Being seduced: Trainee therapists' reactions to and handling of client sexual attraction in therapy[1]

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Abstract**:** This study explored how trainee therapists react to and handle client sexual attraction (SA) in their work. Qualitative interviews were conducted with 12 volunteer trainees of counselling psychology and psychotherapy who responded to an advert. Transcripts were analysed using constructivist grounded theory (GT). The conceptual stages developed highlight the difficulties trainees experience in relation to client sexual attraction: conflicting feelings and anxious professional beliefs encapsulated in moralistic reactions, culminating in defensive handling of sexual attraction. These psychological conditions seem to be a strategy for professional survival. The trainee experience is captured in the core category: Moralistic Responses to Sexual Attraction and Defensive Handling, associated with a climate of fear that client sexual attraction could potentially influence the therapist into behaving unethically. The study found that trainees believe that professionalism is free of sexual feelings whether these are client, therapist or mutual.

Keywords: sexual attraction in therapy; trainee counselling psychologists and psychotherapists; moralistic responses, defensive handling, constructivist grounded theory

Literature on sexual attraction in psychotherapy relationships before the 1980's was limited to some brave admissions by psychoanalysts who experienced sexual feelings, fantasies and desires for their clients (Rappaport, 1956; Searles, 1959). These were grounded in the erotic transference and countertransference concepts first developed by Freud in his landmark article Observations on Transference Love (1915). In this, Freud drew attention to the importance of neither gratifying the patient's craving for love, nor suppressing it. Sexual attraction in therapy has been, since Freud introduced

'transference love', conceptualized as erotic, erotized transference and countertransference (Blum, 1994; Bolognini, 1994; Bollas, 1994; Bonasia, 2001; Davies, 2003; Gorgin, 1985; Gould, 1994). The historical avoidance of the use of the term 'sexual attraction in therapy' may be explained from a moral perspective demanding neutrality in the psychotherapist.

Freud's papers on technique (1912/1957) set out prerequisites for professional analytic relationships designed to protect analysts from acting out unprofessionally. Abstinence, evenly suspended attention, neutrality, confidentiality and anonymity were designed to encourage the transference and

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help patients overcome resistance. Psychoanalysis recognised early on that psychotherapists were not immune to unprofessional behaviour and the frame (Millner, 1952) was intended to protect therapists and clients from enactment. Physical and sexual boundaries between therapists and clients are today at the heart of a secure, professional frame and form the sine qua non of ethical codes for practice. For example, the Council for Healthcare Regulatory Excellence (CHRE, 2008) requires that: "All healthcare professionals must be self-aware and recognise behaviours which, while not necessarily constituting a breach of sexual boundaries, may be precursors to displaying sexualised behaviour towards patients" (p. 4). Transgressions from the frame can lead to serious sexual boundary violations eroding clients' trust and causing them harm (Gabbard, 1997). Therapists' sexual involvement with clients is therefore a violation of the principles of abstinence and therapists are required to abstain from using clients for their own personal gratification (Simon, 1991).

The recognition in the 1960s that sexual involvement between therapists and clients was widely occurring despite the proscription of such relationships, led to several studies on sexual attraction in therapy mostly focusing on sexual transgressions, their meaning, consequences and the harm they cause clients and therapists (Epstein, 1994; Gabbard, 1997; Gabbard, & Lester, 2003; Kernberg, 2004; Thomson, 2006).

Some literature found that sexual attraction evokes shame, guilt and anxiety in therapists (Bouhoutsos et.al., 1983; Borys & Pope, 1989) with the risk of early termination and compromise to therapeutic work. Recognition of the negative impact that sexual attraction posed to therapy relationships prompted exploration of the therapeutic potential with other studies (Hatfield et al., 1985; Giovazolias & Davis, 2001; Rodolfa et.al., 1994), attempting to normalise erotic feelings in therapy, by suggesting that therapy encourages intimacy and that "the content of the revelations and the process of revealing is a form of erotic, or erotically charged activity" (Shlien, 1984, p. 171) in itself.

Despite the growing recognition that erotic desire in therapy can be therapeutic, the shadow of sexual transgressions continues to render the erotic a taboo subject as Lear, (1990, p.15) asserts: "love has become almost taboo within psychoanalysis". Green (1995) spoke explicitly of his concern over the marginalisation of sexuality and the erotic, while Kumin (1985) used the term 'erotic horror' to demonstrate this taboo. He argued that it compromises both awareness of and ability to work effectively with sexual attraction.

The early psychoanalytic views, especially the importance placed on analyst neutrality, coupled with reports of therapists becoming sexually involved with their clients created an element of fear and became an obstacle to open exploration

and theorisation of therapist and client sexual feelings, how they impact on the therapeutic process and how to handle them therapeutically.

Mann's (2003) study on the erotic was significant in encouraging clinicians to work with erotic dynamics. The study paved the way for challenging some dominant psychoanalytic ideas (e.g. Blum, 1973) that the erotic transference is a form of resistance, claiming instead that it can be transformational. By arguing that love and sexual attraction are intrinsic to the human condition and feature in therapy relationships, Mann legitimized these feelings. Samuels (1985) went so far as to suggest that the absence of the erotic in therapy relationships may be an obstacle to psychological growth. Hedges (1997, p.221)) warned that ignoring the erotic from our professional domain would drive therapists "closer to a climate of incessant naïve moralizing". More recently Luca's (2014) publication is a new contribution to normalising sexual attraction in therapy.

It is well documented that a high percentage of female and male therapists admit to having experienced sexual feelings towards their clients, (Pope et al., 1986). Giovazolias & Davis (2001) found that 77.9% of counselling psychologists were sexually attracted to at least one client. Findings from Rodolfa et al. (1994) showed that 76% of psychologists felt unprepared and uncomfortable with these feelings. Of those therapists who experience sexual attraction to their clients a small number, (9.4% of men and 2.5% of women) become sexually involved with clients (Pope et al., 1986).

Pope et al. (2000) suggested that therapist's sexual attraction is a difficult, long neglected area because of the tendency to confuse such experiences with sexual misbehaviour towards clients. Sexual attraction, therefore, becomes 'guilty by association' (p.24) perpetuating avoidance in working with it. Pope et al. (1986) found that 80% of respondents were not prepared through their training to handle sexual attraction. Ladany (1997) confirmed these findings.

The increase in publications on the subject in the last twenty years (Borys & Pope, 1989; Davis, 2001; Gartrell, et al. 1986; Ladany, et al., 1997; Pope, et al., 1987; Stake & Oliver, 1991) shows the growing recognition that sexual attraction and sexual desire in therapy merit exploration and understanding. Some studies illustrated how common it is for therapists to develop sexual feelings toward their clients (Pope et al., 1986), even though they react negatively and are reluctant to talk about these feelings with supervisors (Pope et al., 1993). Later studies (Rodolfa et al., 1994; Giovazolias & Davis, 2001) confirmed that sexual attraction is common among male as well as female psychologists and 45% normalised and reacted positively to their feelings. Despite extensive literature on qualified therapists, little is known of trainees' reactions to and handling of sexual attraction. With the increased over-reliance

on trainee therapists to provide free therapy in the UK, this area needs attention. This is what this study set out to explore.

The Study

This study set out to research the experiences and reactions of trainees to client sexual attraction with the aim of highlighting implications for practice. The research method used is grounded theory (GT), one of the most popular qualitative methods used in the health sciences. The traditional GT of Glaser and Strauss (1967) is rooted in post-positivism. A more appropriate social constructionist paradigm (Guba and Lincoln, 1994), aiming to explore experiences, processes and meanings is therefore used. The research participants' accounts and the ways they choose to present themselves are viewed as shaped by the research context. Research participants were interviewed individually using semi-structured interviews, developed from issues raised by the literature and the researcher's professional experiences.

Grounded theory

The original grounded theory developed by Glaser and Strauss (1967) was rooted in post-positivism, treating the data as a representation of reality and researchers as objective and independent of the research process. It was designed to help researchers generate categories from the data, compare and identify links between them, so that ideas could develop, sharpened through deep analytic stages (open coding, focussed coding, axial coding, selective coding) and generate theory grounded in the data. This method is inductive and researchers are guided by the data to generate conceptual frames. The GT method evolved but remained discovery oriented. Researchers using a social constructionist epistemology use the evolved constructivist GT (Rennie et al., 1988; Charmaz 2006). The approach is suitable for exploring people's interactions, actions and meanings they construct of their experience, particularly in areas which are under-theorised. Henwood and Pidgeon (2003) state that the skill of all GT research is getting out of the maze of detailed and complex codings, deciding on the limits to making constant comparisons, and reaching theoretical closure or integration. GT's essence is in exploratory conceptual and theoretical development. It involves an interplay between theoretical ideas and subjective understandings while requiring 'fit' with the data. It is therefore inductive, so theorising is data driven.

The constructivist GT of Charmaz (2006) treats research data such as from interviews with participants as constructed, hence not an objective representation of reality. 'Knowing', from this perspective is mediated through social interactions which impact on our knowledge. The positioning of the researcher in relation to participants, the context and the social situation where data is generated are taken into consideration in the final conceptual construction. Charmaz's (2006) grounded theory is congruent with the constructivist/interpretivist paradigm advocating that "human science involves understanding as interpretation" (Rennie, 1998, p. 134). Constructivist GT therefore, actively repositions "the researcher as the author of a reconstruction of experience and meaning" (Mills, Bonner, & Francis, 2006, p. 2). Hence it is not looking to objectively unravel truths, but to reflectively co-construct meaningful knowledge.

Trustworthy research

The qualitative researcher is interested in illumination and understanding not in causal determination or prediction (Willig, 2007). To ensure trustworthiness qualitative researchers apply standards of good practice. These include "trustworthiness of observations" (Elliott, Fischer, & Rennie, 1999) found in researcher transparency and reflexivity and "trustworthiness of researcher" (McLeod, 1995) where researchers create a secure base and participants perceive them as trustworthy. Morrow (2005, p.250) views 'validity in qualitative research as paradigm bound'. She postulates that "criteria for trustworthiness in constructivist /constructionist/ interpretivist research consists of fairness, authenticity and meaning". "Validity is treated as an expression of craftsmanship, with an emphasis on quality of research by checking, questioning, and theorizing on the nature of the phenomena investigate" (Kvale,1995, p.19). Reflexivity refers to both researcher "ownership of perspective" (Elliott et al., 1999) and to "self-awareness and agency within that awareness" (Rennie, 2004). This study adopted Morrow's (2005) principles of good practice.

Participants

The inclusion criteria consisted of being a trainee of a doctoral programme in counselling psychology or a trainee of masters/advanced diploma programme in psychotherapy with at least 2 years practice and to have experienced sexual attraction in their practice. 15 participants volunteered, 3 dropped out and of the remaining 12, 9 were psychotherapy (3 Masters and 6 advanced diploma) and 3 pre-doctoral counselling psychology trainees; 11 were White, 1 Middle Eastern; 7 were men, 5 women; 10 were heterosexuals and 2 gay men) who ranged in age from 29 to 52 years (M = 39.54); 5 were integrative, 4 as existential and 3 psychodynamic. On average trainees had from 18 months – 4 years therapy practice experience with an average number of supervised client hours of 417. 5. All were in therapy at the time of the interview. Recruitment of was completed upon reaching theoretical saturation, when new interviews brought neither new findings nor changes in the established categories.

Ethics

The study was approved by a University Ethics Committee. Participation was voluntary and participants could withdraw at any time. They received an information leaflet explaining the nature and scope of the study and they consented to the use of anonymised extracts from interviews for publication. Pseudonyms are used for anonymity purposes.

Data Collection & Analysis

Semi-structured interviews were carried out individually focusing on the following domains:

• Trainees' feelings and responses to client sexual attraction
• Trainees' beliefs and professional attitudes to client sexual attraction
• Trainees' handling/management of sexual attraction

The interview schedule was revised after two pilot interviews. The GT techniques of keeping a research diary and memo writing throughout the research process offer a useful format to maintain researcher reflexivity and were used to aid the analysis. The first 3 interviews were transcribed and texts were read several times before memos and coding were carried out. This preliminary analysis helped refine and check categories that emerged through subsequent interviews, ensuring rich data generation.

The analysis of texts began with initial coding of paragraphs from transcripts, identifying phrases to form descriptive categories. The constant comparison of these categories for similarities and differences (axial coding) enabled their relationship and paved the way for identifying concepts. Categories were clustered in groups that captured their meanings, actions and interactions and used to examine the data, further elaborate initial concepts that emerged and any links between them. The strength of GT lies in its ability to aid researchers to generate theory about processes and develop conceptual analyses of social worlds. The constant comparison of these categories and reflective questions on how they are linked enabled the emerging conceptualisation. Thus, categories and their relationships with each other in terms of themes, patterns and psychological conditions were examined. The conceptualisation presented in this paper outlines the psychological conditions influencing trainees' reactions to client sexual attraction; it illustrates the defined sub-categories capturing the meanings of these conditions. The core category emerged through rigorous analysis of the sub-categories to ensure it closely represents the context and underlying psychological process impacting on the handling of client sexual attraction.

Table 1 provides an example of the construction of a researcher sub-category of 'Conflicting reactions' from descriptive categories generated from interview extracts. These categories influenced the direction of subsequent interviews so the emerging concepts could be further explored.

Guided by Quinn's (2002) idea that inductive analysis consists of identification of patterns, categories and themes emerging from the data instead of imposed before data collection, an emerging pattern from constructs was created. The example in Figure 1 shows how themes related to each other were organised and captured under a sub-category. To establish the relationship between the emerging categories and themes axial and selective coding techniques were applied (Strauss & Corbin, 1998). This procedure was repeated on all grouped themes and enabled the development of a conceptual model that represents the data and makes sense to the researcher, which is the final stage of analysis, known as data saturation.

How do trainees react to and handle sexual attraction?

Figure 1. Emerging pattern from constructs

Figure 2 (see end of article) captures the psychological context within which trainees reacted and handled sexual attraction. It illustrates levels of abstraction in the analysis of the data until saturation point, where the core category was formed.

The data from this research revealed that trainees' reactions to client sexual attraction begins with: 'conflicting feelings' that influence the development of 'ambiguous professional beliefs', causing 'moralistic reactions and beliefs' which then culminate in 'defensive handling of sexual attraction'.

Conflicting feelings

Trainees' were emotionally unsettled to client sexual attraction, which influenced the development of a sense of dangerousness. They reported feeling uncomfortable, shocked, vulnerable and confused, anxious, afraid, guilty, ashamed and disgusted with a considerable number believing they did something wrong to cause SA. They feared that acknowledgement of sexual attraction would be a risk to their careers. The example that follows shows that the trainee morally judges himself by presupposing that if he were to be authentic, the client would negatively judge him and this would lead to a rupture:

> Sexual attraction has a novel element to it, but it is not out there, it is behind closed doors, not talked about. To be totally myself (in his response to client SA) is not appropriate. So, there's tension there. What I fear is that she (client) will think me some sort of a pervert…and storm out if I focused on it (Antonio).

Ambiguous professional beliefs

Trainees who received compliments, sexual innuendos or flattery from clients experienced narcissistic pleasure associated with fear and shame resulting in moralistic attitudes. "It gave me power, confidence, excitement, feeling affirmed, but a bit ashamed, then there was fear that I might do something unethical" (Antonio).

Those that felt flattered felt guilty by association:

> Everything became rich and exciting, words leaped on the page; it added texture to everything…. I don't know how things can be quite so alive without some element of sexual energy; but then again that is quite a dark thought…I feel guilty saying that (Clio).

Moralistic reactions and beliefs

Trainees experienced pleasure, felt flattered by client sexual innuendos, and experienced narcissistic validation in being desired; however, these reactions were equated with being immoral, believing that it is ethically wrong to have such feelings. These psychological conditions created beliefs that if a therapist is married or in an intimate relationship, they are safe from acting out unprofessionally. In their minds personal relationships were the gatekeeper regulating against potential sexual involvement with clients:

> Suddenly I found myself disclosing that I was married and I think it was incredibly beneficial to the client. She reacted

with sadness and displayed the desire to know how special she was to me; this was a pricking of the bubble (Michael).

> I used to wear a ring, even though I'm not married and felt there was less erotic material as a result (Armonia).

Defensive, avoidant practices

Trainees' feelings and beliefs created defensive, avoidant practices. Once aware of client SA some female trainees began to dress down, making themselves unattractive as the examples suggest:

> I feel uncomfortable and in the mornings. I think about what to wear to make myself unattractive… you know, ugly Armonia).
> I'm mindful of my appearance and what I'm wearing because I want to try and mitigate that…(SA).
> I make sure I am modestly dressed (not to be seen as seductress) (Danae).

Participants took control of SA through explicitly explaining ethical boundaries:

> By reiterating ethical considerations and boundaries to clients, discussing these with clients who are sexually attracted to me leaves them in no doubt that the ethics will inform us that nothing can happen about the attraction. It stops the fantasy. It stops me from making the fantasy into a reality (Ralph).

> With x client I said: this is a business relationship and you know that (sexual involvement) can't happen. It upset him a great deal (Natalia).

If SA persisted some trainees ignored it, hoping it would vanish on its own accord. "It (SA) gave me power, confidence, excitement, feeling affirmed, then came the fear that I might do something unethical. It affected my sleep. But I didn't say anything. We worked on the client's grief instead" (Antonio).

Moralistic responses and defensive handling to sexual attraction

This research has identified segments that compose a collective interpretational portrait of the psychological conditions that influence moralistic responses and defensive handling to sexual attraction.

Findings demonstrate that far from feeling comfortable in working with client sexual attraction, trainee therapists felt anxious, guilty and ashamed. Their handling of SA appears defensive, manifesting in avoidance and in using interventions influenced by moralistic attitudes, e.g. giving the impression

they are married. Some believed that professional work does not include sexual dynamics. Beliefs that they might have encouraged or enjoyed the attraction (guilty by association) coupled with anxiety of being perceived as fellow enthusiasts, caused tension and perpetuated defensive handling.

Findings & Discussion

The results show that trainees' reactions to sexual attraction evolve from feeling emotionally shaken up, to beliefs that therapeutic professionalism, consisting of respect, ethically minded practice and appropriate boundaries, is free of sexual attraction. The model developed by this study demonstrates the fundamental stages trainees go through when they become aware of client SA. One key finding is that trainee therapists experienced conflicting feelings and felt guilty by association, believing that they caused the sexual attraction. This confirms previous literature on experienced therapists' (Kumin, 1985) conflicting feelings described as 'erotic horror'.

As the data show, the process of handling SA consists of defensive strategies such as wearing a wedding band to fend off client desire, ignoring SA or telling clients that sexual involvement is prohibited. Female trainees tried to dress down, making themselves unattractive, confirming what some literature (Lester, 1985) suggests, that female therapists do not explore erotic issues with male patients due to fear of appearing seductive.

This study theorises that moralistic responses to sexual attraction, rest on trainees' notions that 'good' and 'ethically sound' therapists steer clear of any type of sexual dynamic. Beliefs that sexual attraction between client and therapist are not part of therapy permeated the minds of participants, who anticipated moral judgements from supervisors or punishment from professional bodies. The intensity of SA and lack of trust in their abilities to contain and process feelings evoked, makes trainees alert to the risk and potential dangerousness to their careers. Defensive handling of sexual attraction seems to be the implication of this moralistic response.

Pope, Sonne and Holroyd (2000) argued that therapists' negative reactions to sexual attraction are due to the subject not having been explored in the literature, thus 'the taboo nature of the content provides an unfamiliar, somewhat sinister context for therapists' experience of sexual attraction, arousal or desire' (p. 79). Similarly, Nickell et al. (1995) found that 52% of qualified therapists consider sexual attraction to clients unethical and only 14% normalise it. Although this study did not explore therapist SA, it found that participants consider client SA and any pleasure they experience as unethical and not belonging to the therapy relationship. A culture of shame,

fear and avoidance as well as internalized social taboos on sexuality heavily influenced the study participants' approach to handling client sexual attraction in therapy. Their difficulties in managing client sexual attraction ethically and appropriately raised an important question: How does the culture of shame stigmatise therapists' own sense of being sexual beings?

Conclusion

This study highlights a tense psychological landscape with trainees reacting to sexual attraction as if it were a contaminating force to an otherwise professional, 'clean' therapy process. Ideas from recent literature that SA inevitably develops in intimate relationships such as therapy and its creative potential (Schaverien, 1995; Mann, 2003; Luca, 2014) were absent from participants' views. Avoidance therefore could leave aspects of clients' internal landscape un-explored and their sexuality taboo as Martin et al. (2010) demonstrated. Similarly, trainee therapists' perceptions, is that their own sexuality is best neutralised or separated out from therapy due to its perceived detrimental nature.

Implications

Trainees of counselling psychology and psychotherapy are not well equipped to work with sexual attraction. Therefore, the process of facilitating understanding and helping clients deal with sexual desire may be compromised. Their moralistic attitudes have wide implications for training, practice and supervision. Their reactions suggest that sexual feelings are unwieldy as to cause fear of sexual misconduct, a finding consistent with research on qualified practitioners (Nickell et al., 1995 and Pope et al., 1986) who equate these feelings with unethical behaviour, creating avoidance and a risk of early termination or compromise to therapy. Training modules enabling trainees to experientially grapple with issues stemming from sexual attraction would be a useful way of fostering confidence building. Supervisors also need to be mindful of trainees' moralistic responses to SA and adopt a facilitative approach to helping trainees normalise and facilitate client understanding of sexual attraction. Finally, the question of how the culture of shame stigmatises therapists' own sense of being sexual beings is one that future research could explore.

Limitations

Although rich and dense data were generated from the interviews, the number of participants is small and only three counselling psychology trainees participated in the study. This limits the generalizability of findings. Participants who

volunteered may be those who struggle with sexual attraction and saw the interview as an opportunity to air and clarify their experiences. Larger survey type studies on trainees would elicit a deeper picture on the experience. Future studies could recruit more counselling psychology trainees.

Acknowledgements

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Table 1. Category construction

Researcher Category: Conflicting Reactions	

Text	Codes (descriptive categories)
He tried to figure out whether I was in a relationship or not, and my rings confused him. He thought "You're so kind to me. You understand me. You know what I want. You know, you're the kind of woman I'm looking for." And all of this, quite honestly, left me feeling quite repulsed, because I felt like was… well, I felt like I was a page in a porn magazine.	Feeling repulsed
It was one of those sort of relationships whereby no matter what I was wearing… and with this particular guy it was neck to ankle, I felt like he was undressing me. I didn't like that.	Feeling undressed or exposed
There was this client who came in and there was an immediate buzz and I thought to myself... I'm totally screwed now; it was intimidating. It was powerful; it was scary, very scary. (Athena).	Buzz & fear at the same time

Figure 2. Conceptual model with Core category, sub-categories and themes showing connections