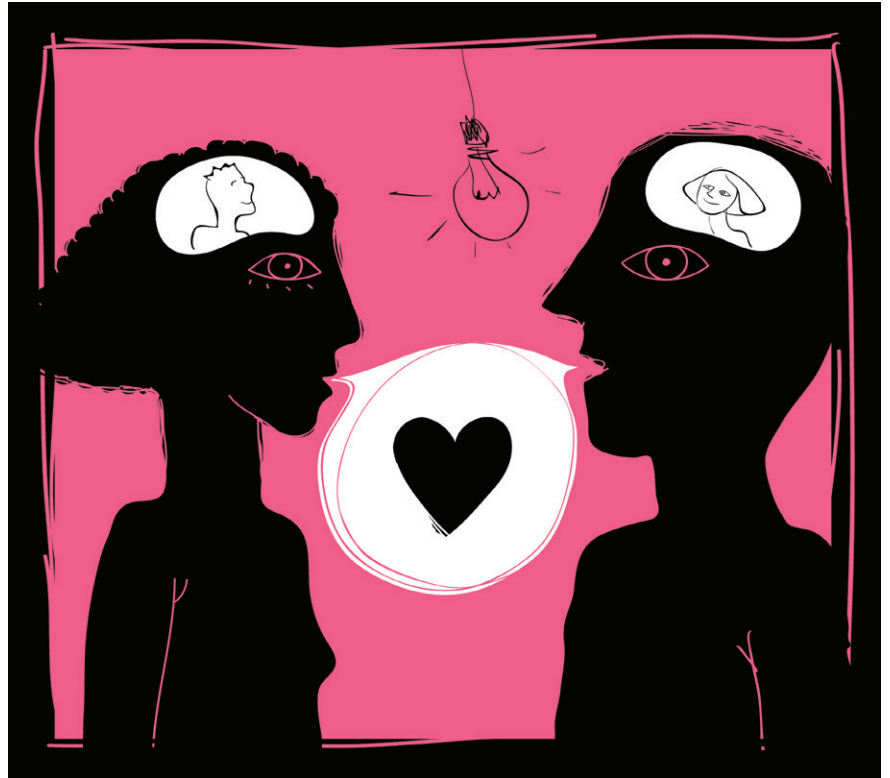


Mutual Desire in the Therapeutic Relationship

by *Antonia Colom-Timlin*

Introduction

Erotic transference (ET) and countertransference (ECT) have received media attention through the series 'In Treatment' and movies such as 'Mr Jones', 'Basic Instinct' and 'A Dangerous Method'. They dramatically portray therapists breaking boundaries and entangled in sexual relationships with their clients, over-simplifying the often misunderstood concepts of ET and ECT. Even amongst therapists there is an apparent tendency to view ET/ECT as sexual attraction *only*, when in fact they are so much more. Understanding the word 'erotic', derived from the Greek term 'Eros' (love), is key to fully grasping the true meaning of ET/ECT, which also include feelings of unconditional love and affection (paramount to building the therapeutic relationship). In fact, Mann (1997) views love and ET/ECT as one and the same. Yet in the literature, ET/ECT have been described as "erotic horror" (Kumin, 1985), "concepts that have long been difficult and mysterious" (Rachman *et al.*, 2009) or "the taboo which silences" (Stirzaker, 2000). Research consistently shows that ET/ECT are commonplace; yet cause uneasiness and avoidance amongst therapists, even from core trainings. There is an apparent and surprising lack of guidelines on how to deal with ET/ECT effectively. In this article, the concepts of 'Eros' and the 'erotic' are explored in order to clarify any over-simplifications of ET and ECT, together with a review of the literature. Some recommended guidelines in dealing with these



effectively (which proved hard to find) are laid out, as well as some current perceptions and research. Finally, a small research study is presented (with a total of 63 participants), which explored the attitudes of accredited therapists in Ireland towards the concepts of ET and ECT.

Eros and the erotic

In popular culture today, the word 'erotic' is arguably and primarily linked to sensuality and sexual pleasure, which could limit our

understanding of ET/ECT to feelings of sexual attraction. While they do *include* sexual feelings, constraining erotic phenomena to these would be doing them a great disservice. Therefore, an exploration of the concept of Eros seems important and necessary to clarify the vast array of dynamics (not only sexual) that occur in the ET/ECT. Eros (Greek god of love) is a complex term, which can be hard to define. Mann (1997) clarifies the meaning of 'erotic' and sees no distinction

In the meaning of 'erotic' [there is] no distinction between erotic transference and normal love, viewing them as one and the same.

between erotic transference and normal love, viewing them as one and the same. All expressions of love generally come under the umbrella of Eros and “Eros leads us into development, complexity and unity. It binds, bonds, creates and is also the ‘mischief maker’ (Freud, 1923)” (Mann, 2012, p. 11). It is the longing and desire that drives us to transcend ourselves towards completion, seeking union (Harvey, 1997) and is intimately related to the term ‘agape’, on which Rogers (1962) based his concept of unconditional positive regard. Ahlgren (2005) defines Eros beautifully:

The deeply human urge to form connections, ... to work together, to reach beyond oneself and dissolve boundaries of selfhood, to bind up wounds and restore life, to move ... toward wholeness, ... Eros is at the heart of all curiosity and desire, all creative activity, all commitments to sustain and enhance life, all attempts to share who we are with others, all community building (p. 37).

Is this not, precisely, what we are trying to achieve with our clients? If the ‘erotic’ is ever present in the intimacy of the therapeutic relationship, then we need to understand it and address it openly as a force that is a very natural part of our work; not something that should be avoided. This broader view of the ‘erotic’ (which goes way beyond just sexual attraction) normalises and expands the much-avoided and often misunderstood concepts of ET and ECT, defined next.

Erotic Transference and Countertransference

The concepts of ET and ECT originate from Freud’s (1915) paper on transference-love. He describes

Eros is at the heart of all curiosity and desire, all creative activity, all commitments to sustain and enhance life, all attempts to share who we are with others, all community building.

ET as a client’s open declaration of love to the therapist. It is ‘unreal’, entirely induced by the analytical situation, and a manifestation of the client’s resistance. He views it as powerful analytical material that has to be worked through to get to its unconscious roots. He defines ECT as the therapist’s erotic/amorous reaction to the client, considering it a direct threat to analysis, advising therapists to repress it. He is clear on the dangers of reciprocating the client’s ‘unreal’ love, and warns that there is not a therapist who experiences this who would “find it easy to retain his grasp on the analytic situation” (p.161). Some believe that Freud’s demonization of ECT has prevailed for almost a century, which put a lid on future examination of therapeutic Eros, keeping it hidden under a veil (Mann, 1999, Stirzaker, 2000, Bodenheimer, 2010). Eickhoff (1993) argues that this was as a direct result of Freud’s worries over the many ‘transgressions’ of his male contemporaries with their female patients, referred by Springer (1995) as ‘incest on the couch’. He believes that Freud’s paper on transference-love might have been a direct reaction to Jung’s affair with his patient Sabina and to Ferenczi’s with his patient Elma (and later with Elma’s mother Gizella!). Freud’s stance on ET/ECT remains unclear though; he does state, in a letter to Jung in 1906, that psychoanalysis is a cure effected through love, but he never elaborates on this thereafter. This, again, reinforces that erotic phenomena goes way beyond just sexual attraction.

In the more recent literature, the role of ET/ECT has been demystified. Blum (1973) classifies

ET on a scale ranging from the milder type (positive fondness/affection) to the most severe, which he called *eroticised transference* (intense sexual obsession with the therapist). This suggests that ET/ECT can be a positive and necessary condition for therapy to succeed. Mann (1997) agrees, suggesting that, apart from eroticised transference, ET is an essential part of therapy and life; an ever-present dynamic in every relationship regardless of gender or age, and one of life’s most transformative experiences. He believes that working through ECT can enable the client to experience a different and transformative reaction, facilitating change and development. Bridges (1998) description of eroticized transference is useful:

Clinical work often evokes strong feelings including attraction and sexual arousal, in our patients and ourselves. It is to be expected. Often, these feelings signal important information about our patients’ development and relational difficulties, and about ourselves, and the therapeutic work to be done (p. 218).

It could be argued, in relation to eroticised transference, that often clients’ experiences of love (in childhood and beyond) might not have been healthy. Love may have been confused with sex, manipulation, idealisation, power, pleasing, etc. Therefore, working through whatever erotic feelings (whether loving or sexual) might be present in the room could be a huge facilitator for growth, hopefully helping clients to love (themselves and others) in healthier ways.

Managing Erotic Transference and Countertransference

What do we do when we experience strong feelings of love or attraction for a client? And when a client has these feelings towards us? Whereas there is a vast amount of literature dedicated to managing general transference, it was surprisingly difficult to find a set of clear guidelines in relation to managing erotic phenomena safely and efficiently, and even less on how to deal with *erotised transference* (ie: when a client falls madly in love with their therapist). Freud's (1915) advice was therapist abstinence, believing therapists should interpret the patient's ET (without satisfying it or rejecting it) by behaving like a detached expert, and suppress their ECT completely. But research shows that this only increases the chances of breaking boundaries or ending therapy prematurely (Schamess, 1999). Jacobs (2004) seems to view ET in terms of sexual attraction only, stating that "a responsible counsellor will not drop the client when the going gets tough ... (and) needs to be sure he can handle a client's strong feelings ... such as sexual desires for the counsellor" (p.137). Yet he seems to give no clear guidance on how to actually manage it, except for his reference to the "triangle of insight", whereby an insight into the transference links the current dynamic in therapy to dynamics in the client's past, and/or to dynamics in the client's other present relationships (p. 139). However, this seems to refer to managing 'general' transference, not ET/ECT.

Bridges (1998), an instructor in Psychiatry, places the responsibility on supervisors to educate supervisees, suggesting a strategy where supervisees are: encouraged to combat taboo and silence; taught that mastering ET/ECT takes time

and can be initially startling and disorientating for trainees; educated to listen to their physical sensations in the room (emotional stirring, heat, arousal in the body); offered models of therapeutic action; facilitated in increasing their ability to tolerate and work through intense sexual states; and assisted in considering how to deal with the ECT (whether to discuss openly with clients or not). Bridges suggests a list of helpful questions, such as: 'What do these feelings tell you about your client's developmental issues, needs and wishes?' 'Do these feelings defend against more difficult feelings such as rage, terror, denial of vulnerability?' 'Do these feelings represent an unconscious desire to love and be loved?' 'Do they signal a reenactment of earlier trauma or abuse by a trusted other?' and encourages supervisors to share their own ET/ECT experiences with supervisees. She advises that discussing this material directly with clients requires skill and sensitivity, as it is likely to frighten the client. She also warns that there is not enough evidence to support direct disclosure and that clients could be burdened or traumatised by it. However, Bond (2000) suggests that exploring openly (with clients) what their needs might be from a sexual relationship with their counsellor is a facilitator for growth. Not breaking boundaries is paramount and "the work (should) remain exclusively within the domain of fantasy and words" (Koo, 2001, p.31).

Spilly (2008) provides an exceptionally useful review of the literature on ET/ECT management. She concludes that knowledge of contemporary psychoanalytic theory coupled with building the connection, trust and safety of the therapeutic alliance, is what is necessary. Rodgers (2011) agrees, warning that working ethically with ET and ECT "requires understanding

of transference phenomena" (p.267). Spilly (2008), in her own literature review, learns that the therapist should find a proper balance between empathy and objectivity (Gabbard, 1994) and accept the transference without seducing the client or avoiding the subject all together (Kumin, 1985). She recommends therapists achieve a level of comfort with erotic dynamics, as well as seeking support through supervision, peer groups or personal therapy. Hudson-Allez (2006) link ET/ECT with attachment and suggest knowledge of attachment theory is needed.

Current Perceptions and Research

In a UK study on therapists' loving/erotic feelings for clients, Stirzaker (2000) sent 107 questionnaires and only 4 were returned, with some of the comments stating that his study was 'abusive' and 'unethical'. Yalom (1980) also acknowledges that Eros can make therapists "squirm" (p. 407).

Schamess (1999) found, from surveying a class of Social Work students, that many felt attraction/love towards their clients but were uncomfortable addressing it. Rodgers (2011) refers to findings of 78% of counselling psychologists acknowledging loving/erotic feelings (Giovazolias & Davis, 2001) and 70% to 90% of health professionals claiming sexual attraction (Fisher, 2004). Moreover, Pope et al. (2006) find that 95% of men and 76% of women in their study had been sexually attracted to at least one client and felt uncomfortable about it. Half of the respondents did not receive any training around this and only 9% described their training/supervision as adequate. Martin et al. (2011) find in a UK study that therapists agreed about boundaries at the extremes, but when it came to fantasising,

flirting, or touch, opinions varied. They found this might increase the chances of breaking boundaries, highlighting the importance of training and supervision. Rodgers' (2011) UK study observes the need for better access to training and that participants had a strong motivation to learn more on the subject.

In relation to gender, the findings of Abramowitz et al. (1976) suggest that female therapists actively avoid treating attractive male clients. Gibson and Pope (1993) found that male participants were more likely to view feelings of sexual attraction towards clients, disclosing sexual attraction to clients and becoming sexually involved with former clients as ethical. They quote findings that male therapists were significantly more likely to approve of and engage in sexual activities with or about a client (Pope et al., 1986; Pope et al., 1987; Gabbard, 1989; Pope and Vetter, 1991). It is in light of these findings and of the literature review that the following study was undertaken.

Findings and Discussion

For this Irish study, questionnaires were distributed to 150 randomly-chosen accredited counsellors/psychotherapists in the IACP website (75 male and 75 female). Permission was sought and obtained from IACP and the participants identities remained anonymous. In all, 63 questionnaires and consent forms were returned. Of these, 25 were male and 38 female. The majority (68%) were over the age of 50, with 31% between 30-49. This could possibly be explained because therapists tend to train later in life. 70% of participants were married, which could be potentially related to the age profile of the cohort. The average years of accreditation achieved was

8.40 years, with the majority being accredited for less than 10 years, and with the range going from 1 to 25 years. Almost half (46%) had trained to Diploma level in the field, and only one person had achieved a PhD. Finally, in terms of participants' preferred working styles, under half (43%) described themselves as Client-Centred, followed by 21% indicating an Integrative approach.

The response rate of 43% was positive and unexpected, seen as it did not match Stirzaker's (2000) experience of receiving only 4 responses, or that love/erotic feelings in therapy are taboo (Stirzaker, 2000; Pope, 2006; Boddeneimer, 2011). This could possibly suggest that, either the

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level of comfort around these topics has risen in general in the last decade, or that therapists in Ireland are generally more comfortable around love and attraction in therapy.

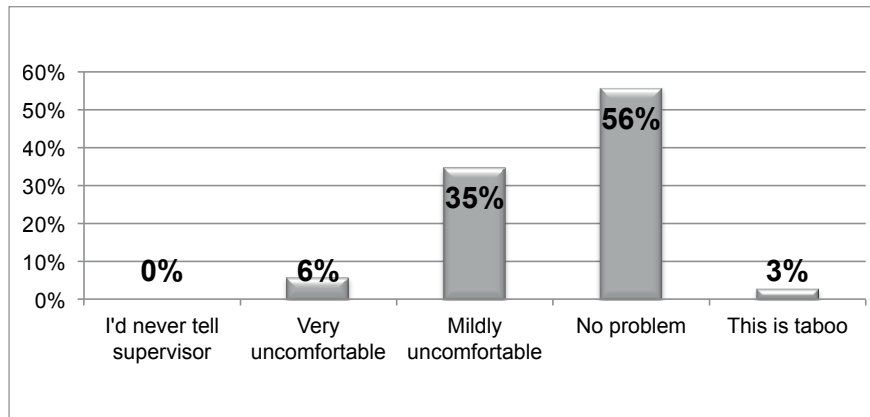
It was found that 52% of respondents stated to have felt sexual attraction for a client. It was asserted by 40% that they felt *both* love and attraction, while 84% felt either one or the other. These numbers are high and match existing research. Surprisingly, participants' reported comfort levels in disclosing sexual attraction to their supervisors (Figure 1) was higher than what other studies suggest, with 56% stating they would have no problem. This could mean that therapists are more

open about these issues in recent times or it could be related to more openness in Irish culture in general. Their reported levels of comfort telling their peers (Figure 2) is lower though and concurs with other studies, with 63% stating various levels of discomfort. In all, only 32% stated they felt comfortable disclosing their sexual attraction towards clients to both supervisors and peers, which concurs with findings that ET/ECT create discomfort in therapists.

Gender appeared irrelevant regarding participants feeling both love and sexual attraction (with 40% of men and 39% of women). Although for the 84% of participants who had felt either love or attraction or both, 70% of

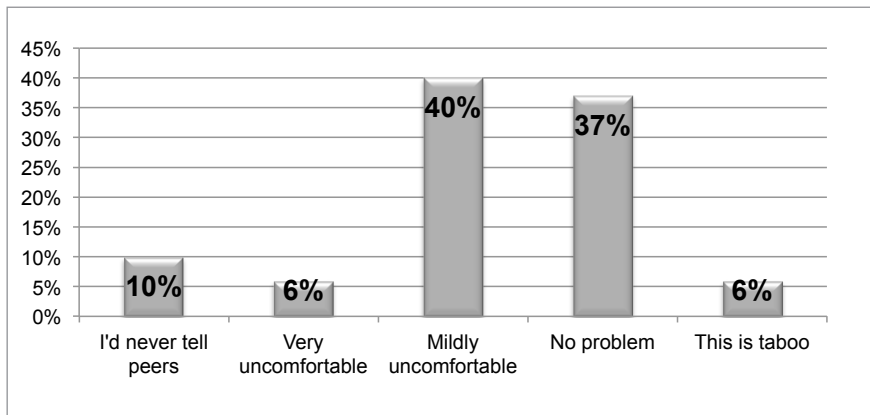
these were male and 30% female. Similarly, a higher proportion of the male sample (76%) felt sexual attraction to a client, relative to the female sample (36%). This concurs with Pope et al.'s (2006) findings that 95% of the men and 76% of the women in their study had been sexually attracted to a client. However, more women in this study stated they had no problem discussing feelings of attraction with peers and supervisors than men (36% of women compared to 28% of men). It is worth mentioning here the findings of Abramowitz et al. (1976) that female therapists actively avoided treating attractive male clients, but these findings are of 36 years ago and attitudes might have changed since then.

Figure 1: Participants' Comfort Level in Disclosing (to their Supervisor) Sexual Attraction Towards their Client.



Given that ET/ECT encompasses not only sexual feelings but also feelings such as love, affection, desire, connection, creativity and transformation, it seems that understanding and normalising it, together with building the skills to deal with it appropriately, is of paramount importance.

Figure 1: Participants' Comfort Level in Disclosing (to their Peers) Sexual Attraction Towards their Client.



these feelings effectively is striking, given the lack of guidelines in the literature and the common finding that ET/ECT is avoided in core training. It is evident that achieving a level of competence around this could be an unusually difficult task, especially with erotised transference. The fact that participants self-reported could be a limitation to this study. A pilot study would be recommended in future, as well as a larger sample with participants from several accrediting bodies and posterior face-to-face interviews.

In relation to how skilled participants felt in dealing with a client who shared sexual attraction towards them, 89% claimed they would feel skilled enough to discuss this openly with clients and to work through these feeling. The majority (68%) of participants said they learnt how to deal with sexual feelings in the therapeutic relationship during their core training in counselling and psychotherapy. Of these, only 38% claimed they would like further training. Interestingly though, of the 89% that asserted feeling skilled enough, 33% claimed they would like further training too. These findings do not appear to coincide with the findings of Pope et al.

(2006) and Rodgers (2011) that show therapists did not feel skilled in this area and did not receive adequate training. These results are also surprising given the difficulty that was encountered in finding any specific guidelines on managing ET/ECT in the literature.

Conclusion

It is evident that erotic feelings are common in the therapy room and still the levels of comfort are not that high. It is also evident from the literature that ET/ECT is a natural and ever-present dynamic that is a facilitator for growth when dealt with appropriately. Participants' reports of high levels of competence in dealing with

Given that ET/ECT encompasses not only sexual feelings but also feelings such as love, affection, desire, connection, creativity and transformation, it seems that understanding and normalising it, together with building the skills to deal with it appropriately, is of paramount importance to our clients. Using supervision, personal therapy and achieving a clear understanding of key concepts in psychodynamic theory and attachment theory, combined with the use of a Rogerian approach, seem to be the way to go in order to address ET/ECT safely and to help our clients to love and be loved in the way they deserve. ☺

Bibliography

- Abramowitz, S., Abramowitz, C., Roback, H., Corney, R. & McKee, E. (1976). Sex-Related Countertransference in Psychotherapy. *Archives of General Psychiatry*, 33(1), 71-73.
- Ahlgren, G. T. W. (2005). Julian of Norwich's Theology of Eros. *Spiritus: A Journal of Christian Spirituality*, 5(1), 37-53.
- Blum, H. (1973). The Concept of Eroticized Transference. *Journal of the American Psychoanalytic Association*, 21, 61-76.
- Bodenheimer, D. (2010). *A Multi-Paper Examination of the History of Non-Erotic Love within the Psychotherapeutic Dyad*. (Doctorate in Social Work Unpublished Dissertation). Paper 5. Pennsylvania: University of Pennsylvania, Scholarly Commons Repository.
- Bond, T. (2000). *Standards and Ethics for Counselling in Action*. London: Sage Publications Ltd.
- Bridges, N. A. (1998). *Teaching Psychiatric Trainees to Respond to Sexual and Loving Feelings: The Supervisory Challenge*. The Journal of Psychotherapy Practice and Research, 7(3), 217-226.
- Eickhoff, F-W. (1993). A Re-Reading of Freud's 'Observations on Transference Love'. In: Person, E.S., Hagelin, A. & Fonagy, P. (Eds.). *On Freud's 'Observations on Transference Love'* (pp. 33-56). London: Yale University Press.
- Fisher, C. D. (2004). Ethical Issues in Therapy: Therapist Self-Disclosure of Sexual Feelings. *Ethics and Behavior*, 14 (2), 105-121.
- Freud, S. (1915). *Observations on Transference-Love*. SE. 12. London: Hogarth.
- Gabbard, G. O. (1994). Sexual Excitement and Countertransference Love in the Analyst. *Journal of the American Psychoanalytic Association*, 42, 1083-1105.
- Gibson, W. & Pope, K. (1993). The Ethics Of Counselling: A National Survey of Certified Counsellors. *Journal of Counselling and Development*, 71(3), 330-336.
- Giovazolias, T & Davis, P. (2001). How Common is Sexual Attraction Towards Clients? The Experiences of Sexual Attraction of Counselling Psychologists Toward their Clients and Its Impact on the Therapeutic Process. *Counselling Psychology Quarterly*, 14(4), 281-286.
- Harvey, V. A. (1997). *A Handbook of Theological Terms: Their Meaning and Background Exposed in over Three Hundred Articles*. New York, USA: Touchstone.
- Hergoz, R. & Rogers, W. (1988). Age and Response Rates to Interview Sample Surveys. *Journal of Gerontology*, 43(6), 200-205.
- Hudson-Allez, G. (2006). The Stalking of Psychotherapists by Current or Former Clients: Beware of the Insecurely Attached! *Psychodynamic Practice*, 12(3), 249-260.
- Jacobs, M. (2004). *Psychodynamic Counselling in Action*. London: Sage Publications Ltd.
- Koo, M. B. (2001). Erotized Transference in the Male Patient-Female Therapist Dyad. *Journal of Psychotherapy Practice and Research*, 10, 28-36.
- Kumin, I. (1985). Erotic Horror: Desire and Resistance in the Psychoanalytic Situation. *International Journal of Psychoanalytic Psychotherapy*, 11, 3-20.
- Mann, D. (1997). *Psychotherapy, an Erotic Relationship: Transference and Countertransference Passions*. London: Routledge.
- Mann, D. (2012). The Joy of Love and Hate: a Psychoanalytic View. *The Psychotherapist*, 52, 11-13.
- Mann, D. (1999). *Erotic Transference and Countertransference: Clinical Practice in Psychotherapy*. London: Routledge.
- Martin, C., Godfrey, M., Meekums, B. & Madill, A. (2011). Managing Boundaries under Pressure: A Qualitative Study of Therapists' Experiences of Sexual Attraction in Therapy. *Counselling and Psychotherapy Research*, 11(4), 248-256.
- Pope, K., Keith-Spiegel, P. & Tabachnick, B. (2006). Sexual Attraction to Clients: The Human Therapist and the (Sometimes) Inhuman Training System. *Training and Education in Professional Psychology*, 5(2), 96-111.
- Rachman, A., Kennedy, R. & Yard, M. (2005). The Role of Child Sexual Seduction in the Development of an Erotic Transference: Perversion in the Psychoanalytic Situation. *International Forum on Psychoanalysis*, 14(3-4), 183-187.
- Rachman, A., Kennedy, R. & Yard, M. (2009). Erotic Transference and its Relationship to Childhood Seduction. *Psychoanalytic Social Work*, 16(1), 12-30.
- Rodgers, N. (2011). Intimate Boundaries: Therapists' Perceptions and Experience of Erotic Transference within the Therapeutic Relationship. *Counselling and Psychotherapy Research*, 11(4), 266-274.
- Rogers, C. (1962). The Interpersonal Relationship: The Core of Guidance. In: Rogers, C. & Stevens, B. *Person to Person: The Problem of Being Human*. Moab, Utah: Real People Press.
- Saunders, M., Lewis, P. & Thornhill, A. (2012). *Research Methods for Business Students*. Harlow: Pearson Education Ltd.
- Schamess, G. (1999). Therapeutic Love and its Permutations. *Clinical Social Work Journal*, 27(1), 9-26.
- Smith, F. (1983). On the Validity of Inferences from Non-Random Samples. *Journal of the Royal Statistical Society*, A(146), 394-403.
- Spilly, S. (2008). *Swimming upstream: Navigating the complexities of erotic transference*. (Degree of Master of Social Work Unpublished thesis). Massachusetts: Smith College for Social Work Northampton.
- Springer, A. (1995). Paying Homage to the Power of Love: Exceeding the Bounds of Professional Practice. *Journal of Analytical Psychology*, 40, 41-46.
- Stirzaker, A. (2000). 'The Taboo Which Silences': Is Erotic Transference a Help or a Hindrance in the Counselling Relationship? *Psychodynamic Counselling*, 6(2), 197-213.
- Yalom, I. (1980). *Existential Psychotherapy*. USA: Basic Books.

Antonia Colom-Timlin

Antonia Colom-Timlin is of Irish/Spanish origin and is a counsellor and psychotherapist working in private practice in Maynooth, where she lives. She also lectures for IICP Education & Training. She holds a Diploma in Integrative Counselling, a Post Graduate Diploma in Art Therapy, a BA (Hons) in Integrative Counselling and Psychotherapy, is currently doing a Certificate in Child and Adolescent Integrative Counselling and is about to begin a Master of Studies in Mindfulness Based Reduction in Oxford University. This research study was completed in 2012 for her BA (Hons) in IICP, under the supervision of Dr. Eileen Doyle.