SEXUAL ATTRACTION IN THERAPY

CLINICAL PERSPECTIVES ON MOVING BEYOND THE TABOO – A GUIDE FOR TRAINING AND PRACTICE

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Knowing but Not Showing

Achieving Reflective Encounter with Desire – A Relational Psychoanalytic Perspective

Doris McIlwain

In handling sexual desire that arises in the course of psychotherapy, Freud (1915/1957) notes that one must neither gratify nor suppress desire, suggesting that 'the course the analyst must pursue . . . is one for which there is no model in real life' (p. 164). The pursuit is perhaps like the petals in Pound's (1911) poem, 'and as the petals of flowers in falling, waver and seem not drawn to earth' (p. 22), hovering, seemingly resisting something as powerful as gravity, as sexuality. In sustaining an intimate, honest and safe relationship between psychotherapist and client, delicate, courageous art is entailed. The challenge posed by sexual desire in psychotherapy is, firstly, an epistemic one: is it me or is it them; or, more likely is it in-me-out-there? One has to entertain the feelings long enough to get the message, to locate the source(s). So, forms of avoidance promoted by fearful ignorance, shame or guilt are unhelpful. Fearful ignorance, like feeling that attraction is synonymous with a boundary violation or that it should not be happening if one is a good therapist, can produce shame and attempts 'not to know' that desire is present. The perils of cognitive and affective avoidance are considerable, including the enhanced possibility of acting out those desires. Where barriers prevent recognition of desire, we can try to discern telltale signs of its presence, can try to snoop on our own unconscious, or be alert to signs in colleagues and friends that they may not be picking up themselves. In the course of this paper, I use quotations from interviews of therapists from Sydney, Australia, by my former

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doctoral student and now colleague, Dr Anthony Arcuri. I am indebted to Anthony for permitting me to use his interviews in this way. The candour and ease of the interviews addressing a very difficult topic are testimony to his skill and warmth. Any errors in the use of quotations are my own.

In handling desire, one first has to permit it to unfold, rather than distort or detour therapy in defensive directions to shore up one's own peace of mind. This courage is necessary to avoid taking a stance that someone else in the client's life may have taken in the past: bystander (Rachman, Kennedy, & Yard, 2005), frightened abandoner, seduced authority who indulges in fantasies, smiling exploiter, briskly businesslike overcompensator or intrusive policer of desire. One has to be open to what the arrival of sexual desire in therapy means for the client, and this requires being open to signs within oneself. This is part of the epistemic problem, since some forms of therapy suggest that certain feelings and impulses within oneself may be due to a client's communicating by impact – making one come to know how he/she feels by inducing that feeling in the therapist. So just because the sensation comes from within one's own bodily economy is not a sure-fire sign that it is 'all one's own'. Sorting out such instances of projective identification (Ogden, 1979; Person, 1985) from mutual attraction, or from one's own unfinished business, is intensely problematic.

If one regularly experiences attraction to clients, chances are there is some unfinished business of one's own requiring supervisory input or further therapy. If it is an unusual occurrence, it could be that this client has brought feelings to the fore that have long lain dormant, or it may be that on the part of the client, some scripting into a role, enactment of experiences that escape language so far or acting out of conflicts is occurring, in which case their impact on the therapist still implicates the therapist in some way if an answering desire is promoted. I am reminded of Person's (1985) reference to erotic transference (where transference is the reproduction in the present of templates of loving established in past relationships), where there is 'some mixture of tender, erotic and sexual feelings a patient experiences towards the analyst' as being both 'goldmine and minefield' (p. 162). The same is certainly true of erotic countertransference.

Sexual longings arising in therapy may have diverse sources. Many writers have spoken about their possible origin with some seeing them as a recreation of past trauma by the client (Rachman et al., 2005), as a sign of a perverse client's early relations which 'the patient recreated with myself, filling me with excitement and titillation whilst rendering me

powerless' (Luca, 2003, p. 660; see also Dujovne, 2002), as a co-created impact of client on therapist, as analyst's unfinished business, or as real love where one must refer on and wait 2 years.

Desire in the Therapy Room

When a client reproduces in the present old templates of what was required in the past to sustain love (transference), therapists may feel scripted into feelings and longings, drawn into relationships and actions (countertransference) that they do not recognize as arising from unconscious 'unfinished business' within themselves. Sexual attraction may arise in just such a way. When sexual attraction enters the therapy room, it is not at all transparent as to what that means. As one therapist said of sexual attraction to clients (in an interview with Dr Anthony Arcuri), 'sexual attraction could mean a whole lot of different things besides just the sex, like, if you look at it, it's not just sex. Like, is sex just sex anyway?'

Sexual desire might be an enactment by the client in recreating dissociated elements from the past. As Giesbrecht, Lynn, Lilienfled, and Merckelbach (2008) note in their meta-analytic review of dissociation, there are two forms of dissociation: detachment (incomplete information processing, preventing connections between component emotional processes) and compartmentalization (discernible empirically by performance fluctuations across states). Kohut (1971) distinguished the horizontal split of repression from the vertical split of dissociation. In the horizontal split, there is a divide between conscious and unconscious, while in the vertical split, consciousness is divided. In describing the form of dissociation closest to the vertical split, Prince (1914) suggests that due to past trauma, a person may have difficulty synthesizing 'sentiments and emotions of a certain character, i.e., those which pertain to certain experiences, to certain systems of remembrances' (p. 499, cited in Berman, 1981, p. 283). This lack of synthesis between 'systems' is a form of psychological partitioning. For Kohut, the split was such that we could not 'look over' partitions within the psyche; for example, in narcissism, vulnerable aspects of the self were separate from the grandiose. Self-states can be quite separate, partitioned-off compartmentalizations of conative, affective bundles, resulting in a fragmented versatility of self – a self like a pack of cards. One cannot 'look over the partitions' between such self-states, because, as Bromberg (1996) notes, within a single dissociated strand of personality, an observing ego is not present, since an observing ego relies on discrepancies and linkages between states or strands. Where desire that

arises within a client in a therapeutic situation is split off, and where it is not open to being symbolized, it is likely to be enacted. It is the therapist who might add the ability to reflect in such a moment, to recognize enactment and to discern that scripting is occurring, whereby they feel impelled to respond in particular ways. As one therapist noted, 'And that is part of the training, isn't it? To be able to stand back when the client wants to get you into a certain tango, like, he gets into a victimisation role, and wants you to be the persecutor'. Bromberg (1996) suggests that intersubjective negotiation is especially vital for those whose personality is dissociatively organized.

The task of the therapist is to allow what may be a client's previously unformulated experience to arise in safety so that the client might find the 'words to say it'. The therapist must be able to reflect on being scripted into impulses to act and on feelings that have an ego-alien quality. The epistemic challenge hinges on the therapist's being able to entertain the possibility that he/she is encountering a client's dissociated material, and/or her or his own unconscious material that has never arisen before. This may be the unique impact of this client on the therapist, or something personal, beyond handling in the therapeutic situation. In the latter case, after seeking supervision, referring on may be the best option. If it is in part how a client is able to get personal needs met, or if he/she bypasses intimacy needs by privileging the sexual aspects of that intimacy, the therapist needs to feel comfortable with him or herself being viewed as sexual, as desired, and be able to reflect on it when an answering personal desire is evoked. There are many barriers to being comfortable with this.

Recognizing the Relevance of Sexual Desire to Psychotherapy

One such barrier is only seeing the occurrence of desire as a problem, but apart from that, as irrelevant to therapy. This is difficult to recognize as a form of avoidance since some systems of therapy do see it as irrelevant. Such a view impedes practitioners within that system of thought in being able to discern possible useful meanings in the occurrence of sexual desire and options to handle it. To avoid the possible significance of its occurrence is, perhaps, the theoretical equivalent of what relationally oriented psychoanalytic clinicians call 'attending away' when describing how processes remain out of awareness. Rather than a forcible removal from conscious awareness, there is a failure to accord

meaning and significance to certain events, a failure to link them up to other mental processes, or to find words to express them. Thus, the occurrence of desire for a therapist in a system that accords only problematic significance to it may, like other dissociated processes, remain split off, with the experience of desire remaining unsignified in language and unintegrated into life narratives.

It is common in the pursuit of 'rationality' to assume that one must minimize feelings as early as possible in the process of their unfolding so that they do not taint and disrupt our view of the inner world and external circumstances (McIlwain, 2009). This assumes that they will actually have less effect if ignored. Appraising feelings in advance, pre-emptively, via schemas, does seem to be a less costly way of managing them rather than 'mopping them up' after evocation (Richards & Gross, 2000). However, one has to have come to know feelings and desires rather well to know, in advance, how to appraise them in optimal ways, and to do so pre-emptively. This is not the same thing as avoidance. Pre-existing schemas are helpful; knowing about the many things that sexual desire might signal in advance of its emergence and what to do about it is helpful. Modulating emotional expression, once aroused, is costly: inhibiting memory for incidental details, diminishing emotional vividness in the moment and weakening the narrative structure of recall (McIlwain, 2006) are not conducive to optimal clinical memory or presence.

Desire Doesn't Happen to Good Therapists

Pope, Keith-Spiegel, and Tabachnick (1986) suggest that Freud viewed countertransference (introduced by Freud as a term in a 1909 lecture; Freud, 1910) as an irrational or distorting reaction to the client's transference, which led psychotherapists to believe that their sexual attraction to clients represents a therapeutic error to be hidden or be ashamed of. Freud suggested that the therapist might 'recognize this countertransference in himself and overcome it' (p. 143). Mann (1999) nominated Freud as having a powerful influence on psychotherapists' attitudes towards sexual attraction to clients by his having declared in 1915 that psychotherapists should handle erotic countertransference by means of repression. Freud (1915/1957) declared it to have crucial informational import: 'the phenomenon signifies a valuable piece of enlightenment' (p. 159), seen in context (as having arisen in a particular situation of intimacy and uneven power) and with humility. Yet there is much shame in therapists about the occurrence of desire.

Shame

Handling the emergence of desire via interpersonal forms of coping was rare in the interviews. There was a real reluctance to take it to supervision; it was seen as 'so hard to tell others: everyone says they need to be incredibly strong to do that'. One therapist offers an interesting pair of views on seeking supervision. When viewed as largely the therapist's attraction, the response was one of handling it alone: 'I don't think I would speak with my supervisor'. If it were seen as a client's attraction, the therapist's preferred response is markedly different: 'if it was coming from the opposite side, I would consult immediately with a supervisor'. The decision may be based on perceived manageability of desire; it may be shame about her desire in a therapeutic context. What is evident here is that a tacit distinction is being made between handling desire that arises from oneself and handling desire that arises from the client. Intersubjective exploration of the basis of that distinction would be fruitful. Therapists were very clear about attributes of a supervisor sought: an open-minded, warm, experienced, receptive and uncompetitive person who was able to normalize the experience. These are the kinds of attributes likely to minimize vulnerability and shame in discussion and exploration.

Professionally, the occurrence of sexual desire and its handling need to be recognized, not just as an ethical issue but as requiring skills to handle it which are at the heart of good technique. It is counterproductive for such experiences to be compartmentalized or partitioned off due to shame. At points of challenge and growth as a therapist, such as the occurrence of sexual desire for a client, compartmentalization is diminished by intersubjective reflection such as that provided by supervision, enhancing individual reflective function to permit 'looking over' vertical partitions within the psyche and enhancing integration. Loewald (1988) suggests that the ego is in fact 'held together by libidinal, erotic bonds which in their basic nature are not different from those bonds obtaining in object relations' (p. 24).

In contrast, shame can fragment us, can isolate us from the support of colleagues and supervisors, and also diminish the integration of emotional experience (EE) via producing partitions or vertical splits and via promoting incomplete information processing and, thus, detachment. Responding with shame to felt emotions can undo links between elements of emotion experience or prevent the formation of such links. Working longitudinally with young women [with a verified history of childhood sexual abuse (CSA) who have experienced shame and humiliation], Negrao, Bonanno,

Noll, Putnam, and Trickett (2005) show how normally interlinked emotional processes become separate; they found dissociations between facial expression and verbal avowal with those who do not disclose to a new interviewer their history of CSA, showing more non-Duchene smiles, smiles of appeasement and shame rather than of pleasure (Negrao et al., 2005, p. 97). These specific dissociations may be an adaptive form of coping for those with a history of trauma.

Even without having experienced the full shock of trauma, many people avoid fullness of feeling to cope with emotions that arise that they cannot soothe. Full EE is a multicomponential process. Powerfully influenced by the bodily clout of emotion, EE is shaped by manner of attending (reflective or immersed) to it and of appraising it (as a synthetic whole, or analytically in parts). Taking the emotion of joy as an example, I might experience it as a synthetic whole ('I feel joy') or discern it analytically in parts ('my breath is shallow and I feel light, like running'); I might be reflectively aware of it ('the world seems much brighter when I feel joy') or just immersed in it ('what a gorgeous world!'). With the experience of desire, one's aim is to be reflectively aware of the mingling of present experience and evocation of the past; for example, 'this person is evoking for me that character I found so attractive played by Hugo Weaving in the film *Cloud Atlas*', integrating the meaning of desire in terms of personal history, permitting personal exploration of its significance. Some of the therapists we interviewed seemed to take the experience apart appraising it 'analytically' (in Lambie and Marcel's sense); specifically, they sought to separate thought and feeling as a coping strategy. This disrupts the integration of components of desire. Desire might be felt in a fragmented way: 'what's that clenching in my belly and why is my heart racing?' Uncannily enough, even when the actor has no phenomenological awareness of the bodily signal, it is there for observers to discern. Observers might correctly attribute desire (or anger or anxiety) of which the bearer is entirely unaware (Lambie & Marcel, 2002).

Barriers to recognizing desire may play out differently across genders as Person (1985) notes. She first sets in place Gill's (1979) distinction between 'resistance to the awareness of transference', where it is transference that is resisted and which she suggests commonly occurs in male patients, and 'resistance to the resolution of transference' (Person, 1985, p. 172), where it is the transference that does the resisting and which is commonly found in female patients. This reflects both cultural constructions of femininity and masculinity and also early object relations (p. 173). Person notes that women's embarrassment at 'presuming to be found "sexual" and erotically desirable despite the patient's disclaimers also

serves as an impediment to interpreting the resistance to the erotic transference' (p. 172). In short, women may be left holding all the desire as the male patient re-enacts but disavows desire. As one therapist noted, the client may create a 'tango' where he 'gets his needs met by trying to attract people sexually. He may be adept . . . look at what's happening in the relationship. It gives a window into what's happening in the client's psyche'.

Therapist discomfort with and avoidance of awareness of desire can shape therapy in ways that manage (or titillate) the therapist's emotions; one therapist noted that he asked 'questions that I know if I weren't attracted to her I wouldn't be asking'. Avoidance can result in shifting focus from client to self, can cloud judgement or lead to overcompensating. It can change the therapist's role: 'giving them options and answers, and providing advice . . . much as you'd do with friends'. It can leave the therapist vulnerable, caring about how she or he is viewed, or as one therapist noted, 'keeping that client on when it's really time to terminate, or keeping that client on when it's time to refer on'.

In an attempt to overcome motivated avoidance, one can snoop on one's own unconscious by noting behavioural signs that, were one to observe them in another, might indicate attraction. These include noting that one might be looking forward to certain clients' sessions and preparing more, getting dressed up, being more flexible with times and stepping out of role. Ways of avoiding disruption when one notices such signs include maintaining boundaries of a physical nature, like not scheduling as final appointment in the day a client who has inspired a tendency towards getting dressed up, and boundaries of a straightforward psychological nature, such as ensuring that one is being consistent across clients in flexibility offered with times and cancellations.

An alternative to taking a slightly behaviourist approach to snooping on one's unconscious and handling desire that is being avoided entails allowing the desire to form so that it has a fully phenomenological character, can be fully experienced, and explored as to its possible contributing causes and meanings. This course of action requires skills that are most likely to form with supervisory input.

Allowing Desire to Form

Courage is required to allow the experience of desire to form, to own it and take responsibility for its co-emergence, as this brings conflict into the picture. Responding with shame avoids this conflict but makes it less

likely that an experience will be owned and integrated into one's personality and life narratives (McIlwain, 2003, 2010). Refreshingly, clinicians focused on the 'information that it would give about one's personality. Why am I attracted to this person, what did I find attractive?' Another sought to learn 'about their own vulnerabilities', another owned the experience: 'I am attracted, so it's something about me that has entered the equation'.

Subtle psychological boundaries are required to handle desire which has been allowed to form. They entail having 'a private life' in the presence of another, requiring expressive control. Such privacy has limits since unconscious-to-unconscious communication occurs. In my view, expressive bracketing is a form of neutrality.

Contemporary depth forms of psychotherapy, particularly relational psychoanalysis, have called into question the advantage of therapist 'neutrality', suggesting it creates an atmosphere inimical to empathy by evoking a 'sterile operating theatre' and a certain 'coldness of feeling' (Mitchell, 2000), and may repeat experiences of abandonment and neglect for certain clients. Freud (1915/1957) also noted this in his recommendations regarding handling the countertransference: 'The treatment must be carried out in abstinence. By this I do not mean physical abstinence alone, nor yet the deprivation of everything that the patient desires, for perhaps no sick person could tolerate this' (p. 164). Freud's positive recommendations hover between opposites: neither gratification nor suppression; 'It is . . . just as disastrous for the analysis if the patient's craving for love is gratified as if it is suppressed' (p. 164). He advocates work on the part of the therapist so that the client can experience safety and spaciousness. She should 'feel safe enough to allow all her preconditions for loving, all the phantasies springing from her sexual desires, all the detailed characteristics of her state of being in love, to come to light' (p. 165). Andrea Sabbadini in Chapter 9 of the book illustrates how the Freudian tension of 'neither gratification, nor suppression' appears in analytic work.

Neutrality need not be coldness of feeling, nor a failing to recognize the presence in the room of two people (and two sets of unconscious processes) co-creating a therapeutic relationship. But if there is sexual desire on the part of the therapist, how can we be optimally open to the informational import of such inner signals while managing their intensity? Handling entails recognizing that desire is there in the moment, interrogating its origins and meanings, retaining a receptivity and openness to its significance for self and client, while skilfully modulating its expressive display. Difficult as this may be even in hindsight, it is likely to be most challenging in the ongoing moments of therapy, without considerable skill.

Having a secret desire partitions us, where one part of us knows something another part of us does not know, literally undermining personal integrity. Ironically, the solution I offer is a combination of conscious use of a reflective form of detachment and mindful partitioning called 'facework'. We may achieve this through what Anzieu (1981) calls a reflective encounter with desire rather than an expressive encounter.

The Sublimation of Facework: Knowing but Not Showing

Facework entails the skilful uncoupling of features of emotion. It is a skilful disaggregation. It requires past reflective processes of allowing desire to assemble, a history of having and expressing feelings and desires, accompanied by fully conscious, phenomenal states. In this way, EE is truly mental and does not bypass conscious awareness towards procedural enactment, whereby the expressiveness of the body will give too much away. This history is then followed by an apprenticeship in the disassembly process, where one acquires skills in (with reflective awareness) deflecting full expressive display. The result is a 'resonant neutrality', useful as a means of handling sexual desire. In skilful disaggregation, one might let desire form to get the full message, but once the intensity of the action tendency builds, the body is likely to speak, so modulation is required. Of crucial import is minimizing the expressive burden of one's experience on the other. It is hard work.

Hochschild (1983/2003) studied airline staff coached in 'feeling rules' and 'required to induce or suppress feeling in order to sustain the outward countenance that produces the proper states of mind in others'. Suppression alienates the person from their emotions: 'feeling is thinner, less freighted with consequence'. Facework is not suppression, but sublimation, a form of mindful dissociation that includes the whole bodily economy. If too much has to be controlled, one loses spontaneous warmth and presence, concerns that might be weighed to deciding whether to refer a client on.

With facework, displays of emotion are a spontaneous blend of one's inner experience and therapeutic requirements. Hostage negotiators also require such skill, where successful negotiation entails sensing others' feeling and one's own, yet keeping control of reactions that may harm the process or the other if revealed too soon, or sometimes if revealed at all. Much may hinge on success, from the lives of innocent people in hostage negotiation, to the continuance of therapeutic contact. Straker (2007)

describes an agonizing moment of (what I term) facework when doing therapy in apartheid-era South Africa with a young black revolutionary worker who divulges in an instant that he had participated in the necklacing of a woman suspected of being a police informer. The demands experienced by Gill Straker were such that she momentarily experienced a disruption in thought itself, but she managed to stay present to the client against all odds. Such skills must be contextually sensitive, requiring moment-to-moment awareness.

Handling Desire in the Moment: Being Prepared to Be Found Wanting

Freud recommended honesty if we do return clients' feelings, but advocates 'not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check' (p. 163).

The therapist must be willing to be found by the client, not cold or absent and denying feelings that will do damage to the intersubjective reality of the client. So facework must be conscious, tailored to the psychoaffective history of the client. If it is achieved skilfully, it can achieve a nuanced accommodation to the client in a breathing, dynamic relationship that captures the client's state on the day, phase of transference and nature of therapeutic alliance. It is less likely to repeat experiences of neglect (for a client) or seem cold if it is achieved with mindfulness and alignment of consciousness, concepts more fully explored by Blonna in Chapter 6. Epstein (1995) suggests bare attention: 'the clear and single-minded awareness of what actually happens to us and in us at successive moments of perception' (p. 110). In bare attention, one may be compartmentalized, focusing only on what is arising now. That may be a conscious alignment in the moment. There can be a loosening of the integration of a sense of self that is adaptive. Loewald (1988) refers to a 'differentiated unity (a manifold) that captures separateness in the act of uniting, and unity in the act of separating' (p. 24). Bromberg (1996) suggests that there is a normal multiplicity of self-states; moving between them with reflective awareness might be part of the skill of a therapist. Goldberg (2007) suggests that what is distinctive about analysts is 'our personal self-reflection'. This 'I' or reflective knower is enhanced by the sublimation of facework that permits a recursive loop on the self.

Part of one's desire goes to the world (or other, or object), and part can loop back to witness oneself as desiring. In this way, one can aspire

to reflective containment, a sublimated bracketing of impulses so that one can still reflectively gain information. There is a split between being and seeming; one knows but does not show, and this may have a trade-off for authenticity (Geeves, McIlwain, Sutton, & Christensen, 2013), but authenticity is an ideal that one may approximate only asymptotically if one accepts the reality of unconscious processes and motivations.

Via the resonant neutrality facework offers, the therapist may be alive to primitive desires as a basis for understanding the wishes, impulses and fantasies of those with whom they work, but, says Whitebook (1995), 'he is only analyst to the extent that he has concurrently sublimated those desires . . . into a consistent investment in knowledge and in fostering the patient's autonomy' (p. 240). In the course of therapeutic work, there are fresh encounters for therapists with new material.

Having achieved a certain fullness of desire in the past, one is schematic for conditions of its occurrence and less impelled to act, retaining access to feelings and impulses as sources of information. Therapists' attempts to bracket their own impulses, emotions and values to 'evenly hover' aim to give space to the client's voices and urges in a relationship where he/she is safe and free from interpersonal indebtedness, judgement and exploitation. To conclude the chapter, I summarize some therapeutic qualities necessary in the handling of sexual desire in therapy.

Clinical Strategies

- Forms of avoidance promoted by fearful ignorance, shame or guilt are unhelpful.
- One must permit sexual desire to unfold, rather than distort or detour therapy in defensive directions to shore up one's own peace of mind.
- If too much of oneself has to be controlled, one loses spontaneous warmth and presence, concerns that might be weighed to decide whether one has to refer the client on.
- The aim is recognizing desire, interrogation of its origins and meanings, retaining a receptivity and openness to the information it has about self and client, while skilfully modulating its expressive display.
- Courage is required to allow the experience of desire to form and to be discerned synthetically as a whole, including owning it and taking some responsibility for the co-emergence of desire.
- Modulating intensity of desire requires a conscious partitioning and an alignment of consciousness in the moment.

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