? After all, does it hurt anyone if a man wears a dress? Does it hurt anyone more than if a woman wears pants (which was once considered unwomanly, but no longer)? Maybe it is not that heterosexual cross-dressing patients need to stop putting on dresses; maybe society needs to change, to allow them to do so without censure or punishment.

In fact, cross-dressers are beginning to come out of the closet more. In 2006, the British potter, Grayson Perry, won the prestigious Turner Prize (Jones, 2006). Accompanied by his wife and daughter at the award ceremony, Perry wore a purple silk frilly dress that cost $10,000. He said, “Well, it’s about time a transvestite potter won the Turner Prize.”

Many psychoanalysts have a vague notion of normalcy, and they have a basic approach to working with people with unusual sexual predilections, which is to seek out the roots of the predilection in the early relationship with the parents, with the aim of “understanding” the sexuality and perhaps changing it. Psychoanalysts are expert at coming up with plausible accounts of anything based on early parental relations, and at that they rarely fail, but unfortunately these accounts often make little difference in the patient’s sexual pattern and experience.

The Basic Psychoanalytic Premise

This is what I call the basic psychoanalytic premise: If you can understand the role of a symptom in someone’s life as well as its function in the patient’s history, you can thereby help the person to get over the symptom. When applied to sexual behavior, the same premise is often applied: Exploration of the developmental history of the patient will clarify the causative psychodynamics of the sexual patterning, and such analysis will lead to the patient’s understanding of his or her sexuality and no longer needing the familiar pathological sexuality, or, failing that, at least being able to foster a normal sexual life in addition to the patient’s non-normative sexuality. This sounds plausible, but it is often false; but because there is so little empirical outcome research in psychoanalysis, practitioners continue to proceed as if this approach will work. The fact is that some non-normative sexual patterns, like cross-dressing, will likely never disappear. It is probably unethical to hold out the hope for such change to someone who may desire it.

Hirsch (2007) applies the basic psychoanalytic premise in his account. He writes, “I attributed his cross-dressing as well as his infidelity largely to his identification with and his desire to overcome his infantilizing mother, and his early life as her soft and overweight momma’s boy” (p. 356). It sounds perfectly plausible. But is it true? I don’t know. And if it is true, did it make any difference in whether the patient continued to cross-dress? There we have a fact: absolutely not.

A psychoanalyst who is going to work with a heterosexual cross-dresser needs to know many facts about cross-dressing. Some of those facts are:

1. The urge for cross-dressing rarely or never disappears during psychotherapy.
2. Some cross-dressers eventually decide they are transgender and seek sex reassignment surgery. Some never go along that path. They maintain a primarily heterosexual desire throughout their lives, and hope that their wife or girlfriend will allow the cross-dressing to be integrated into their sexual lives. (And this was true of Hirsch’s patient. “At no point did Z. indicate to me that he clearly wished to stop cross-dressing. He actually hoped that he might integrate this into his sex life with his accepting current girlfriend” (p. 356))
3. There are social support organizations, such as CHIC (Crossdressers Heterosexual Intersocial Club) specifically for male heterosexual crossdressers, which allow such men to get moral support and information from others. They may also benefit from reading autobiographical accounts, such as Rowe (1997) and Jones (2006).

4. Some women react with disgust to revelations about their husband’s cross-dressing, but some adapt and decide that they want to sustain the relationship. Some require their husbands to keep it private, while others allow their husbands to go out publicly in women’s clothing. Women married to cross-dressers can learn from other women in that situation, e.g., Helen Boyd’s book (2003), My Husband Betty: Love, Sex, and Life with a Cross-Dresser.

5. The later in the relationship that the man reveals the cross-dressing to his female partner, the more likely it is that she will feel betrayed and end their relationship.

These are just some of the practical facts about cross-dressing that the analyst and patient need to know if they are to proceed with treatment.

The more you examine how flawed and changeable psychoanalytic judgments of pathology were in the twentieth century, the more you have to question the entire psychoanalytic approach to psychopathology. The concept of perversion has been especially problematic. Freud (1905b) defined perversion as follows: “Perversions are sexual activities which either (a) extend, in an anatomical sense, beyond the regions of the body that are designed for sexual union, or (b) linger over the intermediate relations to the sexual object which should normally be traversed rapidly on the path towards the final sexual aim” (p. 150). Sexual activity ought to end in penis-in-vagina intercourse. If you got there, congratulations. If you did not, you are a pervert.

Thus, for Freud, cunnilingus and fellatio, which do not lead to intercourse, were considered perversions. Today, in America, they are considered normal parts of sexuality, acceptable and even expected in some subcultures.

And then there is masturbation: The circle of psychoanalysts around Freud spent many evenings debating the pathology or normalcy of masturbation, never coming to any consensus. But if the European psychoanalysts were undecided about whether masturbation was pathological, American psychiatry was not. When I was growing up in the 1950s, masturbation was listed in the DSM-I as a psychopathology. If it was a pathology, then I and most of my friends were pathological, as were most of the people who wrote the DSM. There is the old quip: “95% of men masturbate. The other 5% are liars.” How could the authors of the DSM-I dissociate so much from their own experience?

I think that a hidden influence on psychiatric and psychoanalytic thinking about psychopathology has been the Judeo-Christian tradition, which outlawed any genital sexual behavior that cannot lead to impregnation. Much of the behavior considered pathological by psychiatrists was the same behavior that was considered sinful by the strictest Jews and Christians. For Orthodox Jews, masturbation is still considered a sin, as is oral sex and homosexuality, and the Catholic Church holds similar views. I think it is important for psychoanalysts, other mental health practitioners, and society in general to disentangle their views of what is psychopathological from what is sinful among traditional religions.

In fact, the word perversion has its roots in religion. If you look it up in the Oxford English Dictionary, you will find: Perversion: “turning the wrong way; turning aside from truth or right; diversion to an improper use; corruption, distortion; specifically, change to error in religious belief.”

You see the trouble with the whole concept of perversion: In orthodox religion, there is a right way to do things, and if you do things differently, even if it makes you happy and you do not harm anyone, you are still wrong, perverted, and sinful. Many clinicians have bought into such a translation from sin to psychopathology, even if the connection between pathology and sin is not fully conscious. That has caused a lot of clinical mischief and a good deal of suffering for patients.

So, it may be that if you think perversion, you are also implicitly thinking, “I know the right way to behave.” Not just the right way for me to behave, but the right way to behave.

In this respect, the great American psychoanalyst Harry Stack Sullivan gave us an important alternative. Most people know that Sullivan was the founder of Interpersonal psychoanalysis, and that his theory formed the groundwork for what today has become relational psychoanalysis. Yet few people know well what Sullivan wrote about sexuality, and he wrote about it quite a bit. Sullivan was queer, in the old sense of the word and the new one; he was homosexual and he was a rather unusual person. Because many of Sullivan’s students had difficulty with his homosexuality, they tended to selectively inattend to his extensive writings on sexuality. These writings are part of what I call the lost Interpersonal tradition. Many people have thought that Sullivan gave short shrift to sexuality and bodily experience, which is simply not true.

Sullivan was raised as a Roman Catholic and was acutely aware of the influence of religious taboos on psychopathology. Sullivan tried to formulate a view of sexuality that would evade old religious formulas and would instead define sexual health in practical terms. He argued that there are
many sexual practices and preferences for both heterosexuals and homosexuals, and what is most important for psychoanalysis about these practices is how much they allow for pleasurable intimacy with another human being. In Sullivan’s own words, in *The Interpersonal Theory of Psychiatry* (1953, discussed in Chapter 10), “In this culture the ultimate test of whether you can get on or not is whether you can do something satisfactory with your genitals or somebody else’s genitals without undue anxiety and loss of self-esteem” (p. 294).

I call this Sullivan’s postulate on sexual functioning. If you really take this postulate seriously, you may have to reconsider most of your judgments of sexual health and pathology. Sullivan does away with the religious idea that healthy sexuality must culminate in at least the potential for pregnancy, as well as the psychoanalytic derivative of this so-called “mature genitality.” Sullivan does not judge whether any sexual desire is in itself healthy or pathological; instead, he focuses on how feasible it is to integrate any particular sexual desire with interpersonal intimacy, without excessive anxiety or danger. Queer forms of sexuality, oddnesses of various kinds, are not a problem if you can find a willing and satisfying partner.

Think how this might have changed psychoanalytic practice for the better. In the last century, if psychoanalysts had paid more attention to Sullivan’s postulate, cunnilingus, fellatio, and homosexuality just would not have seemed problematic. In addition, where in her body a woman had an orgasm, whether in her vagina or clitoris, which was a concern of many psychoanalysts, would not have mattered, only whether she could enjoy her orgasm with a consenting other person.

So, within Sullivan’s postulate, are any forms of sexuality inherently problematic? I would say yes, that there are problems with anything that is nonconsensual or coercive or seriously damaging to another person. One example is what I call “invasive voyeurism.” For most male voyeurs, at least the ones who have sought treatment with me, the pleasure is not just in seeing a woman naked; they require that she be seen naked against her will. There is no thrill for a voyeur, for example, in going to a strip club, since seeing the nakedness of a woman who wants to show off her body is of no interest. The thrill is to see the woman against her will. Sometimes it is without her knowledge, although there seems, for some voyeurs, to be a special thrill for her to discover that she is being watched, and although she wants to stop it, she cannot. It thus becomes a form of ocular rape.

I once worked with a man who had found a way to enjoy his voyeurism without getting in trouble with the law. He had an arsenal of cameras with powerful telephoto lenses and infra-red lighting, which allowed him to see close-ups of women many blocks away in their homes. New York City, with its huge number of high-rise apartments whose occupants leave their blinds open, was a paradise for him. The trouble was, he couldn’t just remain satisfied with his long-distance looking. He started to obsess about one particular woman, whom he tracked down, and eventually started calling and harassing, which put him in legal danger. What started as an expression of long-distance aggression got intensified and mixed in with desires for love and intimacy, and he needed to analyze and disentangle those conflicting desires before he damaged both himself and her.

Sullivan’s postulate has broader ramifications, beyond sexuality, for the basic principles of bioethics. The pressure in our society against queerness, against tolerance of the unusual, is very strong, and some leading medical ethicists argue that we can and should pathologize things that disgust us. Leon Kass (1997), who was the head of President Bush’s commission on bioethics, argues for what he calls “the wisdom of repugnance.” Kass believes that the disgust reaction has a primal wisdom and is reason to judge some things unethical. He has written: “In crucial cases, repugnance is the emotional expression of deep wisdom, beyond reason’s power to fully articulate . . . we intuit and feel, immediately and without argument, the violation of things we rightfully hold dear . . .” (p. 20).

I think that Kass’s argument is not only flawed but dangerous. A big problem with his statement is the word “we.” “We intuit and feel, immediately and without argument, the violation of things we rightfully hold dear . . .” Whom does he mean by “we”? Statements that appeal to the common sense and wisdom of the majority have a long history of abusing the rights of innocent minorities based on strong feelings of disgust and contempt. In Nazi Germany, the majority “we” thought Jews were disgusting and inferior and should therefore be ostracized or killed. In traditional India, upper castes consider that the “untouchables” are disgusting and inferior and should have limited rights. Before the Civil War, many Americans thought Black people were disgusting and inferior, and therefore deserved to be slaves.

Unlike Kass, I would say that personal disgust is not a reliable guide to evaluate other people’s behavior.* Recall Kass’s statement: “We intuit and feel, immediately and without argument, the violation of things we rightfully hold dear . . .” I would say, on the contrary, that when you feel

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* Martha Nussbaum (2004) argues strongly against Kass’s position from a moral-legal standpoint. Modern neuroscience research has demonstrated that there is a common, often unconscious, disgust reaction to old people. Would Kass argue that therefore we should condemn people for being old?
a disgust reaction about someone else's behavior, immediately and without argument, you should pause. You should consider, not immediately and not without argument, but with delay and with rational argument, whether the person’s seemingly disgusting behavior harms anyone. You should put yourself in that person’s place and imagine being told that your innermost desire is immoral or forbidden or pathological. You should try to consider some way to empathize with that person's experience. That is a very hard thing to do and takes a concerted effort. It requires you to be in an open dialogue with the person about whom you feel disgust, and to be honest with yourself and others about your own practices that might disgust someone else.

The risks are enormous to allowing disgust reactions or old religious prejudices to pathologize the desire of a harmless minority and take away their rights. Sullivan's postulate shows a way for psychoanalysts to avoid these pitfalls. We can consider the value of each individual's desire on its own terms, whether it provides happiness, whether it is harmless to other people, and whether it can be integrated with interpersonal intimacy. With this approach, we can be more clinically effective at helping people create a life in which they can explore their desires and live them out with satisfaction and joy.

Erotic and Anti-Erotic Transference

Author's Introduction

The year 2007 marked the debut of the television series *In Treatment*, which tracked the work of a middle-aged, married psychoanalyst with four different patients. The series generated a great deal of public interest in psychoanalytic treatment and the principles behind it. The “Monday” patient, Laura, is passionately in love with her analyst, and he gradually admits to her that he is in love with her, too. This is the standard idea of an erotic transference and countertransference, and it generated a lot of discussion in the general public and the press, as well as among analysts. Many people were very judgmental about the behavior of the analyst; my colleagues reported squirming when they saw the analyst sitting on the couch with his patient or hugging her. In the end, he never actually had intercourse with her, although in the real world, many psychoanalysts and other psychotherapists do. It has been estimated that 12% of male therapists and 3% of female therapists have had sexual contact with their patients, which is alarmingly high, considering that it is unethical behavior that can lead to the loss of one's professional license (Pope, 1994).

In my view, there were aspects of erotic transference in all the cases portrayed by *In Treatment*, even if they were not so obvious. The “Tuesday” patient, Alex, a fighter pilot who felt guilty about having killed many citizens with a bomb, discusses a dream in which one pilot pursues another pilot from behind. Alex says he “wants to put a missile up his rear” and identifies this as a homosexual wish. The “Wednesday” patient, a teenage girl with her arm in a cast, asks the psychoanalyst to change her wet clothes, and later shows off her body as she does acrobatics on his couch. The “Thursday” patients are a heterosexual married couple, and the wife flirts brazenly with the analyst. These are all versions of erotic transference.