



## Perfume: A meditation on the countertransferential drama with babies who smell bad

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### ARTICLE INFO

#### Article history:

For the courage of my students at New York University.

#### Keywords:

Smell  
Subjective countertransference  
Drama therapy  
Attunement  
Mirroring  
Role

### ABSTRACT

A Mother's role is to create intimacy and smell is an elemental aspect of intimacy in life and in therapy. Mother and child, therapist and client, metaphorically and literally breathe each other in. Regardless of its effect on us, smell is part of the "mutual perfume" or sensory road map of presence with another human being. Weaving [Suskind, P. (1986/2001). *Perfume: The story of a murderer*. (J. E. Woods, Trans.). New York: Vintage Books/Random House Inc.] the novel *Perfume: The Story of A Murderer* through case examples from her drama therapy practice, the author explores her subjective countertransference and undertakes an aesthetic examination of abandonment and attunement in the therapy as experienced through and evoked by smell. This essay examines Role as a form of therapeutic agency (with particular focus upon the therapist in the role of surrogate mother) that can lead the therapist and client from presence with each other out onto the stage of potential therapeutic change.

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In his novel *Perfume: The Story of A Murderer*, Suskind (1986/2001) writes about how smell affects humans:

For people could close their eyes to greatness, to horrors, to beauty, and their ears to melodies or deceiving words. But they could not escape scent. For scent was a brother of breath. Together with breath it entered human beings, who could not defend themselves against it, not if they wanted to live. And scent entered into their very core, went directly to their hearts, and decided for good and all between affection and contempt, disgust and lust, love and hate. He who ruled scent ruled the hearts of men (p. 155).

This essay will focus on smell as a physical trigger to countertransference, and its impact on me, a drama therapist. Drama according to drama therapist Landy (2008) is an integration of "actions and words, fiction and reality, past and present, thought and feeling, states of over- and under-distance" (p. 246). For Landy, drama therapists work in a dialectical world of metaphor and symbol that considers any single experience through the many truths and many roles that emerge from it.

Suskind's novel is about a sociopath. The story I am telling now is in part about the sociopath within me. It is about the sociopathy that I fear I may have helped to engender in the smallest and most vulnerable amongst us. The story I am telling is also about the loving

mother within me. It is also about my ability as therapist and, within the therapy, to love.

In Suskind's (1986/2001) novel, smell or body odor is understood as essential to our humanness—to lack smell is to lack humanity. Suskind's anti-hero Grenouille is born and abandoned in the slime and putrefaction of a stinking fish market. Grenouille, though, has no bodily odor. His wet nurse rejects him for his want of fragrance. There is no sweet, milky smell on his forehead and no smell in his diapers.

Although Grenouille has no odor himself, he does possess an extreme, even super-human sense of smell. He becomes a perfumer. He discovers that smell controls his visibility or invisibility. So he experiments with creating an odor for himself.

And so, like Grenouille, I will endeavor the *trace odorante* of my experience—my perfume. Smell is elemental to intimacy. Regardless of its effect on us, smell is part of the "mutual perfume" or sensory road map of presence with another human being.

### Drink it in

All of my life I have been highly sensitive to—often seduced by and more often assaulted by—odor. As a practicing drama therapist I have chosen to work with un-served and underserved populations in which poverty, disability, and addiction guarantee me close contact with some of the most malodorous people in New York City. One dear friend and colleague often told me how she coped with the horrible bodily odors of the clients she met in her tiny, windowless office:

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You can't fight it. You have to breathe deeply, drink it in fully. At a certain point the smell reaches critical mass and suddenly you can't smell it anymore. The smell is just a part of the experience of being in the room (Cynthia De Ben, personal communication, September 1995).

I have spent my entire professional career drinking in bad body odor—drinking in the smelliest of humanity to the point of nausea. But despite my friend's advice, I do not believe I have ever really gotten past the smell.

For 5 years, I consulted to the New York City Health and Hospitals Corporation as a drama therapist and play therapist in a therapeutic child-care program. *Drama therapy* employs the purposeful use of drama and the media of drama in the service of traditional therapeutic goals. Drama therapists work with individuals from all age groups who have a variety of medical, psychological, and cognitive disabilities. Drama therapists, primarily, listen to stories, tell stories, and enact stories with a particular interest in the roles that emerge and get played.

The city program served infants, toddlers, and young school-aged children of substance abusers. Participating children had active cases with child protective services (ACS); they had already been identified by the system as victims of abuse or neglect. Most of the children smelled bad: cat or human urine, mildew, dirt. The most upsetting sources of smell were the 2- and 3-month-old infants. Their potent smells powerfully affected my work with them.

The processing of smell occurs in the limbic system of the brain. The limbic system is the primitive, emotional center of the brain. Emotion and the senses are, naturally, inextricably entwined. Music therapist Austin (2002) writes about the “reciprocity between the physiological and the psychological effects of breathing. . . . The way we breathe influences how we feel and what we feel has a direct effect on how we breathe” (p. 5).

In psychotherapy, the range of emotions experienced by the therapist as a result of the therapeutic encounter is referred to as *countertransference*. According to psychoanalyst Jung (1983), the term countertransference refers to an entire body of feeling that the therapist experiences towards the patient. It exists, for Jung, in response to *transference* in which the patient begins to transfer feelings (whether positive or negative) onto the therapist. For example, I can begin to experience my therapist as my mother and transfer my feelings about my real mother onto my therapist.

According to Landy (1996), Sigmund Freud understood that the heart of therapy was the transition from the narrative—“and then this happened to me and then this happened”—to the enacted process. When the patient declares one day, “You sound just like my mother when you say that!” there will be a countertransference: the therapist's emotional response to the role that he or she is cast in and the use of that phenomenon in the service of the treatment. For Freud, the successful resolution of the transference was the essence of a good analysis.

Landy (1994) calls the transference process “a universal dramatic phenomenon” (p. 109). It is an inverse transubstantiation in which individuals become archetypes or symbols on the stage of the therapeutic encounter—the blood becomes the wine. In this process client and therapist alike enter a symbolic role-play that can support salutary change. The transference/countertransference phenomenon is essentially, therefore, imaginative. It is an operatic aria of feeling and fantasy sung only when the players are able to step out of the action and address the symbolic audience directly.

In drama therapy there is a vital distinction between induced feelings and actual countertransference, which occurs when, as Freud suggested, roles emerge. For example, countertransference

is present when feelings move beyond an experience of tenderness for a child into the evocation of mother or child roles within the therapist or within the therapeutic encounter. It also arises when feelings of depression during a session give way to the role of Suicide within the “play” of the treatment. Countertransference can be regarded as the symbolic experience of humanity on the therapeutic stage.

In this essay there are three symbolic experiences or perfumes that I will attempt to compose—the perfume of the Therapist, the Infant, and the Mother. Each exists in relationship to the other. It is this mingling of scents in the empathic dance that is important.

While this mediation is about my work as a drama therapist, it is my hope that creative arts therapists from other disciplines will find the mediation useful in thinking about their own work. In our shared creative therapeutic disciplines, the body and the embodied experience serve both as our elemental therapeutic tools and as our guide.

Lastly, in order to protect the confidentiality of everybody but myself, all identifying information has been removed or changed. This is about me (and you, the reader)—that is, my (our) subjective experience.

### The perfume of the infant

In concocting a smell for himself, Grenouille, like the good sociopath that he is, takes pleasure in fooling people: “. . . the others noticed nothing, nothing, nothing whatever. . . . that they could inhale his concoction of cat shit, cheese and vinegar as an odor just like their own and accept him. . . . a human being amongst human beings” (Suskind, 1986/2001, p. 150).

Before I met Precious, I met her smell. She is not a 2-month-old baby across the room; she is stale cigarettes, urine, mildew, old poop, and cheesy funk filling my nostrils. I come closer to greet her and resolutely breathe deeply. I can feel disgust rising up entering my core, making me nauseous. I can hear my dark heart speak the words to this girl that I can never give voice to, that I can barely own in my shame. “You disgust me. You are revolting. I engage with you not out of curiosity, but duty. You are my job. There is no love for you here.” I examine her from head to toe. A hat covers a head crusted with cradle cap. Her pink clothes are dirty. But worse, the sweet curled baby feet that I can fondle as I make eye contact with her, those feet I can squeeze while I watch her tracking an object and mirror her, those feet smell horrible. They smell of old cheese. They smell worse than an adolescent boy's sneakers. I recall the weeping legs and scabbed feet of a homeless man with whom I once worked. Her little feet smell like his rotting flesh.

The socks are grey with dirt. Have they ever been removed, I wonder? I slowly roll the socks down, literally peeling them away from the infant's flesh, leaving white cotton threads on her ankles. I get warm water and baby soap. I bathe her feet. I put lotion on them. We are not permitted to bathe the infants ourselves but I tell myself this is a sensory integration activity, infant stimulation. Witnessed from outside, the encounter would look like normal infant stimulation seen in any early intervention program. It could even resemble a loving or redemptive act.

But this is selfish. I cannot stand her smell. I am not the female sinner bathing Christ's feet in supplication. I am rageful, hostile, trying to make my day a little more bearable. I have shot the messenger. I have blamed the victim.

Her feet cleaned and moisturized, I now touch Precious with greater ease. I can begin to see her. I am ready to engage. But there is a far away look in her eyes. She does not see me.

Malodorosity often indicates ill health and decay. Anyone who has spent time in a nursing home or hospital or come upon dead vermin can recognize the smell of rotting flesh.

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