The Black Man and the Mermaid

*Desire and Disruption in the Analytic Relationship*

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This paper considers the impact of desexualization of the maternal on the development of female sexuality. A “chance encounter” revealing a desire in the female analyst, previously unsuspected, disrupts a female patient’s prior sense of homoerotic immersion with the analyst. I argue that a girl’s would-be oedipal competition is encased within a patriarchal structuring of sexuality where the mother is rendered solely reproductive and preoedipal, not erotically sexual. I examine the meanings for a patient of internalizing a female figure, her analyst, who is viewed as both maternal and sexual. I suggest that a female sense of genital inadequacy and inferiority may have a component of not being able to link the mother’s (and in the transference, the analyst’s) use of her genitals with her use of her mind/maternal function. I unfold a thesis regarding maternal desexualization that I believe, given mother–infant symbiosis, has rather extensive applicability, and that can lead to viewing any third party as a “dark” interloper.

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My patient tells me, “In my mind, I talk with you all the time, while I’m brushing my teeth, eating lunch with a friend, making love with my husband, when I wake in the middle of the night—then I really have to stop myself because I could go on all night talking to you and never get any sleep. I have to tell myself over and over, like a mantra: you can talk to Dr. Elise tomorrow, you can talk

with her tomorrow. I have this intense desire to be speaking to you, almost incessantly. You’ve become my constant companion. Is this weird, is this what’s supposed to happen? Am I abnormal?”

So began a Monday session with my favorite patient. Yes, I confess—my favorite patient. I hesitate to say “favorite.” I imagine readers thinking, “She’s not supposed to have a favorite patient; something’s wrong with that.”* But, if truth be told, I almost always have a favorite patient (or two). It makes my professional life feel especially alive, adds excitement and spice to my workday. I am reminded of the crush I had on Scott Courtney all through eighth grade. The academic year was much more fun; every day I looked forward to my encounters with Scott as compensation for the grind of geometry. So yes, I do have favorite patients. Is this weird, not supposed to happen? Am I abnormal?

This particular patient’s focus on me has become especially intense and passionate, and it represents, I believe, an unleashing of her creative energies by the analysis—energies previously held in check but now bursting forth. In addition to my belief that this intensity is a positive development for the patient (and later in the paper I detail developmental theory, and her own history, in support of this claim), I also just enjoy this energy. I like intense people. I am intense, and this passion for passion is something that this patient and I share. But we are both questioning whether we are allowed to let this amount of desire into our relationship. She is a clinician herself, so she can easily match me in pathologizing our enthusiastic preoccupation with one another. The difference is that she does not know, at least consciously, about my desire for her desire, for her engagement with me.

The Mermaid

The initial year of the analysis had involved a slipping into themes of mutual immersion in a watery world. She recounted a girlhood game of swimming underwater for as long as possible, imagining herself to be a mermaid, twisting and turning with legs and feet held together in a flutter kick. This memory developed into a transference fantasy that she and I were mermaids, and, similar to dolphins with wet slippery skin, we glided around each other and together swayed in ocean waves and swells. Although we also encountered

* The topic of favorite patients, raising many interesting issues, merits a paper in itself. The professional persona of generalized care and concern for each patient seems to lead to the belief that having favorites is inappropriate. Yet given the immense variability in connection between any two people, how could it be otherwise? In my clinical example here, I am highlighting the parallel (not equity) in the transference and countertransference in intensity of focus, with the sense of abnormality and confession that often attends such passion. See Elise (2002) regarding the transgressive element in passion.
stormy seas and our share of rocky shores, I viewed this transference fantasy as a productive regression to early, preoedipal engagement—a womb-like, oceanic bliss.* We swam in the unconscious and in a sea of sensuality and erotic attachment—a primary maternal preoccupation, the preoccupation the baby has with the mother as well as vice versa.

In Winnicott’s (1956) version of primary maternal preoccupation, the erotic connection between mother and infant is not the focus. However, as Wrye and Welles (1994) have written, a preoedipal erotic environment exists between mother and baby (see also Laplanche, 1970; Stein, 1998; Bollas, 2000). I have described the nursing couple as engaged in the first, primitive act of intercourse, with breast-feeding sexually stimulating for infants of both sexes as well as for the mother (Elise, 1998b; see also Kohout, 2004). With mother and daughter, we encounter various levels of female homoeroticism: the early sensuous contact of the nursing couple, elements of which develop throughout the preoedipal period and eventually extend into a more focused genital and romantic desire for the mother, traditionally labeled the negative oedipal complex. I prefer to think of this complex as the primary maternal oedipal situation—given maternal caretaking, first both temporally and in archaic intensity for the girl (as well as for the boy; Elise, 2000)†

In clinical work, we see that mother–daughter eros unfolds into multiple and shifting expressions of erotic transference at each level. As the work with my patient progressed, I experienced preoedipal erotic transference as oscillating, like seaweed in the waves, with a more genital, oedipal-level erotic transference. Reminiscent of descriptions in Irigaray’s (1990) work, we were wet, pressing up against one another in an ebb and flow of excitement in our moist realm. Of course, as in development, this mother–daughter mermaid silkiness was to be disrupted, but neither my patient nor myself was prepared for the particular form this rupture would take.

The Black Man

In an agitated manner, my patient rushed to the couch and began speaking before her head hit the pillow: “I was coming out of a movie theater last night with my husband and two kids. You were walking along holding hands with a tall black man!” After a slight pause, as if waiting for me to account for myself, she continued

* It is interesting to note that, in French, mer (sea) and mère (mother) are indistinguishable in sound (Tseelon, 1995). (Also that in English, without the accent, the meaning is reduced to “mere”—a minimalization that dovetails with my thesis regarding maternal sexuality.)
† Klein (1928) introduced the concept of oedipal “situations,” a formulation that allows for the multiplicity actually present in development.
her astonished accusations: “You were wearing a short black skirt, a low-cut top in wild colors and ‘come fuck me shoes’! He moved his hand around your waist, almost on your butt. I just about screamed to my husband, Is that my analyst? And who is that black man? I heard that man say something to you; I don’t think he’s from this country; he had an accent; he’s a foreigner.”

After another very brief pause when I again said nothing, she began exploring her reactions to this event: “I’m astounded; I’d been thinking you might be gay. This experience sure squelches that idea.... Maybe it wasn’t really you. I don’t suppose you’ll tell me. Could I have been mistaken? Analysts aren’t supposed to dress like that. I’ve never seen you looking like that. You always wear long, flowing things, like the outfit you have on now. Your body is always covered up. I’ve never been real clear about the outline of your figure. Well that’s sure changed! You left nothing to the imagination last night! That was you, right? Unbelievable! Here I’m leaving a family-oriented animation film while you’re strutting your stuff into some divey blues bar.”

I noted to myself, beneath the overt astonishment and possible condemnation, muffled tones of both envy and jealousy. She went on to recount what she imagined me doing the rest of the evening and night—my having a wild and sexy time. Becoming more subdued, she posed another question:

P: So what is your orientation? I don’t know anymore if you’re homosexual, heterosexual, or bisexual.

A: Just that I’m sexual. And something about that is disturbing to you.

Although I sounded calm in this, my first, comment of the session, I was extremely relieved that my patient was on the couch and could not see my face or expression and that I had almost 40 minutes to figure out what my expression would/should be by the time she looked at me as she left the session. As I listened to this material, I did not know whether I was being positioned to feel defiant or shamed, self-assured or caught out in some “slutty” behavior that for complex reasons is felt to be completely at odds with my identity as an analyst. Later, in writing this paper, and upon considerable reflection, I decided that I would say nothing here (as with the patient) about whether it was actually me who she saw—a parallel ambiguity with which you as the reader might play. In what follows I take up the material, as I did in the treatment, as real in the world that counts—the patient's internal world.

With the arrival of the foreign black man, so arrived my sexuality—equally foreign—into the treatment and the patient's awareness. She had been thinking I “might be gay.” I understood this conjecture as not solely her musing on my lifestyle but as significantly influenced by the transference—countertransference dynamic of mother—daughter erotic merger where my sexuality was an implicit and muted response to her(s). Now my explicit, adult
heterosexuality had intruded to challenge her transference fantasy of our homoerotic coupling.

For my patient, my desire had come into the room—my desire for this man and my dressing to be desired by him, our sexuality evident, in “public view.” A desire in the female analyst previously unsuspected by this female patient was now quite apparent and was disrupting her sense of our prior “gay” immersion in one another. The analyst’s desire for someone other than the patient was a passion unforeseen, and most definitely unwelcome. The mermaids were knocked out of the water. I seemed no longer to be one molded piece from the waist down; while I was swishing my tail walking down the street, it seemed clear I would soon have my legs apart. My outfit had announced me to my patient, and no doubt more generally, as a woman who has a sexuality. My patient had thought homosexual, sees heterosexual, concludes in favor of bisexual, but undoubtedly I had now become sexual, and that was clearly the most disturbing “orientation.” Referring to her wild fantasies regarding the remainder of my evening, she acknowledged, “I was awake all night wondering what you were doing!”

It is not uncommon for patients to come into a session saying they have just had sex. What about the analyst; have you or I just had sex? And what difference might it make? The question rarely seems to enter anyone’s mind. Why? My patient regularly recounted to me her sexual experiences with her husband as well as fantasies about other men. A subtle assumption prevailed of her having all the men and of me having none. She had once remarked, “The world is divided into two kinds of people—those who are having sex and those who aren’t.” “Which group am I in?” I inquired. Taken aback, my patient stammered, “Uhh ... I hadn’t thought about you. I guess you have sex, but I can’t quite imagine it. It doesn’t seem to fit in with my experience of you. But I can’t see why you wouldn’t be having sex; I definitely think of you as in a relationship. It’s weird; I don’t know; it doesn’t seem to compute somehow.”

What does it mean for psychoanalysis and sexuality that the practitioners, especially the women, I believe, are too often seemingly celibate—that the analyst’s sexuality is so back-pedaled?* What would happen, not happen, if female analyst and sexy were not, in some general sense, an oxymoron? A group of close women colleagues “let their hair down” and acknowledged (admitted?) previous and/or other “lives”: The collected “résumé” included various sexy roles in theater productions, belly dance and flamenco, nude modeling in art school, and the occasional cocktail waitressing in French maid outfits and the like. There was a sense of perverse glee at the astonished looks. But why are

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* Of course, how various female analysts experience themselves and are perceived will differ depending on individual dynamics in themselves and in particular patients. I am trying to identify a generalized lacuna, or selective inattention, on the part of both patients and analysts.
these activities so astounding if not for their dystonic relation to the professional ego ideal? What is the meaning to the work we do that there tends to be an underlying attitude in patients and colleagues alike that analysts are not sexy people and that is how it should be—a superego prohibition buttressed by some mutually agreed-upon “analytic identity.” We tend to play our analytic identity as asexual. “Neutrality” can devolve into neutered.

When considering the (a)sexual persona of the analyst, we get into issues regarding the Freudian “surgical” model versus the object relational shift in theory and technique to a maternal holding environment, analyst as containing function versus penetrating/stimulating interpreter. Also relevant are variations due to geographic, historical, and cultural differences. But basically I focus here on gendered differences in generalized expectations for analysts. For the female analyst, sexy is often seen as disempowered (the familiar film representation where the woman analyst falls out of her professional role into the patient’s arms), whereas male analysts can be viewed as phallicly powerful, both directly sexually and metaphorically. Of interest, if perceived as phallicly powerful, a female analyst is likely deemed not sexy (with Dr. Melfi of The Sopranos a rare exception). Like women more generally, female analysts are vulnerable to the “dumb blonde” caricature where sex and thinking are split. We think of sexy and thoughtful or intelligent as opposed in women but not in men. A key subset of the general lack of subjectivity accorded to the mother (Benjamin, 1988), sexy and maternal just do not go together in many minds. A difficulty exists in making this charged affective link, placing as it does so much power in one place. What is the impact of this desexualization of the maternal on the development of female sexuality in successive generations of daughters?

The daughter is in a double bind; she wants to compete sexually with mother for the desire of the oedipal father, yet, as Benjamin (1988) emphasized, she also needs to be able to internalize a sexually empowered mother. Many have noted the absence of positive maternal figures in myths and fairy tales; the “good” mother is often dead or has disappeared, replaced by a witch or wicked stepmother (see Dinnerstein, 1967). Rarer still is the active presence of a “sexy mom.” In the myth of Persephone and Demeter (see Holtzman and Kulish, 2003) a good mother exists, for half the year, but she is not in a sexual relationship, and Hades, a paternal figure, is having sex with the daughter, Persephone.

The Phantom Father Figure

In pursuing the theme of the Black Man, my patient and I uncovered her sense that my sexuality was foreign and located in this man from some far-away country. (I now capitalize Black Man to indicate a fantasy theme in the
material.) In the analysis I was certainly going to take up and work with the patient’s material as it unfolded for her. In writing this paper, I want to address directly, versus further entrench, the racism in the familiar sexual stereotype of black men. My patient is white, as am I. Our presumed encounter on the street would likely have taken on a number of different symbolic meanings if either one or both of us were black ourselves.

A long history exists of projecting sex, deemed as bad, onto “lesser,” devalued others. Typically sex has been designated female, dark, and foreign by the white, male paterfamilias. (From this vantage point, women of all colors and black men have often been in the same “slutty” boat.) Thus it is especially worth noting that when sex transforms and becomes something good to have—sexual subjectivity and agency—it changes gender and is attributed to men.* Central to my argument here, is a need shared by people in many cultures to project sex away from the “pure white” Madonna-like mother onto anyone else. A man of whatever race is “foreign” and “dark” to the familiar glow of preoedipal symbiotic experience. Clearly, the issue of racial stereotyping is incredibly nuanced and deserves much further articulation in the analytic literature (see Altman, 2000; Leary, 2000; Josephs & Miller, submitted). My intent here is to analyze the patient’s fantasies and associations and to unfold a thesis regarding maternal desexualization that I believe, given mother–baby symbiosis, has rather extensive applicability and that may lead to viewing any third party as a “dark” interloper.

For my patient, my companion’s unfamiliar accent, language, and dark good looks evoked associations to Zorro, Dracula, and Phantom (of the Opera), each a man of the night. Erotic, scary, enticing, exciting, a sexually powerful male arrives and then departs in the dark (the “Midnight Marauder” as one patient put it; Holtzman and Kulish, 2003). But he may never let you go. My patient recalled being captivated with the film versions *Bram Stoker’s Dracula* and *The Phantom of the Opera*. In exploring these two stories, we noticed intriguing parallels in the plots. The title figure (entitled patriarch) is a threatening but sexually exciting, dark man who is not quite human—who “seems a beast, but secretly dreams of beauty” (*Phantom*; Hart and Webber, 2004a). He prowls only at night, fearful to all but also erotically enthralling to the ingenue. She is caught between the sensible love of a young, paler fiancé, promising marriage and stability, and this mysterious erotic stranger who appears from some underworld that she might disappear to forever, an eternal Bride (of Dracula). Themes of sexuality and death are intertwined; the heroine will give up normal, daily life for dark eroticism in a ghostly world of the undead.

* I must leave off here with the racial variations of meanings among men, where typically white men purport to have the phallus (omnipotence) contrasting with black men who are devalued as being a phallus (part object).
Notably, there is no mother figure in either of these stories; she has evaporated before the story begins. We find only our heroine torn between two lovers. She must choose between a “tall, dark, and handsome” phantom of a father, promising an eternal honeymoon of lust and sensuality but for which she will be damned to hell, or a more tempered love with the “boy next door,” with marriage and children the imminent outcome. As seductive lyrics of *Phantom* proclaim, equally applicable in *Dracula*, she is almost “past the point of no return ... [2004b] where senses abandon defenses ... [She must] turn away from light of day, surrender to dark dreams. Turn away from the life you knew before, live as you never lived before, a strange new world where you long to be, only then can you belong to me; let your darker side begin” (Hart and Webber, 2004c). Is this not the oedipal father bidding her say farewell to preoedipal life? But in spite of the trance-like induction, fears abound in the heroine about the wisdom of this course. Is this the Angel of the Night or a devil in disguise—an erotic union that seems heavenly but that may lead to death and decay? How differently toned these themes are from the innocence of Hans Christian Anderson’s (1837) “The Little Mermaid.”

The Black Man, both in these films and in my clinical vignette, is scripted to represent the oedipal father who intrudes on the mother–daughter dyad, beckoning the daughter forward in her (hetero) sexual development. We are familiar with this positioning of the paternal penetrating role (see Elise, 2001). But why is it not the oedipal mother who furthers the daughter’s sexual development by introducing maternal genital sexuality, her relationship to the father (or female partner), such that an erotic couple is presented to the daughter by the mother (see Benjamin, 1988). This introduction would present a triangular relationship to the girl and an image of maternal sexuality available for identification, as well as continuing to offer the mother, in addition to a father, as an erotic object for the girl. Recognizing the mother’s desire for the “black man” allows the daughter to identify with a desiring mother, a point central to Benjamin’s work. However, recognition of such a desire is also what shocked and dismayed my patient. Unlike in the films, the Black Man had not come for the daughter, but instead, was with me. My sexuality and erotic power had to be reckoned with. This confrontation with maternal sexuality is an affront to the daughter’s narcissism but, if left unrepresented, is even more costly in undermining female sexual agency that needs to be based on the internalization of a sexually agentic maternal figure.

* It is interesting to note that the Little Mermaid is faced with giving up (pre-oedipal) watery immortality (as is my “mermaid” patient) for a man, sex, (and death) in another world (like the ingénue in the films discussed; see Dinnerstein, 1967; Tseelon, 1995).
The Vanquished and Vanished Erotic Mother

In the films previously mentioned, fear, sexuality, consummation, and death are all explicitly linked and illustrate a girl’s likely approach to sexuality when the sexual mother is not present as a third and as a figure for internalization and identification. We usually theorize the father as the third intervening in the symbiotic orbit and introducing time, sex, and generational boundaries to the child. I suggest, following Benjamin (1988), that it is the lack of the oedipal mother—a sexual contender in her own right, functioning as a third—that distorts the daughter’s oedipal story. The daughter is left to be forever an eroticized “Daddy’s girl,” never fully growing up, never fully taking ownership of her own sexuality by internalizing a maternal figure who can do likewise. Instead of mother as a goddess—in both its sexual and powerful connotations—as the daughter’s inheritance, female sexuality can still fall under the sway of patriarchal dominance (God, our Father) and suffer from inhibition, so-called frigidity.* Sex then becomes positioned for women as bad and dirty, pathologized as “bestial,” a devalued, foreign experience, enticing but eternally tabooed, something the woman can never “master.” She will remain a “mistress,” the object, not the subject, of desire. Such devaluation can attend any representation of a mother who does embody her sexuality. When evident, a mother’s sexuality may be viewed with suspicion; too often, such a woman loses her status as a “good” mother. For example, a female patient expressed a very negative reaction to a television character who was both a new mother and sexy. The patient reported feeling repelled and critical: “She should be thinking about the baby!” As soon as sexuality is introduced, it can become a challenge to maintain a respectful view of maternality. This particular patient struggled to access a positive image of a woman who is both maternal and sexual: “I come up with a blank.”

If there is no positive representation of a maternal figure with erotic subjectivity, if a good mother has no desire of her own, a daughter is forever locked in the underworld of incestuous, eroticized union with the father. Hades, Phantom, Dracula, suck her into “death” rather than her being free to have her sexuality in the light of day and not at the price of life, relationships, children, home. Here the movie themes link up exactly with Persephone’s plight; she can only have sexuality in Hell with Daddy, sacrificing all else, or be reunited with a preoedipal Mommy where neither mother nor daughter have a love life beyond one another and where sexuality remains muted in a mermaid sensuality.

Unlike the portrayal of Demeter, a mother does not just want “springtime” with her daughter, nor is she just a mermaid swimming in oceanic oneness with her daughter. These scenarios deny the reality of the mother’s sexuality

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* See Elise (1998a) for a critique of the psychoanalytic conceptualization of frigidity.
and of her relationship with the father. Those breasts, exposed in the mermaid guise, are not solely to feed and provide sensuous delight to the child—the Good (or Bad) singular, psychoanalytic Breast (see also Stein, 1998; Kohout, 2004). Breasts, twin emblems of desire, form an erotic pair—the mother flaunting her stuff—and, along with legs that are not molded shut but part to engage genital stimulation and incorporative pleasures, encompass the mother's adult sexuality with her lover.

We might keep in mind both Meltzer’s work on the aesthetic position (Meltzer & Harris Williams, 1988)—the infant’s encounter with the unparalleled beauty of the mother—and Chasseguet-Smirgel’s (1976) theorizing regarding the omnipotent maternal imago. Both theories speak to the awe of, as well as defenses against, the mother’s beauty and power. Originally, it is the mother who is Beauty with her “Beast,” the mother who is sexual and powerful, and whose choice it is to have a relationship with the father in addition to that with the child. The father can not be recycled to the daughter; this union would constitute the denial of generational boundaries,* of the reality of aging and mortality, the passage of time, and would indeed shroud the daughter’s sexuality in themes of death, removal from life. It is notable that, at the end of both Dracula and Phantom, the heroine releases the dark beast from his tortured longing for her by kissing him good-bye and going on her way with her generational peer.

I propose that an oedipal fantasy where mother and father figure compete for the daughter, as do Demeter and Hades in the Persephone myth, is not truly triangular for the daughter but two dyads split apart. Likewise, the familiar drama of father and fiancé/boyfriend vying for the ingenue daughter is also not triangular for the daughter but represents competing dyads. Both scenarios lack a sexual mother in erotic union with her mate. This theme perseverates because it merges patriarchal assignment of powerful, adult sexuality to the father (incestuously relating to the daughter figure rather than to the mother) with a daughter’s oedipal wish that she be the only sexually desired female. These oedipal scenarios represent a failure of triangularity, both involving parallel dyads rather than the daughter being confronted with another dyad external to herself—a couple that, in relation to, she stands as a third. Each scenario obliterates the mother as an erotically powerful figure in consort with her male companion (quite unlike mythic Goddess figures). The primal scene, primal couple, is erased from (the daughter’s) view. The girl’s would-be oedipal competition is encased within a patriarchal structuring of sexuality where the mother is solely reproductive and

* Whereas in Lacanian-influenced thinking (i.e., Chasseguet-Smirgel, 1991, among many others) it is the “law of the father” versus any law of the mother (see Mitchell, 2000) that is viewed as essential to establishing generational boundaries unrecognized in maternal–infant symbiosis.
preoedipal, not erotically sexual—a womb but no genitals. As Benjamin (1988) stated, “Though the image of the woman is associated with motherhood and fertility, the mother is not articulated as a sexual subject, one who actively desires something for herself—quite the contrary. The mother is a profoundly desexualized figure” (p. 88).

Boys learn to compete with a sexually powerful father and to identify with the father's phallicism as a powerful aid to their own sexual self-esteem and agency. The boy's oedipal story does not begin with missing, castrated fathers—quite the opposite; Oedipus has to kill his father, the King, in hand-to-hand combat before he can even get to the mother. Thus we cannot take for granted, based solely on the competitive factor, that a child erases in advance the same-sex parent from the narrative. Only girls eliminate the mother without any direct competitive encounter, matching fathers who tend as well to erase the maternal consort, to lose track of the generational boundary, in leaping down to the daughter as sexual complement.

The Sexy Mind

Through chance encounter (whether imagined or real, vivid in the patient's emotional reality), my patient was pressed to contend with me as a sexually agentic being, but she thus also expanded her own sexuality. Over the next many months, we explored the meanings for the patient of internalizing a female figure, her analyst, who is viewed as both maternal and sexual. This led to an opening up for the patient of her own sexuality in relation to her sense of self, to her husband, and to me.

When the patient began her analysis, she had presented with conflicts related to self-expression in many areas, including sexuality. She tended to doubt her own perceptions as well as the value of her thinking when it departed from those around her. These inhibitions undermined her authority in relation to many people. Although she had access to sexual fantasy and an active sex life, being sexually active in reality and in her mind is one thing, but it does not tell us the quality or nature of the “activity.” She saw herself as the sexually provocative Daddy’s girl to be wisked off by various powerful men with their dangerous “dark” sex. Sexual agency was projected onto the male other (definitely not the (m)other) just as she initially did in relation to me in the transference and in our “encounter.” She viewed her own mother as a sexually attractive but essentially passive woman in relation to her father, “a real powerhouse.” The mother seemed to have unfulfilled potential and talent in a number of areas, as did my patient. In being unable to internalize a sexually agentic maternal figure, she could not integrate ownership of sexual desire into her albeit very sexy self. She fell back from fully inhabiting her capacity for creative expression and passionate engagement.
As the treatment progressed, especially around these issues of maternal sexual agency in the transference, my patient's own sense of agency developed, authorizing her sexuality, but also more generally her mind, her creativity. Like many women, she suffered from a perceived split regarding intelligence and sexuality, mind and genital. She struggled with the idea that, as a woman, you've either got one or the other—not both.

P: Any acknowledgment of my genitals, of my being turned on—“hot”—seems to equate to being stupid. This makes my genitals, what's between my legs, seem dumb.

This is a line of thinking that she and I came to refer to as the “mermaid tail defense.” The sexiness of the female sense of self seems dumb, degraded, and the use of the mind seems to desexualize the female self.

It is evident to patients that the analyst uses her mind in an intelligent way; is the analyst's sexuality also evident? A female sense of genital inadequacy, inferiority, may have a component of not being able to link the mother's (and in the transference, the analyst's) use of her genitals with her use of her mind/maternal function. The mind is de-sexed; the genital is stupid. This is not a conclusion to which early psychoanalytic theory should lead us. Freud (1905) identified that the “sexual researches of children” are intimately linked with the development of the mind, with curiosity, learning, and creativity. Klein's (1928) concept of the epistemophillic instinct/impulse rests on a passionate foundation. Bion (1959) conceptualized “attacks on linking” as blocks in the patient's mind about productively bringing two or more thoughts together in a mental “intercourse” that produces new thoughts and actually constitutes the ability to think. Meltzer (1973) extended this model of linking to describe creative capacities as based in identifications with a parental couple engaged in mutually rewarding sexual intercourse. I am emphasizing, in accord with both Chassegueut-Smirgel (1976) and Benjamin (1988), that the love affair with the phallus (overly idealized paternal figure) serves to defensively distract from envy of the generative primal couple and from the unmistakable (super)power of female sexuality.

We are all well aware that too many women can feel that if they are sexy, they will not be respected and will lose something in terms of a (professional) reputation. The assumption is that one cannot have both versus the possibility that each might inform the other. Quoting my patient,

P: I hesitate to admit this, but I often get my most creative ideas while masturbating. My mind seems to get “turned on” as my genitals are. I get excited by the flow of ideas, and the building of my thoughts, at the same time as my body is getting more excited and building to orgasm. I'd never tell anyone this, but I got my last
work idea in consulting to a school program while masturbating. Is this what the term “mental masturbation” means? No, I don't think so. That’s pejorative and not sexy—de-sexed. What I’m talking about is positive—everything’s flowing together, body and mind.

The patient was able to integrate her sexuality into her image of herself as a therapist and as a thinker. More generally, with her mind and her sexuality no longer split off from one another, she could use her mind to choose what she desired rather than her previous tendency to submit to the desire of the other (see Slavin, 2003, regarding the interplay of agency and sexuality).

This development in the patient occurred in response to a chance encounter outside the consulting room that “forced” the issue of maternal sexuality. It is quite complicated to consider how a productive disruption of this nature can occur within the symbolic encounter of an unfolding treatment. How does a female analyst embody her sexual agency within the normal boundaries of the analytic relationship? Many complex questions arise, only some aspects of which can I begin to tease out here.

How does a female analyst choose to present her sexual self? What “choices” are involved, are possible? Choices regarding attire and various adornments (see Roth, 2006) are only the most concrete surface manifestations of a quality that would be more deeply internalized. But as Roth has written, surface matters, and matters deeply. As Butler (1995) emphasized, we perform our gender. It must also be the case that we perform (or not) our sexuality. Unlike men, women have an immense number of decisions regarding personal appearance to make on any given day as to how they will present their sexual selves. This is true for women analysts as well. What outfit, hairstyle, shoes to don—all of which, as women well know, run a sexual gamut from “neutral” to not (or should I say “hot”). One might deem this issue of attire to be trivial, a mere personal choice that any individual woman analyst is free, and should be capable, to make. However, as Muriel Dimen (personal communication, April 2006) noted,

> psychoanalysis has been slow to take in the idea of woman as mind and body, and that practices and behaviors are socially contextualized, not only personal choices. These are challenging ideas for many individuals and for the entire body of thought; one way to dismiss them is to personalize them.

Attire calls attention to the body and often, especially for women, to the sexual body. Encompassed within clothing suitable for work is a range of choices for women that, although often subtle, have significant effect on a felt or perceived sense of sexuality. These choices reflect underlying feelings and then further influence self-concept at a deeper level. It is difficult for these choices to
be a non-issue, as almost any decision about attire will say *something*. When it comes to sexuality, a neutral stance will be quite a statement, one that I propose fits in with a transference-countertransference stance that is most comfortably unnoticed, unremarked upon by both parties in the female clinical dyad, and that is reflective of a deeply recessed wish by most everyone to see a maternal figure as a Virgin Mary.

A thin, uncertain line wavers between one’s sexuality being covered up/over, and obscured, versus being provocative or seductive. Where is that line? A too-often exceedingly narrow space exists where female sexuality can be evident without being considered pejoratively to be provocative. (We have only to think of the familiar “defense” of rape: “She asked for it” often refers to how the woman/girl was dressed “revealingly.”) If the female body is visible, it is considered inherently “provocative.” I am approaching this issue of outer apparel and appearance as the “tip of the iceberg” of female embodiment of sexuality—a microcosm of conflicts in underlying intrapsychic layers.

My patient continued to pursue this relationship between my attire and my self. Months after the encounter on the street, she reiterated these thoughts:

P: You weren’t dressed like you are at your office. *Here* you dress *like* your office: neutral, not especially colorful or lively. There’s something more to you than I’ve seen. It makes me feel that your real life is somewhere else, not here [with me]. Funny, I never thought of myself as not liking this office before, but now it seems too pale. I used to like that. I once saw a therapist who had all this colorful art in her office that was very distracting, including a big picture over her chair of a knife slicing through a piece of fruit—scary! But I think now that your blander colors have allowed me to feel merged with you versus having a sense of difference. I feel some sadness that it is not like that now that I see your more colorful, sexy side.... I feel like going to sleep.... Didn’t I feel this way yesterday too? I can’t remember.

We see progression and then, in the face of loss, regression that, for this patient, was only temporary in an overall momentum forward into a depressive position recognition of both loss and gain.

Analysts tend to develop fine-tuned sensitivity to when our dress, décor, or some less tangible expression of self might “slice through a piece of fruit” and be unnecessarily distracting and unproductively disruptive to a vulnerable patient. We are necessarily cautious out of concern to not harm. We may, however, err in this direction and miss seeing the limitations (for our patients and ourselves) of our various self-effacements. My patient had now alerted me to this other side.
The incident made me aware that my professional persona and dress were possibly too "professional" and lacked certain human aspects—like sexuality. I was intrigued by my attention (and that of my patient) repeatedly returning to the issue of color, both racially, as in people of color, and in the symbolic meanings of the color palette. I considered that not only did the patient see my (and her) female sexuality as located in the Black Man (and that I needed more palpably to embody ownership of my sexuality) but that the color of my style of dress, and personality, also played some role.

I came to feel that I had indeed been somewhat bland, expressed in a tendency to wear muted colors (reflective of a muted identity), and that this "mutation" constituted an analytic costume—shared by most of my colleagues, I might add. Our professional wardrobe tends to be more subdued than that of many other jobs. One is more likely to find black and gray, "spiced" with sage or copper rather than a juicy profusion of tangerine, lime, red, or "hot" pink. I needed not only to "take back" sex from my black man but to take color itself back into my work wardrobe and colorfulness into my professional identity.*

This ongoing reflection and self-inquiry on sexual agency and the colorfulness of my psyche effected a subtle shift in the self I am in my consulting room. I needed to allow more of the full palette of my psyche a place within the clinical venture versus my being restricted to some pale version of myself. At the same time, I also had to work to not expel the patient's various ideas of me and my sexuality (see Carpy, 1989, on holding the countertransference rather than jettisoning the patient's projections). Interpretations can function as subtle corrections.

As I hope I have in this paper, I attempted to live out as fully as possible my role assigned to me by my patient, and in interacting with that role, I changed my idea of the self I can bring to my office. That internal journey in my countertransference allowed for travel in the patient's transference fantasies regarding maternal/female sexuality. We both changed. I became a more sexy mom, and she grew up to be one as well. This is what I can say here about the "progress of treatment" rather than detailing further any particular dialogue. In hearing the conference presentation (2006) of this paper, colleagues have asked, "Can you say what actually happened in the subsequent response to this accidental encounter?" No, I can not. The issue was too subtly threaded throughout our sessions over many months, and even years, for me now to recreate it further here. Like a small fiber inextricably woven throughout a tapestry, it is an element that I can no longer isolate.

The clinical challenge that this "chance encounter" poses to us all is the following question: If not forced on the dyad by external circumstances, in what

* People of color are often very colorful in dress, and here we also get into issues of class as well as race.
other ways are the positive benefits described in this treatment to be integrated into an analysis between a female patient and analyst? My aim in this paper is to stimulate collective consideration of this question. I do not expect, or even desire, to “answer” it, as that would foreclose the topic.

Discussion: Oedipal Eruption/Disruption

We have arrived at a conception of the thinking genital and the “turned-on” mind, both joined in a productive intercourse and leading to further conceptions (see Bion, 1959), on and on. We see the significance of using one’s mind to foster one’s sexuality and one’s sexuality to foster one’s mind and creativity. My patient’s awareness/recognition of my sexuality had been ushered in by the encounter with the Black Man—an encounter that was disruptive but productive. Such an encounter, usually symbolic, is necessary and will always be inherently disruptive. In my interpreting along lines theorized in this paper, I managed slowly to convey to my patient my ownership of my sexuality—a sexuality that belonged to me, no longer located in a foreign man, and no longer seemingly estranged from my intellect. In the face of her reiterated musings about her being “the one” to be on the arm of the dark stranger, I became the one to disrupt my patient: With the marriage of my intellect and my sexuality, I eventually interrupted, “Ah, but the ‘Black Man’ belongs to me!”

Because exclusion from the parents’ sexual relationship represents such a fundamental aspect of reality for the child, as Rusbridger emphasizes, (2004) “analysis of the patient’s responses to the oedipal situation constitutes the central task of analysis” (p. 731). Given that analysts of various persuasions debate whether analyzing the oedipal crisis is the central task of an analysis, it is important to understand the Kleinian emphasis on the oedipal complex as a fundamental dynamic of the mind, that then structures the mind. “This turns on the subject’s response to witnessing a relationship … from which he is excluded” (Rusbridger, p. 733).

The child's reaction to reality, as represented by the oedipal situation, is what determines his ability to use his mind. Intertwining themes of my paper concern exclusion from the parental sexual couple and the challenge this experience poses to the perception of reality: “That was you, right? Unbelievable! Maybe it wasn’t really you. Could I have been mistaken?” As the patient gradually absorbed the emotional truth of her perceptions, she enlivened her capacity for creative linking on many levels. The clinical material demonstrates how coming to terms with oedipal reality does develop the capacity to use one's mind in a productive, fruitful manner, where thinking is clear and creative, an “intercourse” with one’s thoughts (see Britton, 1989).
My particular aim in this paper is to highlight unconscious fantasy material regarding oedipal exclusion in its gender specific, mother–daughter form. Too often in analytic theorizing, the daughter has been viewed solely as competing with the mother for the father. I have elaborated the element of competition with the father for the mother, where desire for, and sense of betrayal by, the mother complicates the female oedipal drama. I hope the reader, female or male, has been drawn into a reencounter with the emotional impact of the oedipal situation. For it is the case that each sex is confronted by the oedipal crisis with an assault on dyadic relating and omnipotence. I have tried to recreate in as vivid a manner as I can, the startling sense of shock and disruption that ensues.

Ogden (2005) wrote that

When we read an analyst’s written account of an experience with a patient, what we are reading is not the experience itself, but the writer’s creation of a new (literary) experience while (seemingly) writing the experience he had with the analysand.... At the same time, the “fiction” that is created in words must reflect the reality of what occurred. (p. 16)

This intriguing play on the concepts of reality and fiction captures a core dilemma of the oedipal situation: What is real? Did I make this up? Did I find this or create it?

The emotional experience of oedipal disruption does center on the startling sense of challenge to preoedipal (dyadic) “reality,” leading to initial denial, a period of confusion, having to think things through, and, eventually, coming to some sort of personal conviction regarding oedipal (triadic) reality that then becomes foundational for going forward. As Rusbridger (2004) underscored, these dynamics are fundamental aspects of the mind coping with an experience of disruption, assaulted by a “new” reality. My patient’s encounter, although extra-analytic, brings to life—“to the streets”—what is there to be discovered (or not) in the mind.

I analyzed the material as I would a dream to retain the ambiguity (“did this happen/was this real/was that you?”) that is exactly the dilemma the oedipal child is faced with in the unconscious regarding the relation between the mother and the father. My intent was to fully engage with the patient’s fantasy without collapsing into a concrete relation to “events” that should be understood as psychic. In not identifying to the patient or to the reader whether it was actually her analyst that she encountered on the street, my aim was to keep open the symbolic space for the emotional reality of fantasy. I believe that there are good clinical reasons for this approach. An analyst needs to accept a patient’s projections in a deep way, and over time (Carpy, 1989), in order to have an experience of living the transference, and the countertransference, with the patient. If a clinician were to give a concrete answer to such
a question directly posed by a patient, one would have to be equally ready to say “yes, that was me,” or “no, that was not me,” depending on the actual circumstances. In the case I have presented, affirming would be the more favorable clinical route, though disruptive and challenging, as it would more align with the oedipal task. Yet such an affirmation would eliminate the confrontation with the question, “Did this really happen?” that is central to the oedipal task, and that needs to be worked through over time.

And what if I were able to “comfortably” disconfirm? Both analyst and patient would most likely use concrete reality to shore up defenses against contending with oedipal threats: “Oh, good, (sigh of relief) we’re still ‘safe’ here in this mother–daughter cocoon; ‘real’ sex with (foreign) men—(no one we know)—is out there somewhere in a distant, shadowy land.” In spite of the best efforts of the most clinically committed analytic couple, it would be an uphill battle to keep the emotional reality immediate and the conflicts alive. I think this is the difficulty to keep in mind regarding these types of potential disclosures on the part of a clinician; concrete answers do not present an equal opportunity for the clinical trajectory. One side (confirmation) leads to collapse into a singular concrete event that is then likely ejected from the patient’s psychic contents and attributed to “idiosyncrasies” of that particular analyst; the other (disconfirming) provides an escape hatch (for both parties) from the confrontation altogether.

In unfolding the clinical sequence, I am inviting the reader to step into the dream world that is psychic reality—the patient’s unconscious fantasy regarding the oedipal situation, made accessible by the “encounter” just as it would have been by a dream of such an encounter. In not commenting to the patient on the concrete level (and she did not ask me to do so, being more engrossed in what had been stimulated in her internal world), I hoped to keep her “dream” alive for her and for me to fully inhabit. I believe that I owned my sexual subjectivity much more deeply, than would be the case in a simple disclosure, by staying in the symbolic realm. A living (transference) dream remains affectively intense over time and, ripe with continued feeling, demands ongoing analysis, not premature conclusions that foreclose experience and thinking. When asleep and dreaming, we all feel/believe that what is happening is real. Whereas upon awakening, psychic reality dims and becomes confused; memory is interfered with: “Did I dream that?” We soon distance as well from the emotional impact that becomes increasingly remote over time. So what does my patient’s “waking dream” tell us about the oedipal situation?

Rusbridger (2004) identified two links, separate in nature, between the three figures of mother, father, and child: the sexual link between the parents, and the link of dependency from the child to each parent. Although the parental sexual link has created the (dependent) child, from the child’s perspective the chronology is reversed. First there is (after “oneness”) the
dependent dyadic link to the mother and then to the father. The erotic link
to each parent starts to form as the child moves from preoedipal into oedipal expe-
rience. It is only then that the child discovers a sexual link between the
parents—a traumatic discovery, hoped for some time to be a fiction, only imag-
ned, not true.

Specifying a crucial gender difference, Green (1992, p. 141) described the
Oedipus complex as an

open triangular structure in which the mother occupies the place of the central
link, for she is the only one who has a double bodily relation with both the father
and the child.... What is essential seems to be situated in the moment of tran-
sition when the fusional relation of the dyad—doubled or complimented by the
thought of the father in the mother’s mind—is followed by the moment when
be effectively appears in reality. (as cited and translated by Van Haute, 2005,
p. 1675; italics added)

The mother’s desire for, and bodily relation with, both partner and child places
her, not the phallus, as the central link. The unwelcome reality to the child of not
being the sole object of the mother’s desire is at first denied. Rupture of mother–child
dyadic union is blamed on the “moment” of the father, a moment that takes
bodily shape in the image of a powerfully aggressive phallus.

Rusbridger (2004), as well, in discussing oedipal dynamics, speaks of “re-
actions to moments of meaningfulness” (p. 731). Although we know that meaning
is built up over time, recognition of a new, fundamentally important and
reconfiguring idea takes place like lightning striking. Momentous change often
occurs in a moment, not typically in external reality but in that the feeling
of surprise and shock creates a sensation of a traumatic encounter.

Even when well integrated in any given woman, the mother’s hetero-
sexuality is an affront to the dyadic omnipotence of the child.* Here, “het-
erosexual” translates in the child's mind to “other(than-with-me)sexuality.”
The mother’s sexual partner being of a gender other than hers is not critical;
her partner being other than her child is key. The child is not development-
ally ready to perceive this “other-sexual” reality for some time, and to
do so is rarely a smooth ride. Moving fully into the oedipal situation, and
negotiating its challenges toward optimal resolution, requires realization
of the sexual independence of the mother’s desire, something neither sex
is eager to do.

* I want to underscore that the attribution of “slutty” to the “street-walking” analyst is the
oedipal child’s view of mother’s sexual desire going elsewhere—“not the sex I want to
see.” In a similar situation, some people view gay couples as “flagrant” and “ flaunting”
their sexuality when seen holding hands or kissing in public. The particular image of
this “sexed up” woman on the street is not suggested as (or excluded from) a model of
female sexuality.
Epilogue: Subjects of Beauty

At a gathering of analysts after a presentation of my paper, conversation among the women quickly shifted to surreptitious, almost confessional, tones regarding professional wardrobe dilemmas. Shoes, how heeled, how “strappy,” length of skirts, dip of blouses, earring styles/length, how “bold” the color of toenail polish, and so on—all debated as to where these items fell on the “too” sexy/not sexy (“professionally appropriate”) continuum. The conversational atmosphere conveyed that this subject was to be kept quiet between women, a private concern, as if even the attention to these items would be disruptive if voiced more loudly or would be dismissed as trivial “women’s issues.” The fact that in a profession now “female dominated” so few analytic papers, or even conversations, take up this topic is, I think, indicative of repression at the level of group dynamics as well as of the intrapsychic.

In many cultures, female sexuality is felt to excite and distort the sensibilities of the male; it then becomes the responsibility of each individual woman to titrate this effect, with attire a critical variable. “Choices” are made in accord with what is considered normative within a given context. Consciously and unconsciously, women take on the project of wardrobe as a regulator of sexual excitement (their own, as well as that of the other).

Requirements regarding the expression or suppression of female sexuality come in many forms and from many directions. The “politically correct” aspect of the women’s movement often functioned as a restrictive series of “do not’s” regarding attire and appearance. A double bind still exists: If one wears nail polish, lipstick, form-fitting clothes, and so on, is this a male or a female aesthetic at play?

Women are viewed as objects of beauty, their beauty “objectified” by the gaze of the other. Are women subjects of beauty? Can women be the subject of their own sexual, sensual aesthetic of beauty? Where is the space for the subjective experience and expression of one’s beauty (including the erotic) as a woman? How is this engagement with self expressed, embodied, inhabited?

Familiar possibilities include the sensuousness of swaying strands of hair, playful painting of face and nails, colorful materials, flowing scarves, sparkling jewelry (all of which, in some cultures, men choose as well to express themselves; Elise, 2006). Certainly women most everywhere experience beauty as a pleasure for themselves. Even when presented for men, does this display of female beauty necessarily signal oppression? Is it not a form of sexual signaling, a communication to a desired other? My question is this: Do various female mating “calls” necessarily preclude a communication with oneself as a woman and with other women?

I suggest that female (erotic) beauty is a communication not solely to men, but between women, within any given woman, and at core (Meltzer and...
Harris Williams, 1988) between mother and infant (see Elise, 2006). An aesthetic of beauty, although changing in every society, seems to be an eternal element of human culture given its centrality in the mother–infant relation. The ability to experience, and subsequently express, maternal beauty and sexuality is, one hopes, handed down to and inherited by successive generations of daughters as their birthright. Nor can we as women clinicians expect to foster the development of healthy agentic passions in our female patients without these aspects of self palpably alive and embodied in our presence in the clinical encounter. Each woman in the clinical dyad must participate in this primal mother/daughter interplay in order that either, and hopefully both, can develop and grow.

References


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