

# The Erotic Body

**Dr. Dianne Elise**

What *is* the erotic body? As psychoanalysts, when we contemplate this question of the erotic body, where can such an inquiry take us? Are we referring to the genitals, the genitally stimulated or stimulating body? Is the erotic body a body — one's own or another's — that subjectively is deemed erotic in its appeal? Do we mean a body that is sexually provocative given an erotic focus of the mind? Is the erotic body a state of *being*? Is every body potentially an erotic body?

In this essay, I consider the terrain of erotic embodiment within the analytic field, interweaving Winnicott's emphasis on the psyche-soma with a Freudian focus on embodied libidinal life. When I refer to body, I include the embodied mind, the full sense of embodied self. Merleau-Ponty (2012) wrote: 'I am my body' (p. 151). To experience oneself fully must mean recognizing that, 'I am my *erotic* body'; otherwise, the body-self would be castrated, and no full 'I am' would be possible. My attention is to the erotic body as it can emerge in clinical material that may draw from the parent-infant relation, oedipal experience, adolescent and adult sexuality, and as manifested in the embodied encounter within the intersubjective field of the patient-analyst dyad. Emphasis is placed on bodily experience in a subjective registering of the erotic, both as sexuality and as a more general experience of passion and vitality. My concept of *analytic eroticism* (Elise, 2015a, 2017, 2018, 2019) is utilized to deepen appreciation of the erotic body's contribution to mental growth and creativity within the analytic process.

I want to say that the erotic body is extensive in its manifestations and in its reach, certainly not limited to one or a few body parts. The EB can be any, and every, inch of the body, both as registered externally (skin surfaces — ankle, fingers, wrist, earlobe, nape of neck, arc of nose, curve of hip or lower lip, swell of breast or bicep) and internally ('organ' excitements — quivering heart, butterflies in stomach, eyes dilating, breathing quickened, genital engorgement). The EB is in continual conversation with the mind, even though the intellect may 'tune out' conscious awareness of this exchange.

The erotic body is not restricted to one body but most often involves two or more bodies in interaction, though not requiring that another person actually be present or, if so, that any bodily contact is necessary. The erotic body is felt within oneself about one's own or another's body-self; the conduit may likely be the mind. Vision (including that of fantasy) is often a core feature; our view of a body renders it erotic (or not). Touch and kinesthetic registers are also key. The EB is a body whose nerve endings are stimulated by a mind that is excited. Such mental excitement may or may not be specifically sexual in content. Even when thought content is not directly or overtly sexual, the body is erotic when imbued with vibrant energies. Here I am a Freudian; I am speaking of libidinal energy, which is originally sexually derived and generalized into Eros. Sexual stimulation = erotic energy = Eros = passionate, embodied engagement in life.

The EB is a container, amplifier, and conduit for the subject's libidinal life — life as a libidinal being — giving psyche-somatic expression of the true self, creative living, personalization. Clinically, the EB is inseparable from the mind's inhabiting of the analytic field. The EB is a body that can register an embodied reaction of excitement to a mental intercourse of mutual interpenetration. The EB is a bisexuality — the relation of the penetrating to penetrated (Elise, 1998) — a libidinized, energized flow between mind-body within an individual and between persons — bi-directional.

## **Developmental expressions**

The nude pregnant body is an erotic body, one whose eroticism is often erased from view (Balsam, 2012). Yet, powerful representations of maternal sexuality do appear in art:

Modersohn-Becker depicts the voluptuous, maternal body, enveloping the infant, the intimate birth connection, enveloping the viewer in the connection between the baby and the mother. The sex of the baby may be ambiguous, but not its tie to the mother, the infant claiming her body, as the mother claims her baby, an embodiment of the maternal erotic, through the sensibility of the female artist. (Herschberg, 2020, p. 81)

The mother-infant is an erotic body, the nursing couple an eroticized union (Elise, 1998). Kristeva (2014) gives an eloquent depiction of this pairing in conceptualizing maternal eroticism as the libidinal vitality and investment that a mother brings to her fully embodied engagement with her child.

Thomson-Salo and Paul (2017) broaden our understanding of the sexuality of the infant as it unfolds in the erotic relation with parental figures. An infant's body is one of the most erotic of bodies.

As Freud (1923) wrote, the ego is 'first and foremost a bodily ego' (p. 26). Experience arising from the physical sensation of the body is the original template from which an infant develops an embodied sense of self. This shape of the self would include one's genitals, especially intense in focalized sensation, and thus, the body ego draws upon sexual specificity. Sensate experience of one's genital structure has the potential to lend shape to one's ego — to make particularly salient certain configurations as a sort of internal mapping of the body, the self, and the world.

We see that anatomy can be a source of ecstasy. Physical caretaking of the infant's body within an affectionate, libidized relationship stimulates body-surface eroticism. Parents seduce physically as well as enigmatically (Laplanche, 1992). Infants also seduce parents (Thomson-Salo & Paul, 2017). This erotic relation, as it combines with the child's maturation, culminates in the phallic/early genital phase, leading into the oedipal crisis. Not only is the mind and erotic fantasy expansive, the sexual body is engorged, tumescent — an erection of the penis, and of the clitoris and vulva as well (all of which literally swell with stimulation and blood flow).

The oedipal child is erotically excited, but now with more limited bodily interchange with parents. This would-be oedipal contender is erotically eager only to find less reciprocal interaction as parents pull away from explicit sensual contact that they more freely engaged in with their infant. The small child encounters an erotic failure in being forced to contend with a big/little erotic body polarity that now has sharp consequences regarding one's sexual self and romantic aspirations. Conflicted oedipal fantasy pulls for repression, resulting in the infantile sexuality that lives on in the unconscious, later to be given (often disguised) expression in adult sexuality. Sex often surfaces as a problem for adults and is frequently a focus in treatment, whether overtly acknowledged or hidden. The relation to the erotic body is compromised. The realm of the erotic, now infused with an illicit connotation, is both provocative and suspect, alluring and guilt-ridden. Clinicians frequently experience this conflict in themselves, leading to avoidance.

## **Bringing the erotic body into the analytic field**

If, as I propose in *Creativity and the Erotic Dimensions of the Analytic Field* (2019), psychoanalysis is an erotic project, what is the role of the body, the erotic body, in any given treatment as it unfolds over time? We see that the dyadic analytic field is inhabited by two embodied persons each of whom is hopefully, eventually (re)connected to their own and the other's erotic body. In my own conceptualization, *analytic eroticism* is in play when the erotic mind-body of each of the two participants is engaged.

Ideally, these two — analyst and analysand — communicate verbally about and from within the erotic body through voice and non-verbally with body language that is imbued with differing degrees and resonances of erotic energy. The analytic field needs the presence of the erotic body of both patient and analyst, and between the two, to effectively function — the *erotic body of the analysis* generating a fertile field, allowing for deepening contact with an authentic sense of being. An atmosphere of libidinal energy is seen as a crucial aspect in enlivening the intersubjective field. When fully articulated as an embodied energy potential in both participants, analytic eroticism can offer libidinal engagement within an ethical frame as a stimulus to emotionally embodied thinking that can lead to transformations in many dimensions including the erotic.

The analytic erotic is actively in play in the frame of the setting. With doorways, waiting rooms, hallways, a passing proximity of bodies allows for a more explicit erotic bodily confrontation/communication between the pair. Libidinal energy or its absence is palpably registered. As soon as we see a patient in the waiting room, and they us, we already have exchanged much embodied information. I offer this doorway vignette: a woman analysand in the full throes of an oedipal erotic transference, body brimming with erotic charge, regularly follows her analyst down the hallway who then steps aside to let her pass by, within inches, face to face, into the office. This progression is repeated four times each week, but recently she notices something quite *interesting, exciting*, to her: her analyst is taking a wider and wider arc in nearing the doorway, seemingly feeling no longer 'safe' to be in as close proximity as before. The patient privately interprets this behavior as expressing the analyst's erotic countertransference and thinks: 'You may be stepping away from me, but it is exactly that bodily shift that tells me that I *have you!*' This full frontal bodily confrontation at the office doorway increased her emboldened hum of passionate fervor toward her analyst. She said nothing for quite some time, keeping her sense of erotic triumph — an oedipal confirmation — as a secret inner smile.

We most recognize the erotic in relation to overt sexual wishes. Clinically, these wishes are certainly evident, *though not limited to*, what is traditionally understood as erotic transference and countertransference: embodied genital wishes, both oedipal and adult, express libidinal wishes in one or both participants for a full body erotic embrace. Keeping this eroticism alive, but not lived out in concrete reality presents a significant clinical challenge. In sexual boundary violations, the sexual body has taken over, a 'riptide' (Elise, 2015b) in the erotic seas pulls the pair into actual bodily immersion in an undertow of sexual contact, rather than remaining in the 'as if' nature of the field of transferences.

In sharp contrast to erotic overflow into the Real of boundary violations, a deadening absence of erotic energies may manifest in a patient, or in a clinician, and soon in both as they influence one another. Psychological ill health manifests as an absence of eroticism in the mind-body of the analytic field. We see instead depression, dissociation, cynicism, obsessionality, intellectualized abstraction, affective deadening and other manifestations of arid disconnection from the embodied self. The analyst must fight against an induction into these de-libidinated states that can be so totalizing as to 'capture' the analyst. Being dislocated from one's own embodied eroticism can manifest as boredom, sleepiness, and a disinterested sterilization of the analytic field. A clinician must inhabit one's own erotic body and work to make contact with, or to newly develop, the libidinal vitality of the patient (Elise, 2017). This is a hard job in the best of times.

Currently we suffer a world-wide crisis, presenting us with an unprecedented experience, that poses a significant obstacle to libidinal vitality, more generally and within the analytic field. The Covid-19

sheltering-in-place, in precluding two bodies being in a room together, significantly deprives the analytic couple of their embodied erotic resonances that normally would be taking place in *multiple* sensory modalities. For phone sessions, we are now limited to the audible voice, and it is a voice over a phone line. Silences can feel like complete absences ('Are you still there?'); 'pregnant pauses' are hard to detect. For those using video formats, what can be seen is often disorienting and distracting given the two-dimensionality of a flat screen. I believe the resulting erotic dimming is a key factor in the fatigue that clinicians consistently report in suddenly working entirely via the phone/video.

Treatments risk being depleted of the very energies that would fuel the analytic process. Fatigue reflects depression, long known as accompanied by a marked lowering of libido. The analytic field, now situated within the pandemic, is enveloped by depressive anxieties shared by both members of the clinical dyad. Analytic eroticism can be yet another casualty of Covid-19. The erotic body of each individual and of the analytic couple, with diminished stimulation, can become devitalized. A resulting pull toward demoralization and further de-libidinization of the personal and shared erotic body challenges our capacities to contact and inhabit our *joie de vivre*, a feeling state which I believe provides the foundation of our ability to hold, contain, and *stimulate* the analytic process. Contact with the erotic body is an anti-depressant, generative of a vital connection to the world, and needed even more so in these times of crisis.

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