The ‘too muchness’ of excitement: Sexuality in light of excess, attachment and affect regulation

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This paper brings together contemporary thinking about early attachment and affect regulation with our clinical and theoretical understanding of the problems of adult sexuality. In addition to recent theories of affect regulation and attachment, we incorporate Laplanche’s idea of ‘excess’, which was an important transitional concept integrating real experience with fantasy in sexuality. We elaborate the idea of excess — ‘too-muchness’ — to illuminate the early overwhelming of the psyche that affects the formation of sexuality. Linked to recent theoretical developments, this idea helps to grasp the relationship between sexual excitement and early affect regulation, showing how excitement becomes dangerous, thus impeding or distorting desire. The ‘too-muchness’ of excitement recalls the experience of being a stimulated, overwhelmed, unsoothed child and influences later inability to tolerate sexual arousal and the excitement affect. A clinical case illustrates this connection between attachment trauma, anxiety about sexuality, as well as shameful experiences of gender identity as an area of trauma. We emphasize the importance of working through the terrors and desires of the mother–baby relationship as they emerge in the transference–countertransference in order to develop the ability to hold excitement and stimulation without experiencing the too-much as the intolerable. This includes the working-through of ruptures related to overstimulation as well as the delicate balance of attention to fantasy and intersubjective work in the transference.

Keywords: sexuality, excess, affect regulation, attachment, recognition theory, development, enactment

This paper explores the origins of difficulty tolerating sexual excitement and intimacy in the context of the early failures in the relationship to mother as understood by affect regulation and recognition theory. We set out from a perspective articulated by Lichtenstein (1977), Stoller (1964, 1979), Benjamin (1988, 2004a) and others in which adult sexuality expresses residues of early intersubjective exchanges between mother and infant, in other words, representations of all affective interactions not necessarily those conceptualized in the classical understanding of infantile sexuality. Lichtenstein, for instance, understood these early infancy exchanges as forming “the matrix of later sexual development” (1977, p. 118), and its symbolic representations in childhood and adulthood. In this approach, early interactions and their pre-symbolic representations (Stern, 1985) can result in difficulty with arousal and excitement – too-muchness – within the sphere of excess that is sexuality.
Beginning with Freud’s *Three Essays*, the notion of infantile sexuality has been central to psychoanalysis, hence the idea that sexual templates are formed in the early relation to objects is well developed. However, intersubjective theory conceptualizes a different infancy than does psychosexual theory or object relations. Intersubjective developmental theory (Beebe and Lachmann, 2002; Benjamin, 1988, 1995a; Stern, 1985) has a revised, specific notion of infancy with different implications for understanding sexuality. In this paper we explore those implications in relation to the idea of excess, using affect regulation theory and recognition theory, building on study of the relevance of mother–infant interaction for clinical work (Beebe and Lachmann, 2002; Salomonsson, 2007; Stern, 1985; Stern et al., 1998; Tronick, 2005, 2007).

Our aim is to integrate Laplanche’s ideas about sexuality as excess along with Stein’s subsequent expansion of those ideas with the intersubjective perspective on development and clinical practice, which is commonly identified with relational analysis. In so doing we do not intend to exclude the intrapsychic aspects highlighted by Laplanche and Stein, rather to add the intersubjective dimension. The intersubjective focus on mutual recognition and sharing of affect states (Benjamin, 1988, 1995a, 2002) provides a different vantage point from which to view clinical and developmental process. For instance, Stern (1985) contrasted the complementarity of the nursing infant being satisfied by mother with the mutuality of face-to-face play and gazing. The idea of reciprocal interaction adds to the one-person view of infant gratification in nursing a view of a two-person system of mutual adaptation and accommodation (Sander, 2002): a rhythmicity wherein mother and baby recognize each other’s signals, where mother soothes, baby responds, mother and baby calm together. This mutual regulation, we suggest, forms a container for sexuality and the excess associated with it.

**The idea of excess**

We begin with Laplanche’s idea of sexuality as excess, with which he significantly altered the conventional psychoanalytic thinking about seduction, fantasy and sexuality. His way of conceiving sexuality beyond the drives, in terms of unconscious transmission and communication was further elaborated and differentiated in the work of Stein (1998a), Benjamin (2004b) and Fonagy (2008). Laplanche’s (1987, 1992, 1995) work on sexuality, though still embracing of Freud’s drive theory, constituted an important departure and addition to Freud. It was influential in the evolution of psychoanalytic thought insofar as his concept of excess opened up the dimension of unconscious communication. He theorized a broader general experience of overstimulation and mystery attendant on the adult’s transmission of the sexual in the ‘enigmatic message’ (Laplanche, 1992, 1995).

In Laplanche’s reframing of the seduction theory, the excess that is sexuality always begins with an unconscious communication from the other – the mother’s sexuality experienced as something too big and not yet comprehended by the child. Laplanche contends that Freud was too concrete in thinking seduction must either be real or imagined, and missed the category.
of the message, the transmission of affect and excitement without literal seduction. In Laplanche’s view, the enigmatic message is constitutive of the child’s unconscious in the broadest sense. The enigmatic message about sexuality, too much for the child to encompass in its psyche, creates the excessive quality of sexuality. Insofar as sexuality is conveyed through an unconscious component of adult love of the child, inherently too big for the child, necessarily enigmatic, it stamps human sexuality with excess (Laplanche, 1987.) As an unconscious transmission that is uninvited and psychically unassimilable, the excessive, enigmatic message constitutes a bridge between actual seduction and fantasy.

Stein (1998a) further elaborated how the enigmatic message generates the poignancy of sex and how the excessive takes us beyond representation into an experience of otherness and mystery. For both Laplanche and Stein it appears that the psychic demands of the excessive are ordinarily met through a form of splitting that separates the phantasmatic processing of the sexual from other forms of using the object. But the meaning of excess shifts in Stein’s work, or rather it is partly refigured as the idea of ‘otherness’: it is the incommensurability of sexuality with other modes of interaction, what we might call its inevitable dissociation from other psychic processes, that places it in a separate realm of either transcendence or debasement. As a result, Stein argued, the generalized inability to recognize sexuality (see also Davies, 2003) creates the erotic as a split-off separate sphere of human life; it informs the sexual with aspects of alienation, such that sexuality becomes a disruptive, disturbing dimension of experience (Stein, 2008a). In a sense, for Stein excess becomes a function of sexuality’s otherness, and otherness becomes the explanation for excess. This idea of otherness implicates the social ordering of sexuality and interpersonal relations as opposed to Laplanche’s narrower focus on the immaturity of the human psyche in reaction to unconscious transmission of the sexual message.

In addition, at several points in her writings Stein also began to suggest an expanded view of excess, closer to our own (Benjamin, 1995b, 2004b) which includes a more general idea of affective arousal above and beyond the sexual, such that it makes use of the sexual to contain it. We shall return to this point, which becomes especially germane to the question of how the vicissitudes of infancy influence the individual’s relation to excess, how affect arousal in general relates to sexual excess in particular.

Our perspective places the disruptive elements of sexuality in the context of early needs for a maternal figure to hold and process both excitement/desire and affect through her recognition (Benjamin, 2004b). Our thesis is that in the absence of such a figure, who provides such recognition together with the matching, marking and soothing of affect regulation (see Beebe and Lachmann, 2002; Fonagy et al., 2002; Schore, 1993), the excitement associated with desire can overwhelm the immature psyche. Our clinical material will serve to reflect on how the experience of being uncontained, unregulated, as well as overstimulated creates a sense of sexuality as dangerous that ‘exceeds’ the general experience of sexuality as other, alien, disruptive, transgressive or excessive (Bataille, 1986; Benjamin, 1995b; 2004b;
That is to say, the inability to tolerate the otherness of the sexual and its inevitably high level of arousal manifests as the fear of ‘too-muchness,’ both in intimate relations and the transference – a fear that may already be embedded in a specific form of the mother’s transmission via the attachment system as suggested by Fonagy et al. (2002). This fear is accompanied by a concomitant experience of shame (Stein, 1998b, 2008), a fragmenting sense of inadequacy related to the inability to bear excess (the inherent otherness of sexuality), which affects the sense of being a real man or woman.

If, then, we agree with the proposition that sexuality is bound to exceed what the relational dimension can contain (Benjamin, 2004b), it is nonetheless evident that the capacity to hold and process this excess through mental and physical action varies considerably. Our contention is that such processing depends on the individual’s early developing an overall capacity for holding excitement, a capacity that begins with interactive experiences of affect arousal in the early attachment to mother or other caregivers.

As Stein (1998) has argued, an abstract conception of parental sexuality, a ‘generalized other’ who transmits an enigmatic message is insufficient for psychoanalysis. We must also see how that transmission is elaborated in conjunction with specific attachment patterns as these are liable to be faulty in other dimensions of affective experience that are subsequently translated as sexual. In this view, the oft-noted general lack of direct interpersonal recognition of the childhood sexual experience (Davies, 2003; Fonagy, 2008; Stein, 2008) does not suffice to explain the diverse and often troubling failure to tolerate sexual excitement. Rather, the overstimulation attendant on failures of containing by the maternal or primary-care-giving others play a role that can be elaborated with reference to affect regulation and recognition theory.

In recognizing the excessive dimension of sexuality, we must go on to analyze the obstacles to absorbing this “alien body” in the individual’s psyche (Fonagy, 2008). Thus Fonagy (2008) argues that:

Sexual arousal can never truly be experienced as owned. It will always be an imposed burden … unless we find someone to share it with. […] What Freud (1905) talked about as an objectless state, and Laplanche (1995) and Ruth Stein (1998) as the ‘enigmatic other,’ we describe in terms of an alien part to the self internalized by the alienating parts of the mirroring object-mother… The enigmatic dimension of sexuality creates an invitation that calls out to be elaborated, normally by another.

(Fonagy, 2008, p. 22)

In our view the offering and acceptance of this invitation to the other is precisely what is blocked by the experience that all affective and bodily arousal is dangerous – dangerous not merely because it is inherently enigmatic, but because the ‘pragmatic’ (Atlas, 2015), that is the real interactive dimension of intersubjective recognition and regulation, has failed. This leaves the subject unable to rise to the demands of the sexual. The ensuing fear of the sexual is due not only to the alienated aspects of sexuality, but
the subject’s own inability to tolerate high levels of excitement: the sense of too-muchness which stimulates the effort to master it with frightening fantasies. In other words, the enigmatic message, the transmission of something unconscious from the mother that is unassimilable and excessive, cannot even be allowed to form sexual subjectivity as an exciting otherness – with all the attendant conflicts and frustrations analyzed in psychoanalytic history.\(^1\) Since any affective arousal, not only sexual excitement, is felt to endanger the attachment and be uncontainable by the other, even within a protective ‘preserve’ of dissociation or splitting, such excitement is not tolerable (except perhaps autoerotically, as we will illustrate in the case below). We believe this view of the intolerance of arousal is implicit in much clinical work on sexuality.

If for everyone, as Fonagy contends, sexuality poses a burden that requires an other, it is another matter for patients who cannot use the other, for whom ‘excess’ cannot be contained in any relationship with an other. On the contrary, the other poses a threat with her own arousal. The experience can be that of impingement, engulfment, flooding and invasion. In the experience of overstimulation excitement and anxiety become indistinguishable. The need for the other to contain excitement through recognition leads to a further intersubjective dilemma: anxiety about the other’s presence as a subject with her own affect. In this case the basic intersubjective quandary around dependency, needing an other who is outside one’s control or influence (Benjamin, 1988), becomes intensified. It translates as need for an other who becomes more dangerous outside, the sequela of a primary object relation in which affect regulation failed. This means that the other cannot be relied upon to be attuned, accommodating, reliably present in a way that manages excitement; she cannot be relied upon to be responsive and recognizing of the child’s communications in a way that allows the (smaller, younger) self to have agency and internal control. This other cannot therefore serve as container for projections – as sexuality requires (Stein, 1998; Fonagy, 2008) but is, rather, liable to overpower the self – with her dysregulated affect, with her ‘messages,’ her projections.

The demands posed by these aspects of the sexual must be worked out intersubjectively in the arena of affective and bodily arousal for which the individual’s earliest interaction already set the stage. Thus excess can be seen as a more complex configuration of many relational issues that include efforts to regulate anxiety and stimulation, manage aggression linked to disturbances in attachment on the mother’s part as well as the infant’s, a point to which we will return.

To complement Stein’s general emphasis on the mysterious and poignant elements in sexuality, our reading of excess tries to show the imbrication of inevitable, general occlusion of the sexual with specific relational failure. It distinguishes the otherness that is mysterious from that which is mystifying.

\(^1\)From a relational perspective the sense of an alien, other self would be understood in terms of dissociation of self states, but the ability to “stand in the spaces” and negotiate the transition from one self state to another depends upon attachment and affect regulation, mediated by recognition (Bromberg, 1998, 2011).
In other words, the sexual that is mysterious, incommensurable and uncon- 
tained must not be conflated with that which is mystifying within a basi-
cally unstable attachment. This perspective thus aims to contrast and yet 
hold the tension between that which is intrapsychically mysterious and that 
which is intersubjectively mystifying. We consider part of the mystification 
process to consist of the way that failures in interpersonal regulation lead 
to withdrawal into fantasy. In the mystifying aspect, affective tension that 
could not be understood by the child, represented, or ‘bound’ in dialogic 
exchange may later appear as though self-originating, a one-person process 
of fantasmatization (Benjamin, 1995b, 2004b).

**Intrapsychic and intersubjective tension**

In emphasizing the general problem of affect arousal and regulation, we are 
perhaps focusing on the phenomena that gave rise to many of Freud’s 
observations. In considering ‘too muchness’ we recognize the original help-
lessness and anxiety that Freud (1926) first identified, as well as the implicit 
role of excess in his thinking. As Stein (2008, p. 50) expounded, the way 
that:

Freud’s early writings are suffused with notions of excess, excess of stimuli causing 
trauma, dangerously accumulated psychic energy, unbearable drive charge mani-
fested in symptoms. In fact the notion of excess serves Freud as a regulative idea 
indicating the perennial striving of the organism to rid itself of excess stimuli...

She points out how in Freud’s earliest thinking, “When physical tension 
cannot be transmuted into affect, it becomes anxiety (Breuer and Freud, 
1895)” (Stein, 2008, p. 50). The departure, or some might say further develop-
ment, of Freud’s thinking consists of the move from the intrapsychic to 
the intersubjective understanding of this tension in terms of affect regula-
tion.

In this intersubjective view an individual’s state of internal tension is inex-
tricably tied to the intersubjective tension of recognition between self and 
other (Benjamin, 1988, 1995b, 2004a). What is too much or too little is 
delimited by what the other’s recognition facilitates: recognition does not 
only gratify but organizes and creates dyadic coherence (Benjamin, 1988, 
1995b; Tronick, 2007) even before mentalization or second order meaning 
such as Fonagy (Fonagy et al., 2002) emphasizes. These responses physi-
cally serve to hold affect, define need and promote coherence of physically 
embodied communication and intentions – a template for sexual communi-
cation and regulation of arousal.

Freud’s notion of sexual pleasure and pain, as Benjamin (1998, 2004b) 
has argued, emphasized how we seek mastery over tension; he conceived 
of a one-person economy in which pain is defined as too much tension. 
But if, from an intersubjective point of view, pleasure and pain occur 
within a two-person relationship, then these psychic positions are always 
dependent upon how we register the responses of another and how the 
other registers us.
With this perspective in mind we can clarify some nuances regarding the origins of excess as originally presented in Laplanche and Stein. Their position hovered between the intrapsychic view of object relations and the incipient possibilities of intersubjective views of unconscious transmission. Our view aims to elaborate those intersubjective implications, to focus on how two subjects affect one another while nevertheless sustaining awareness of the inner world grasped by object relations. To illustrate, let us recapitulate one more vital point of interest about infancy. As described by Stein (2007) libidinal pleasure gained by the infant at the breast is displaced from the nourishing object to a fantasmatic breast which is the object of sexual drive. Stein follows Silverman and Laplanche in seeing the substitution of the fantasmatic object for the original nourishing object as essential to sexuality: “The sexual object is thus not identical with the object of the function... The object one seeks to re-find in sexuality is ... displaced... It is therefore impossible ultimately ever to rediscover the object (Stein, 2007, p. 186). This autoerotic process corresponds to an intrapsychic or one-person view of original loss of the object.

But in our view this description splits off the experience of connection to the outside mother as another with multiple functions that involve the infant’s multiple states: aroused, soothed, playful, curious, joyful etc. At the intersubjective level the infant does not initially lose the other, or substitute the fantasmatic for the pleasure of nursing. During the experience of nursing he has not only excited or painful urgency that is soothed, but also the sense of being held and soothed as well as recognized by the other through mutual gaze and smiling. As excited and aroused as he may be by the breast in response to urgent hunger, when that hunger is satisfied he integrates the self state in which, leisurely and less urgently, he plays with mother, the nipple, looking up at her, etc. We postulate that in the accommodating nursing dyad urgency increasingly takes the form of excitement based on secure expectation of satisfaction; thus arousal can be tolerated and enjoyed. Conversely, urgency becomes distress when there is not that expectation or too much delay. From the standpoint of infant observation, when urgent need is satisfied and the baby is calmed, the action changes not to fantasy but to play with mother. Only when this double process of regulation and recognition fails does a premature process of self-soothing which prefigures auto-erotic fantasmatisation occur. This prematurity, substituting for the regulation of nursing and the recognition of play (or of distress), defines a dimension of excess additional to and modifying the one contained in the enigmatic message. As we shall later see, the unreliability of primal satisfaction and soothing, of the breast function, leads to a basic template of ‘seduced and abandoned,’ or ‘excited and then dropped.’

In sum, the vicissitudes of excitement and the ability to contain arousal are linked in complex ways to the conscious and unconscious aspects of all affective communication with a specific other. In encountering the resulting forms of desire, we may question a restriction of the idea of excess to its sexual manifestation. We prefer to situate it within a more complex configuration of many relational issues that include efforts to regulate anxiety and stimulation, and manage interpersonal aggression linked to a fundamental disturbance in attachment. Indeed, we believe that excess can be expressed
and processed through sexuality. In the absence of a transforming, regulating other, failures in affective containment coupled with overstimulation can be reworked and translated into sexual tension. Whether such failures are originally associated with interpersonal transmission of unconscious sexual content, they can become so.

In a move that suggests this reversible relation between sexuality and excess, Stein (1998a) argues similarly that: “It seems that the human organism has the capacity to [use sexualization] to deal with the excess . . . in other words, sexualization is a capacity, a positive achievement . . .” (p. 266). It follows that sexual fantasy often stands in for the outside other; it becomes an Other within. In agreeing with Stein that sexualization can be seen as an achievement, we might add that the psychic accomplishment of using culturally validated forms of relating to hold excess is one that many individuals do not achieve. This seems to us due not only to the nature of the sexual but the lack of early containing that makes it possible to engage the sexual for such purposes.

Here, then, is the paradox of sexual excess: sexuality itself is founded in excess and otherness, creating experiences of stimulation and tension that must be tolerated, while alternately serving as a regulatory function. The latter occurs both through bodily discharge of tension and the containment via fantasy of otherwise unrepresented experiences with significant others (Benjamin, 2004b; Atlas, 2011a). We consider many forms of sexuality to be actions the individual takes to soothe or regulate the self, rather than primarily to engage or elicit responses from the other. In this context, sexual discharge means using the body to solve the problem of mental excess. That is, emotional content which cannot be held in the dialogically created mental space is experienced as physiological arousal and resolved at that level (Benjamin, 2004b).

While excess – including its dissociated, split off and fantasmatic aspects – may be said to contribute to the creation of the sexual mind, early uncontained ‘too muchness’ probably leads to anxiety and inability to tolerate any tension. It impedes the use of sexualization as a way to self-regulate, and in fact prevents contact with other enigmatic parts of the sexual mind or use of fantasy (Atlas, 2015). At this point we want to emphasize how phenomena that appear as solely intrapsychic productions in the individual should be understood in terms of intersubjective failures in the original dyadic systems that resulted in experiences of excess.

**Early failures in recognition, regulation of arousal**

Since our aim in this paper is to suggest how we might clinically infer the connection between early intersubjective failure and later inability to tolerate sexual arousal and excited affect, we will offer a brief view of intersubjective developmental postulates. This perspective emphasizes the ways both mother and baby simultaneously impact each other, which later is reflected in the transference. As we have said, from the perspective of intersubjective recognition theory (Benjamin, 1988, 1995b, 2004a), the failure of self-regulation – excess – is generally linked to failures in adjustment and
attunement within the dyadic system (Beebe and Lachmann, 2002; Sander, 1995, 2002; Schore, 1993). It is such failures that perhaps inspired the view of individual mastery over tension we find in Freud and give a different inflection to the idea of an originary helplessness.

In particular, the experience of aloneness with psychic pain is linked to failures of recognition, to overstimulation caused by inadequate or overwhelming responses. Mentalization (Fonagy and Target, 1996a,b; Fonagy et al., 2002) – the fundamental intersubjective experience of grasping the other’s mind or intentions – is impeded not merely around the generally unrecognized area of sexuality, such that pleasure in excitement is vulnerable to lack of mirroring (Davies, 2003; Fonagy, 2008), but above all around pain and the dysregulation of the infant left alone in distress (see also Seligman, 2012).

Our clinical perspective strives to include the implicit and procedural level addressed by infancy researchers like Beebe, Boston Change Process Study Group, Stern, Lyons-Ruth and others. We would like to integrate the object relational understanding with a grasp of the implicit patterns of arousal and regulation as they are co-created within the dyadic system, on the existence of certain analogues between the intersubjective nature of the baby–caregiver dyad and the intersubjective nature of the psychoanalytic process. In both relationships we can observe a two-way process in which the individual’s self-regulation of arousal and affect and the process of mutual regulation are interdependent. Infancy researchers contend that internal processes and relational processes of regulating arousal are inextricably coordinated and organized simultaneously (Beebe and Lachmann, 2002; Meltzoff, 1985, 1990, 1995; Schore, 1993; Seligman, 1998; Tronick, 2007), thus creating dyadic patterns in a matter of micro-seconds, felt but not formulated by clinicians. Work in attachment theory and infancy research shows how the regulation of tension within the individual depends upon the transmission of affect (again, an area emphasized by Stein) and its regulation or recognition via communication between subjects (see Beebe and Lachmann, 2002). Early interactions displaying misattunement, over-stimulation or unresponsiveness are predictive of attachment patterns that display inability to reunite and be soothed after separation – patterns easily observed in later transferences.

Beebe et al. (2010) have discussed failure to respond to infant distress as a predictor of insecure attachment. Such babies remain alone in states of arousal and dysregulation; their state is not recognized by the other. Beebe has, conversely, linked the mother’s emotional responses to infant physical and emotional distress – early embodied affect – with the sense of being known and knowing one’s own mind: recognition (Beebe et al., 2010). We may extrapolate from this idea that maternal failure in responding to pain and distress damages the capacity for recognizing one’s own desire and disappointment, as well as expectation of recognition by the other.² These are

²Note that this idea is similar to Fonagy’s notion of the need for mirroring with marking that creates mentalization and second order representation; however the focus is less on symbolic representation and more on unformulated patterns of expectation that are deeply embedded in physical responses and physiological arousal patterns.
fundamental aspects that allow trust of the physical and emotional intimacy with another in sexual interaction, as well as tolerance of the dysregulating and disruptive aspects of sexual excess. It might be expected that such failures in regulation would lead to withdrawal and fear of impingement, of being overwhelmed by the other’s arousal in the sexual act. We perceive those early experience of ‘too muchness’ as a trajectory for later experiences of dysregulation, especially in sexuality, where excitement and anxiety can become indistinguishable.

Recognition theory (Benjamin, 1988, 1995a, 2002; Sander, 2002) posits that more specific recognition allows the dyadic system to contain more complexity (Sander, 2002) — in other words, tension. Moving from simple attempts at discharging affect through the body to the greater specificity of recognition of affect occurs within the therapeutic dyad and this allows more tension — that is, more affect and excitement — to be contained and tolerated without anxiety and shame.

This point of view regarding sexuality and excess is especially relevant in relation to patients whose sexuality developed in the context of failure to repair early ruptures in intersubjective regulation. In the case we discuss, the later template of seduction and betrayal is superimposed upon such failures, the infant experience of being left alone to deal with internal and external stimuli. A live mother, a desiring maternal subject, appears as a threat because she might seduce and abandon, overwhelm and over-stimulate, and then drop. These patients live with a constant fear that appears very early in their analysis, the fear that they will be again seduced, attach and left dysregulated and distressed.

While such patients need to be affectively contained, they are also frightened that if they are held in the therapist’s mind, they will become her object, used to absorb her anxieties, flooded with her arousal. The patient who scolds the therapist not to show any feelings, the one who objects that even her breathing is a sign that she is self-preoccupied, impinging, too excited, is likely reacting to cumulative developmental trauma of overstimulation and abandonment.

Signs of the therapist’s bodily subjectivity do not only symbolize sexual contact, they stimulate fear of physiological anxiety responses — ‘contagion,’ the unconscious communication of ‘bodily-based stressful states’ (Schore, 2011). The patients fear the self could fragment were they to have any active, penetrating relationship to the analyst, but also if she were responsive to them. The patient tries to block any material that is communicated by the other, by symbolically tilting his head away and dismissing the other.

One patient (Atlas, 2015) interrupted his analyst by scolding: “Stop that fucking feeling!” He added: “I can’t stand it when you suddenly sound moved. Don’t be offended, it has a physical effect on me; it’s uncomfortable, even disgusting.” The patient has been in analysis for five years, and his analyst is well acquainted with his hypervigilant responses to feeling, his continual demand that she not “dramatize things,” sense them without making a sensation. He fears her potential hyperarousal at a level of physiological response, disgust. This patient’s enjoinder not to feel seemed to us an interesting variation on Britton’s famous quotation of his patient, Miss
A: “Stop that fucking thinking!” (1989, p. 87). In his seminal paper Britton viewed thinking as a form of the therapist’s internal intercourse, which corresponds to parental intercourse. The analyst’s thinking – a conversation inside the therapist’s own mind – constituted a threat to his patient, as a reminder of the child’s exclusion from parental intercourse. In our example, the feeling, a sign of another potential communication, evokes a different scene: one that is dangerous not only because of later exclusion – being dropped – but because it seems to offer inclusion. Exclusion represents a moment within seduction–abandonment, arousal and lack of containment. Here then, the threat arises from the contradictory evocation of remembered oedipal exclusion along with a procedural offer of inclusion in the analyst’s attention.

Again, the analyst’s feelings threaten to evoke an implicit emotional memory of live, primitive sensory interchange, which constitutes mother–baby ‘intercourse’ – and arouse the dread of the disastrous ending. We are trying to formulate how the experience of being ‘inside’ has become frighteningly ‘too much’ because of being cast out, dropped, left alone. In working with this patient we thus consider how it affects the analyst to hold within her the child to feel frightened of being taken back into a maternal mind from which he has been ejected, striving to hold both the part of self that is frightened and the less accessible one who desires. The danger is that only the analyst holds the part of self that desires connection, and unconsciously makes demands on behalf of that part. Unless she is sensitive to primal level at which fear of arousal is embodied, her empathy in any area can become an enactment of the feared over-stimulation. The analytic situation will then not only expose the patient to the risk of being attached and then dropped, but will also awaken the shameful need that the patient originally tried to get rid of. Working through the terrors and desires of the mother–child relationship as they emerge in the transference–countertransference may require some repetition of profound rage and dread on both sides. Clinical ruptures, commonly called enactments, are therefore seen as unavoidable; indeed, they are required to bring into focus the needs and dilemmas the patient has struggled in vain to reconcile – for safety and connection, soothing and excitement. We try to suggest through our clinical example how such rupture and repair can take place at varying levels of intensity.

We will discuss the clinical work within the intersubjective space and show how the ability to connect to the traumatic failure in the intersubjective area of mutual regulation gradually modulates the destructive cycle in which the too-muchness of excess leads to the fear on both partners’ part of repeating rupture in the analytic relationship. We shall give some attention later to the way, the problem of being held, having one’s excess contained, is also expressed through gender signifiers – markers of culturally intelligible and recognizable identities – that are associated with shame and efforts to overcome it and thus becomes a problem of masculine and feminine identifications and organs. We believe that this provides a useful example of how later symbolic formulations and fantasies, in this case ones associated with gender are always embedded in interactions and fantasies that bear traces of crucial early attachment patterns.
In presenting the clinical case, we provide an account of how we work in the frame of affect regulation and two-person psychology. In contemporary psychoanalysis, the relational approach to the analyst’s participation emphasizes the clear distinction between symmetry and mutuality and sees the analytic situation, analogous to the mother–baby dyad, as mutual but asymmetrical, that is recognizing significant differences in analyst’s and patient’s roles, function, and responsibility (see Aron, 1992). However, it views the analyst as a co-participant with the patient in a mutually and reciprocally constructed transference–countertransference integration, stressing the interpersonal nature of transference and of the continual dialectic between transference and countertransference – not as isolated or artificially split off from each other but as mutual interactional processes.

Leo

For many people who have experienced failures in early affect regulations, becoming able to experience an adult erotic transference in the room is a therapeutic achievement, related to the tolerance of excess and the result of working through many obstacles. For Leo, the erotic transference was there by implication but warded off as “too much,” too frightening. This clinical work demonstrates how we worked with the mother–baby relationship, locating the intersubjective failure, eventually able to encourage the growth of an adult erotic transference, where Leo can see his analyst as a woman, let himself and others perceive him as a man, and begin experiencing himself as a subject of sexual desire rather than a helpless, often emasculated boy.

A highly intellectual man in his late 20s, Leo presents his initial problems in terms of sexual behaviors that hurt him as well as his surroundings. He does not know why he cannot stop ruminating over his sexuality or why he is convinced that he is not masculine, why he does not derive satisfaction from sexual activity. Having grown up in a Latin American city where psychoanalysis was popular, he first entered treatment as an adolescent and subsequently undertook a second analysis as well, both with male analysts. Now in graduate school in New York, he seeks to continue analysis, this time with a woman, and already having interviewed three other women analysts, his conclusion was that they were all stupid. He starts the session by telling me (GA) that he is actually not sure seeing a woman is such a good idea. During that very first session, Leo says to me: “I have a longing … you won’t be able to satisfy it, but you should know … I miss something.”

Leo has five siblings. He is the fifth child after five girls, and his brother was born two years after him. From the very first sessions, Leo relates how his brother and his mother shared a lustful relationship, describing them as both nude, the baby clutching the mother’s hair while she passionately kisses his neck. Leo watches the new baby from the side. He does not feel his anger; he is a good, understanding, virtuous brother but he does not trust his mother any more. In Leo’s language, his mother is “a liar”, hugging him only when other people are around. When he thinks of her, the door to her bedroom is always closed and she is asleep. The sleeping
mother appears continually in his narration, and in an apparent screen memory, when he at age 6 fell and hurt his nose, his nose is bleeding, Mommy is gone, he is scared and cries for help. When Mommy finally appears, she says: “There is nothing to do, Leo. Don’t get so upset,” then returns to her room. We often revisit this model scene of the unavailable mother, the child who needs to calm himself down, believing that he is simply “too much” for his mother. He concluded then and now that he simply should not be a baby.

Very soon I become for Leo the frustrating and emotionally absent bad object. As he puts it, I might be able to understand him, but I will never really be by his side because I am a woman. He also warns me that I will never be able to love him, that I will reject him and be repulsed by him. Leo is worried about his relationship to sexual excitement, his preoccupations, which are too intense, excessive. He defines himself as heterosexual, but in the first years of the treatment he is preoccupied with being thrilled by male pornography. In moments of distress he logs on to male porn sites, masturbates, and comes into a blanket. He has never had a serious relationship with either man or woman, and for him the sexual act is an amorphous conglomerate of unsolved questions and inhibitions. Leo’s treatment also exemplifies the need to work with the articulation of attachment trauma in the language of gender, wherein what it means to be a man or have a woman expresses the dilemmas of transference love and hate. The following vignette will illustrate some implications of our intersubjective approach in the analytic relationship with a patient for whom excess is a defining problem and affect regulation a central concern for the analyst (GA).

Initially I am just another person who cannot form a compassionate relationship with him, and the truth is that I am afraid of him. He brings a violent sexuality and part-objects into the room. The primitive aggressiveness and invasiveness of his fantasies feel assaultive: he speaks of “repulsive breasts,” “a disgusting, stinking vagina,” and “an unsatisfying dick.” “I had sex with her,” he tells me, describing a recent encounter. “She shouted, and her shout did not connect with her body. She’s my fuck-buddy. Her vagina feels like metal, and I go in and out.”

The desired maternal body, inaccessible and forbidden, was unable to serve as a container for his excitement, which turned into aggressive fantasy. As a result his penis is an “unsatisfying dick”, an unwanted, rejected, humiliated part of himself that can only be strong through aggression. Leo projects his deficiency on me, a depriving, unsatisfying woman who like his mother pushes him out as he strives to get in. But, most strikingly, he is focused on my breathing.

From the very beginning, Leo tells me that he has difficulty with the way I breathe, especially if I take a really deep breath. My breath becomes a frequent theme. “You’re breathing,” he reprimands me occasionally. “That means you’re preoccupied with yourself.” It means that I am abandoning him, I think, and he adds: “Maybe your breathing shows that you’re having a hard time, that you need air.” Later he says it points to the fact that he is “too much” for me and that I am hoping to be able to escape him soon. Initially, I think in terms of his projected fear and his own wish to escape
and need for air, his anxiety about being penetrated and the wish to penetrate my mind and body. Nonetheless, I can feel the effect at the level of my own affect regulation, and Leo’s intrusion into my breathing space. He forbids me to take certain kinds of breaths, and at such moments I do indeed think of ways to get rid of him. Afterward he asks if I experience this as intrusive, and we investigate his need to intrude upon my space.

In relation to our exploration of intrusion Leo describes the fantasy of raping a woman, a fantasy with a long history. He explains that, when he has felt strong attraction for a woman, he imagines that she would never reciprocate and he must take her by force. He tells me that he has touched sleeping women on a number of occasions. It began when as a teenager on a train in Europe, when he searched for a sleeping woman in order to touch her, and was repeated over the years. We are able to connect this fantasy, made up of many components, to his rage toward the sleeping mother, the wish to touch and be touched by her, but also the need to wake her up forcefully, to “remind her of who I am. She will suddenly realize she has forgotten that it’s ME, Leo, the boy she loves.” The need for recognition is experienced as so disturbing to the “sleeping mother,” that is, the excitement or need of the small child is too much and so mother, who is herself dysregulated, shuts down. She is unable to be “awake” to his need for her.

In this context Leo presents his first dream in which he is with a naked woman in his parents’ bathroom. Suddenly the door swings open and his little brother is standing at the threshold. He wants to slam the door shut, to throw his brother out so that he does not bother him, but instead he sits petrified and watches as the woman exits. A moment before she disappears, she turns her head to him and says: “You’ve missed your chance,” and smiles contemptuously. We arrive at the understanding that he had felt that he had once had a chance but “screwed up,” thereby losing his love object. At some point, as he puts it, he realized that you have to be careful, because if you make just one wrong step, your loved one can be lost, maybe forever. This idea that one false move can disrupt the relationship in an irreparable way is connected to the sense of being “too much,” excessive, any demand is intrusive and unsatisfiable. Whatever he needs, it is “too much” for mother.

Thus it is not surprising to learn that at the age of 18 months, when his mother became pregnant with his brother, Leo lost the ability to walk. His mother refused to carry him, ostensibly because she was afraid of losing the baby – as she later explained she believed her prior miscarriage was caused by Leo’s constant demand to be carried. Later this image of the paralyzed baby who longs to be in his mother’s arms, but instead mutely demands by becoming unable to walk, becomes a key to Leo’s response to lack of soothing and holding: he becomes unable to want or demand but becomes paralyzed. Otherwise, he fears, his too muchness will be truly destructive.

A major turning point in the transference occurs toward the end of the first year, when Leo attacks me somewhat ironically, saying that I am trying to prove to him that I am worth something. He says I have a father complex exactly like his older sisters do, that I am trying to show that I am as good as a man, that I can think like a man. Listening to him I understand that his projection of the issue of being a man is also related to
something manifesting in me, perhaps there is a truth to his observation. In this moment of reflecting I realize that my relationship with him, unlike that with other patients, is almost devoid of tenderness; I am hard and constricted. I use my mind constantly, making a point of displaying that I am the one who knows. I suppose my behavior, which he experiences as masculine, must have been a way for me to survive with him, refusing the projection of being too “feminine,” passive, needy, refusing to be someone who can be penetrated and attacked. I listen to him and say that I would like to explore why my “feminine” side does not emerge in our relationship. In this moment I am able to grasp that I use this “masculine” stance to avoid being afraid of him, and at some point I share this thought with him. I ask if it is possible that he, too, is afraid I might attack and hurt him. He replies: Yes, he is fearful of the exact same things. I say we are both afraid, and that my way of protecting myself is not very effective because, just like the other women in his life, I transmit a sense that I might humiliate him at any moment. It seems that the only way not to get hurt is to be what he terms “a man” (“a man” in Leo’s terms being someone who thinks rather than feels, is active and controlling rather than passive and submissive, penetrating rather than being penetrated).

I continue by adding that we are both vigilant because each of us believes we can hurt the other. I hear him sigh in relief for the first time. We are both suddenly allowed to breathe. My fear begins diminishing from that moment forward, and, as the months pass, I experience Leo as softer. I begin liking him, perceiving him as an attractive, pleasant and sensitive man. Leo, indeed, becomes less attacking and the reflective capacities he developed in his previous analysis become more evident.

The dilemma: To be a ‘real man’ and a baby

After the enactment just described, Leo begins to be able to speak of his relationship with his mother in a way that is both reflective and emotionally connected. He expresses the fear that the woman might recognize that he needs her breast, that he wants to suck and play with it. Consequently, he lies back like a paralyzed baby in face of this longing. “It is so unmasculine,” he sighs. The assumption is that a real man is not supposed to need the breast, or play with it, but rather control it. If he does not do the right thing, he might miss his chance – he describes a feeling of constriction that I as analyst can feel in my own body. He needs to be functional and always be ready to eat; if he plays with the food he might lose it all. Now he can reflect and say: “The anxiety that I won’t ‘catch the ball’ ruins the pleasure of playing with the ball. I am afraid to find myself humiliated and shameful.” In other words, at any moment the mother or the breast might disappear, be taken away, like the mother who stops nursing if the baby stops to swallow or look at her face. The metaphors of thwarted interaction evoke the experience of being unable to abandon oneself to sensation or pleasure of one’s own because the object can disappear at any moment.

Expanding further, Leo talks about the sense that he must eat anything that is served to him, must not get up from the table, cannot refuse food.
Subject to the arbitrary breast, powerless and without agency, the paralyzed baby, he is supposed to swallow anything I give him, be polite; he must not spit, bite, take the milk into his mouth and regurgitate it. He must swallow the nurturing milk even when he feels like throwing up, and he is mad that “the world” (the analyst) forces him to swallow everything. When I say something that he finds difficult to take in, he does not answer, but makes a physical movement with his head or drinks some water. In time, we are able to talk about the possibility of his staying with me and expressing his disgust with the unsuitable food that I prepare without it threatening our relationship.

This lack of agency, submission to and resentment of the breast is one aspect of what stands between Leo and a sense of sexual subjectivity. As Stein (1998a) describes it, the erotic comes into existence when the sexuality that at the start was based exclusively on nourishment and satisfaction of hunger moves away from the functional and toward play. But when the functional is compromised, when the basic exchange of soothing and satisfaction is threatened, the erotic, protosexual elements of play also cannot safely appear. Leo talks about the danger of sexual excitement and of enjoying playing with the breast (understood as both the symbolic maternal breast and the real, sexual breast). He feels that he must always be ready so that the moment the breast arrives, he can be active and gratify it by suckling from it. This active, masculine, controlling stance entails a kind of premature renunciation of the passive baby position, of neediness, which would repulse the mother.

In effect, in order to have the breast, he must be in a constant state of active unsatisfied desire – that is, be able to tolerate his own internal tension without help from the mother. “The breast is supposed to feed me, but in order to have it, I have to be in a constant state of hunger, ready for action.” To him, this is the essence of masculinity. “I mustn’t play for play’s sake, I have to open my mouth, swallow, fill up, ‘catch the ball.’ And if I’m not hungry, that means I’m not a man, because real men are hungry all the time, and any real man would have had sex with her by now.” To satisfy the baby one must be a man, in control and completely self-regulating.

There is no room for needing the other or mutual regulation, hence no space for the transition into erotic fantasy surrounding play and sexual excitement. There is no possibility of experiencing the excessive in the safety of interaction by surrendering to an intersubjective process of being with the other. Thus Leo uses gender metaphors to struggle with the traumatic experience of having to manage his own excitement without holding, of being first offered the breast and then denied it. The fantasy of being seduced and then abandoned corresponds to the earlier experience of being excited or aroused, then unsatisfied and uncontained.

The fear of being excited and then dropped emerges as Leo discusses the book, *The Art of Seduction: How to Seduce a Woman*. Interestingly, another patient with similar preoccupations has recently discussed the same book (Atlas, 2015). Leo explains that the trick is to give a woman a lot of attention and then disappear, to write her emails every day and then not at all, to become suddenly distant for no reason. “This is how you make a woman
fall in love with you,” he says, and I take this to mean he is not talking primarily of seducing me but of the fear that I will be doing the seducing, that he is in danger of becoming attached and then dropped by me. The experience of being dropped when his brother was born remains a constant theme.

Leo becomes immersed in the primal mother–infant relationship that he lost prematurely. At many moments it is he who wants the boy, he himself is attracted to men’s smooth and juvenile bodies, and for many years the question remained as to what was Leo’s desire, and was it hetero- or homosexual.\(^3\) The answer might be different depending on the part of self that was being addressed, but this made the question no less pressing: why would he want to sleep with women but, when feeling rejected, console himself by masturbating while watching gay pornography? One way of understanding this was a consideration of how his unconscious longing for what he lost the moment the new baby was born, the baby’s body connected to his mother’s body. Part of this fantasy is about merging with a boyish man, touching his soft, hairless skin, holding him and then becoming him, the loved baby. When the mother is lost to him, he fantasizes the restoration of a soothing connection between mother and baby and becomes able to ejaculate.

**Complementarity and the intersubjective communication**

The problem with excitement, as we interpret Leo’s case, is that access to the nurturing and exciting mother has been blocked, so that joyful anticipation and activity have been replaced by anxiety, emotional engulfment, and inability to self-regulate. Leo, like other patients who express fear of “too-muchness,” carry the feeling that any moment of spontaneous excited play would damage, that is, cause unmodulated anxiety (dysregulate) and invite repulsion or dropping by the mother. Thus, left without a containing other who regulates and recognizes their excitement it becomes a frightening and unmanageable source of tension, finding an outlet in fantasized aggression or paralysis.

In addition, the danger that they would become carried away with excitement and then dropped introduces humiliation, the shame experienced by the fervent, excited infant when the breast is suddenly taken away from him. The infant remains exposed, and as Leo says: “You learn that you’d better calm yourself down before you get hurt, before you realize that you’re a stimulated kid with an erection.” This shame is carried by gender metaphors that become part of the effort to extrude it into the feminine other.

In considering Leo’s case, the tendency toward complementarity (Benjamin, 2004a; Davies, 2004; Racker, 1957), doing what has been done to you, fearing both the harming and being hurt, is prominent. The threat of being

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\(^3\)Our argument here is not that homosexuality is a manic defence against damaged object relations, rather, we merely suggest that in this case the excited sexual self had to be regulated through a self-representation in a fantasy that allowed self and object to play reversible homoerotic roles. We do not see the longing for a restored infant self as exclusively the domain of homoeroticism by any means.
seduced and dropped at the drop of a hat turned into an attempt to control his analyst, to manage her as a source of stimulation, which in turn is felt as an invasion which he fears may cause her to withdraw. Yet this effort at control serves as a poor defense against a lack of self-regulation and holding in the face of insecure attachment.

Given Leo’s efforts to rationalize his plight in terms of gender, his preoccupation with a lack of masculine identity (fear of castration) might easily have occluded the understanding of the dilemma of the baby within the boy. In this mother–child dyad and its reenactment, the lonely baby’s longing for connection feels too dangerous, too much, needing some other form of discharge, and as a consequence he tries to regulate the excited sexual self through a representation of the little boy in homoerotic pornographic fantasy. He escapes from the mother into a functional realm of discharge he can control, although this too may lead to unbearable anxiety.

The turning of tables and self-protection might be seen as a kind of ‘masculinity as masquerade;’ in the complementary transference that ensues both partners are tempted to use it defensively. As Leo initially seeks escape through the position of humiliated/other as a defended position, this in turn triggers the therapist’s dissociation and self-protection in order to keep herself out of the shamefully excessive baby position. At times, during Leo’s early attacks upon women she realizes she is afraid of him, triggering feelings of shame and anger, as well as the fantasy of getting rid of him (see Atlas, 2013). Reflecting on her own feelings, she starts recognizing the ping pong of shame and need: He doesn’t need me, I don’t need him. As long as she denies her feelings, her own need and vulnerability, she mirrors his way of defending against being hurt by withdrawing from the attachment.

Such withdrawals by the analyst, which largely occur dissociatively, often form ongoing enactments that precipitate rupture. As we see, a complementarity can develop around dominance and powerlessness, leading to an impasse in which each partner feels frightened, subject to being dropped, in danger of being invaded or controlled. Each partner is trying not to be too “feminine,” passive, or vulnerable, as the analyst recognizes in her own behavior. We contend that the underlying need for soothing and understanding could not have been freed from dissociation, brought into a shared ‘window of affect tolerance’ where it could be held emotionally, without the analyst’s acknowledgment of the shared process (see Benjamin, 2009). By formulating her own fear and reflecting on her own defensive efforts to be the controlling subject in the masculine position, an acknowledgment made possible by the patient’s challenge and her willingness to explore it. Through this kind of enacted collision and repair (Bromberg, 2011) the analytic relationship slowly develops to a point where both partners trust each other to be able to survive the other’s feelings and tolerate their own and each other’s “wrongness”; they will not have lost everything by doing “the one wrong thing.” Leo can “miss his chance to catch the ball” and still be a man, challenging the internal assumption that there is only one chance before something or someone will be taken away. And the analyst is allowed to breathe and miss her chance to “get it,” because with repeated
experience of repairing rupture a more secure attachment develops in which there is always another chance.

Closely related to the repair of rupture is the transformation of complementarity around shame. Even as we postulate that the lack of mutual regulation has created this dilemma of being unable to self-regulate, the patient feels only the shame of this inability to contain himself. The shame of excess is about the exposure of weakness involved in identifying with the baby parts in the context of being unable to contain oneself. The working-through of this shame in the clinical relationship requires the therapist bearing it with the patient — that is, allowing potentially shameful aspects of desire to be attributed to her with the inevitable impairment of affect regulation that shame involves. From the perspective that encompasses the problem of shame and affect regulation, we suggest that in certain moments of impasse the analyst is tempted to use interpretation to refuse or avoid experiencing both the patient’s shame and her own — a ping pong of shame (Atlas, 2011b). We believe that within the hierarchy that exists between analyst and patient, patients are sometimes required to hold all the pathology and shame; the problem of dysregulation then becomes theirs alone, rather than one of mutual regulation. In our view, however, this is less therapeutically effective than taking the problem into the sphere of mutual regulation. In other words, with patients suffering this degree of shame and dysregulation we can expect both partners to share in the affect and the need for conscious, mutual regulation becomes part of resolving the enactment. Working through the terrors and desires of the early mother–child relationship will stimulate a repetition of fear of harming and being harmed on both sides. Clinical ruptures are thus unavoidable; indeed, they are required to bring into focus the needs and dilemmas the patient has struggled in vain to reconcile. As we see in Leo’s case, the impact the patient had on the analyst must be processed by the analyst in terms of her own reactivity as well as the patient’s history, and the interaction in the couple. This interaction is exemplary for the way the analyst’s acknowledgment contributed both to her self-regulation, helping her to contain and reflect upon her own vulnerability as well as that of the patient. Her recognition served to regulate him by relieving him of the fear of attack and of being harmful, and thus there was a mutual regulation. This coincided with the exhale of relief — a change in both partners’ affect states.

From the relational point of view enactments are a means of allowing otherwise dissociated, sub-symbolic experience to take shape on the stage of interaction (Bucci, 2008; Bromberg, 2011). In many cases analytic acknowledgment — of a failure to recognize the patient’s fear or pain, or a need to accommodate to his pacing — is what successfully concludes an enactment (Benjamin, 2009). Such acknowledgment is not seen as a ‘disclosure’ that constitutes the enactment. This is an example of how recognition of ‘what is going on here’ (Levenson, 2006) at the intersubjective level serves to create affect regulation, thus transforming anxious states into calmer sharing of specific emotions: mutual recognition (Bromberg, 2006, 2011). Acting to effect state change and create safety by formulating the nature of the enactment becomes integrated with, rather than opposed to interpretation.
What follows repair of an enacted rupture, as in this case, is increased reflectiveness in the analytic couple. The analyst can now take up with Leo the underlying patterns in the enactment: rejecting mother and frightened baby, arousing mother and over-stimulated baby, anxious mother and unsoothable baby. By analyzing both the countertransference and the transference the intersubjective dynamic can be seen even as the analyst maintains the asymmetry by her responsibility for self-reflection, her empathy, and her focus on regulating the patient. We note that maintaining the tension between mutuality and asymmetry—meaning the analytic situation as mutual but asymmetrical (i.e. significant differences in analyst’s and patient’s roles, function, and responsibility [Aron, 1992, 1996])—is part of the relational view of the analyst as a co-participant with the patient in a mutually constructed transference–countertransference integration.

We can now see clinically the effect of uniting contemporary intersubjective thinking about affect/tension regulation, recognition with theorizing of excess, and emphasize how within an intersubjective framework excess can be explored in terms of shared fantasies and unconscious transmission. We can identify shared relational fantasies, such as “I am too much for you, I am not strong enough for you,” or “I am afraid you will shame or abandon me,” that ricochet between patient and analyst.

In the process we describe there is a congruence between the affective calming—the exhale, and the symbolic grasp of the fear involved. Holding these two aspects, energetic and symbolic (Benjamin, 2004a), makes it possible to connect to the traumatic failure in the intersubjective area of mutual regulation and gradually modulate the destructive cycle in which the too-muchness of excess leads to the danger in the analytic relationship. The experience that the other is absent or mentally missing, which results in excess of pain, loss, or flooding, is actively countered by the experience that the analyst survives and contains the excess with her thinking—feeling subjectivity. Thus the intersubjectivity of communication begins to hold what was formerly experienced as a frightening, isolating self state in which one is either totally overwhelmed by the other or shut off completely.

**Conclusion**

In relational thinking, working through an enactment is a valuable part of the analytic process, and one of our tasks as analysts is to regain the position from which to re-create mutual regulation in the intersubjective space after enactment. In the analytic dyads we have discussed, the challenge was to create a process of mutual regulation that can gradually contain the excessive, withstand ruptures, and transform that arousal into symbolic play and reflective communication.

In Leo’s case, working through the enactment eventually allowed the therapist to connect to the traumatic failure of maternal holding and to the shamed unmasculine baby longings position, wishing for a real mother whose tenderness and understanding he can reliably access. But we should emphasize that this working through enactment usually cannot occur until both analyst and patient experience the danger (Bromberg, 2006), including
the frightening sense of being too aggressive or destructive. Both therapist
and patient are frightened of the possible rupture such aggression might
cause. The working-through of rupture and dysregulation in the analytic
relationship is related to the problem of excess: we observe a destructive
cycle in which the patient’s fear of too-muchness provokes the analyst’s
self-protectiveness, repeating in enactment the shutting out, excluding, not
containing the patient in her mind, for fear of his invasion aggression. We
have noted the complimentary form of such enactments, in which the pain-
ful shamed position of being unable to manage through self-regulation
alternates with the position of guilt about harming or, in the therapist’s
case, failing to heal. In Racker’s sense, our aim is to shift from complemen-
tary to concordant identification which can only be achieved by becoming
aware of the dissociated reactions of rejection and shame within ourselves
(Benjamin, 2004a; Racker, 1957).

The enactment around the breath, revealed the gendered aspects of shame
of excess – the shamefulness of vulnerability, penetrability and excitement,
perceived by the patient as the feminine position which each partner would
try to avoid. In a typical reversal, the analyst came to embody the position
the patient feared – the position of being exposed and holding the extruded
baby longings – unless she defended herself with the masculine activity of
thinking. However, in working through this enactment the analyst could
transform the feminine position into part of maternal holding and soothing.
Working though the enactment allowed the couple to repair the analyst’s
maternal holding and to modulate the dangerous aspects of passivity and
aggressivity. The symbolization of these aspects, already presented by the
patient and considered by the analyst, now became usable by the analytic
couple.

As the question of disclosure has been a controversial one among
psychoanalysts, we reiterate that we have tried to show how using the
analyst’s subjective experience is potentially a way to break up complemen-
tary ping-pong of shame by holding it in the intermediate space of a
recognizing third (Benjamin, 2004a; Ogden, 1994). Revealing to the patient
his impact on the analyst, as well as the analyst’s defensive effort to claim
the controlling masculine position for herself opened up the possibility of
thinking. Leo develops the ability to reflect on and associate about the
origins of his shame and gender anxiety. Counteracting the debasement of
the feminine position it allowed the patient to integrate a less frightening
and shameful view of the feminine/maternal aspects of subjectivity.

Thus we have tried to illustrate the process of working through problems
of sexual excitement and gender fantasies in relation to trauma associated
with early attachment and lack of maternal holding by making use of the
intersubjective space of enactment. This conception of working-through has
profound implications for understanding difficulties with sexual excitement
and gender representations in light of contemporary thinking about early
affect regulation and intersubjective process.

We have also tried to illustrate the value of analyzing the erotic in terms
of excess, the problem of affect regulation and overwhelming stimuli, to
clarify its relation to early attachment trauma, in this case rejection and
neglect. We recognize that some obviously important content in the case related to envy and rivalry has been less emphasized due to our focus on excess. Our attention to what were classically considered pre-Oedipal issues does not seek to rule out such oedipal interpretations. However, in this paper our focus has been on the proposition that situating the erotic in the context of mutual regulation – understanding the erotic transference in terms of the early maternal dyad – affords an opportunity to work directly with otherwise overwhelming anxieties about abandonment, seduction, and passivity. Thinking in intersubjective terms, we have argued that the ruptures produced by the appearance of excess can be repaired when the therapeutic relationship is opened up to both partners’ experience. The analyst’s ability to ultimately hold and mentalize the experience of excess is not compromised but maintained through the messiness of enactment, gradually allowing the relationship to become a site where the patient’s anxieties can be known and used creatively. As analyst and patient together survive the direct encounter with dysregulation, mutual regulation is re-created and otherwise intolerable levels of pain and longing can be reduced and opened up to understanding. We hope such work enables the individual to bear the inevitable aspects of excess that have stamped human sexuality, finding some path between ‘too much’ and not enough.

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Translations of summary


Lo ‘demasiado’ de la excitación. La sexualidad a la luz del exceso, el apego y la regulación de los afectos. Este trabajo reúne las ideas actuales acerca del apego temprano y la regulación de los afectos, por una parte, y nuestra comprensión clínica y teórica de los problemas de la sexualidad adulta, por la otra. Además de las teorías recientes del apego, incorporamos la idea de ‘exceso’ de Laplanche, un concepto transicional importante que integra la experiencia real con la fantasía en la sexualidad. Elaboramos la idea de exceso – ‘lo demasiado’ – para iluminar el agobio temprano de la psique que afecta la formación de la sexualidad. Ligada a desarrollos teóricos recientes, esta idea ayuda a comprender la relación entre excitación sexual y regulación afectiva temprana, mostrando cómo la excitación deviene

Il ‘troppo’ dell’eccitazione. La sexualità vista alla luce delle teorie dell’eccesso, dell’attaccamento e della regolazione affettiva. Il paper fa interagire il pensiero contemporaneo sull’attaccamento precoce e sulla regolazione affettiva con la visione teorica e clinica che la psicoanalisi ha oggi dei problemi inerenti alla sexualità adulta. Oltre che alle recenti teorie sull’attaccamento, si farà qui riferimento all’idea laplanchiana di ‘eccesso’, un importante concetto transizionale che ha contribuito a integrare l’esperienza reale con la fantasia nella sexualità. Nel nostro studio procederemo a elaborare l’esperienza dell’eccesso e di un ‘troppo’ per gettare luce sul preoccupante spillo che incoraggia la formazione della sexualità. Questa idea di fondo, collegata a recenti sviluppi in sede teorica, aiuta a comprendere la natura della relazione tra eccitazione sessuale e regolazione affettiva precoce, mostrando inoltre come l’eccitazione possa diventare pericolosa, giungendo anche a ostacolare o a distorcere il desiderio. Il ‘troppo’ dell’eccitazione richiama l’esperienza di essere un bambino stimolato, travolto dalla propria esperienza di stimolazione e non calmo da genitori, e ha un’influenza sulla successiva incapacità di tollerare l’eccitazione sessuale e gli affetti che la accompagnano. Questo legame fra trauma dell’attaccamento, ansia relativa alla sexualità ed esperienze (caratterizzate da un vissuto di vergogna) di identità di genere come aree traumatiche verrà illustrato attraverso delle vignette cliniche. Verrà altresì sottolineata l’importanza di elaborare i terori e i desideri insiti nella relazione tra madre e infante per come essi emergono all’interno del trasferimento e del controtrasferimento, al fine di sviluppare la capacità di contenimento dell’eccitazione e delle sensazioni di stimolo senza che il paziente esperiscì la quota di eccesso che è ad esse connaturata come qualcosa di intollerabile. Tale elaborazione riguarda sia le fratture legate al sovraccarico di stimoli sia il delicato equilibrio che all’interno del trasferimento è opportuno mantenere nel focalizzare la propria attenzione alternativamente sugli aspetti della fantasia e sul lavoro intersoggettivo.

References


