

# Erotic presentations between therapists and clients.

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sallyopenshaw@gmail.com

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## Plan for this presentation

- The time will be broken into 3 sections with space for questions between them
- I will present a 6-part model for working with erotic transference and countertransference
- I will pause three times to answer questions after part 2, part 4 and at the end after part 6.
- I will bring case examples to give a realness to the material for us to consider
- Reading material is provided on the last slide for future reference and a self-supervision sheet will be available in the chat and on PPS website.

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## My motivations

- My motivation – natural curiosity - look in dark cupboard that could be frightening to others.
- Unexpected spiders or imagined ghosts can come out of the darkness and make me jump or feel alarmed and throw me off balance
- Speaking out, even when I do not know what it may mean, is typical for me.
- Feeling skillful, with a structure to follow, or consider, as a way of being with this material, causes relief and a chance to be fully in contact with myself and others.

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## Reflective moment

Hold this topic in your mind

- Pick an image from the next picture that represents you in some way
- Notice why you have selected the image?
- Add to the chat one or two words to describe what you are aware off as you look at the image

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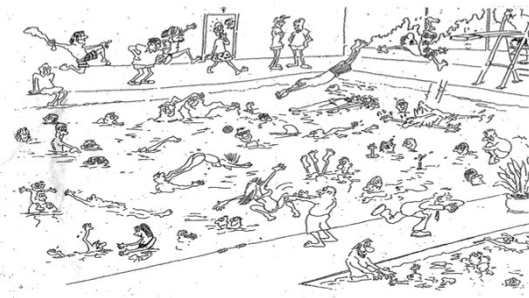
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## Swimming pool image



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## Framework

- Step 1: Unease and noticing signs
- Step 2: Facing up to
- Step 3: Managing reactions, reflecting and processing
- Step 4: Formulation
- Step 5: Disclosure
- Step 6: Working for client benefit

Martin 2011

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## Definition of erotic

"The erotic includes all sexual and sensual feelings or fantasies that a person may have. It should not be identified solely with attraction or sexual arousal as it may also include anxiety or the excitement generated by the revolting".

Mann 2006:6

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## 1. Unease & Noticing exercise

- Take a piece of paper and divide it into 4 squares.
- In each square write a different title - physically, emotionally, behaviorally, thinking self.
- Take yourself back to a time when you had a strong erotic bond with someone note down all the reactions in you

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## Noticing the features of an erotic bond

Typical responses:

- Mesmerizing intensity
- Grabs our attention
- Feelings of being exposed
- Occupies space in our mind
- Tendency to reveal more than expected
- Change in our behavior
- Yearning

Hedges 1987:9

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## Noticing erotic horror

- Fear and disgust co-exists
- No escape
- Less wish to grapple with it
- Takes over attention
- Creepy sensation
- Haunted
- Draws you in even if you want to get away

Miller 1997

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## Risk assessment for client safety

Are there any signs of me privileging myself on client material?

- Being sexually suggestive
- Non-verbal flirtation
- Offering special treatment
- Socializing or extending contact
- Taking care of your own appearance
- Getting aroused by discussion
- Indulging in fantasy for you own gain

Arcuri & McIlwain in Luca 2014:164

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## Boundary violation cycle

Boundary crossings are a good first indicator of potential boundary violations.

1. Risk and vulnerability factors
2. Triggers
3. Fantasy
4. Choosing
5. Non- sexual boundary crossing
6. Sexual boundary violation
7. Post-violation considerations

Shelton 2020

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## 2. Facing up – how do we avoid this?

- Denial as a profession
- De - personalization (them not us)
- Overwhelm and dis-avowal reactions
- De-sensitization – numb out
- Ethical fear around sexual abstinence
- Limited training and preparation
- Our own ghosts or avoidance

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## Charm of the setting

- Being listened to “exclusively”
- Being understood
- Being accepted unconditionally
- A real and non-exploitative relationship
- Intimate (therapist knows us as us)
- Private and secret shared space
- Match of clients’ rhythm and pace

Mann 2006:38

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## Facing up to the reality

- Self-reported – therapist disclosure
- Client disclosure to new clinicians
- Official complaints to professional bodies
- Liability insurance providers

7-12% incident rate for sexual boundary violation. Males over-represented (7-9% females 2-3%).

Celenza 2007

585 therapists (95% men-76%women)  
Report feelings of sexual attraction to a client during therapy on at least one occasion.

Pope, Spiegel, Tabacknick 2006

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## Question and answer pause

- How many of you have had clients coming up into mind – let me see your thumbs up?
- Have you got any questions you want to ask?
- Put them into the chat and we will come to them after a short break.
- Let us take 5 minutes break.

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## 3. Managing reactions, reflecting and processing

Often negative impact:

Discomfort and anxiety  
Muddled, puzzled, can not think straight  
Uncertainty, feeling tangled  
Going blank or freezing  
Fear of someone knowing and being found out  
Anxiety around being misunderstood  
Anger, shock, panic, confusion, terror.

Markovic in Luca 2014

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## Value of supervision

- Self-supervision or peer group (see sheet)
- Speak up in supervision
- No assumptions – keep sense of not knowing and multiple possibilities
- Stay with it and stay in contact, normalize
- Notice yourself and track thoughts, feelings and behavior
- Take you own material to therapy
- Validate the experience of others

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#### 4. Formulation

- What is going on here?
- Which of the four types of transference could be occurring?
- What are the links to my own history?
- Reflect on the impact on contact.
- What may be happening for me personally that makes me vulnerable with this client?
- What might be relevant in the clients' story?

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#### Types of erotic feelings (a)

- Reciprocal: Therapist feelings in response to clients' transference
- Reactive: Therapists counter- transference carried over from the therapist history of their own unfinished business
- Combination

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#### Types of erotic feelings (b)

- Narcissistic: When client appeals to the therapist because of the impact the therapist has made
- Reality of normal life: when client is ending therapy and becomes more separate. Lovable, attractive and open to contact

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## Transference

A current presentation of an old emotional experience.

1. Showing us: The means to demonstrate past developmental needs that were thwarted, and the defenses erected to compensate.
2. Out of awareness: Resistance to full remembering and unaware enactment of childhood experiences
3. Help to make sense: Expressions of psychological striving to organize experiences and create meaning
4. Be there with me: Expression of intra-psychic conflict with a desire to achieve intimacy

Erskine 2006.

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## Counter-transference

Countertransference refer to the feelings, images, fantasies and reactions that a psychologically healthy therapist has as a unique reaction to the unconscious communications of a client.

Bollas 1979

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## Formulation

- Theirs or mine or a combination?
- Which expression of transference is being presented?
- Reflecting on the impact and contact
- Attune to the developmental age
- Considering the unmet relationship needs
- Make tentative conclusions

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## Question and answer pause

How are you doing? Let us have a show of Thumbs

Thumbs up Ok, thumbs to side medium, thumbs down not ok.

For those not Ok is there anything you need to ask that might help?

For anyone else have you got questions for me to answer? Type them in the chat

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## 5. Disclosure

- Self-disclosure is a relational act and would need to be supported by a therapeutic rationale.
- Honesty to aid recognition
- Honesty with self
- Honesty with other
- Act of honesty – decision to disclose
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Marshall & Milton in Luca 2014

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## Bias in our thinking on disclosure

- No studies on clients' views on disclosure
- Rely on accountability of the therapist
- Client can sense our non-disclosure and will pick up on the sexual feeling, our unwillingness to talk and this may mirror previous "unspoken" or abusive scenarios.
- Validating client perception to sexual feelings when they are present is vital.

Slavin 1998 in Luca 2014

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## 6. Working for client benefit

Unhelpful therapeutic interventions:

- Risk of being "thrown off balance"
- Negative reactions to sexual attraction
- Defensive management of discomfort
- Defensive clinical interventions
- "Go professional" – back out.
- Bracketing - disengaging affect.
- Formal, over- tightening of boundaries – less relational.
- Ignore in blind hope it will go away.

Luca & Boyden 2014

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## Problem reactions to be aware off

- Self protective defensive – we will have none of that here.
- Superiority, moralizing – omnipotent you and client lesser or weak
- Neediness – over-identification with client material, longing in self, seeing self as only one who can help
- Over-protective anxiety – offer extra support, comfort, over attentive

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## Working for client benefit

- ET and ECT provides an opening, a window into needs, wishes, hurt and past trauma
- Inquiry moves their private world into shared contact
- Expand meaning and consider the function as well as the form
- Bridge between history and present with focused reflection
- Enables integration and connection and therapeutic transformation

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## Relational Impact

- Positive reactions to sexual attraction
- Usefulness of sexual attraction
- Facilitative clinical interventions
- Validating, confidence boosting, affirmation
- Deepening of the work
- Bringing vitality into the work
- Enhancing non-shaming delicacy between you and client

Luca & Boyden in Luca 2014

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## Confidence boosters

- Notice and challenge your own avoidance
- Ensure you have adequate reflective support- an open supervisor is vital!
- Process your own history first
- Slow down pace so you can think not just feel and react
- Be willing to revisits at a later point.
- Be willing to make errors and respond to them

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## Health warning

- It is not always cozy
- It is not detached
- You can't watch it like a film
- You have to get in and get messy
- Beware of the shame
- You cannot control if it is present even if you want too!

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## Last questions and answers

Type away in the chat

I will just move to the reference list whilst you type and will come back to your questions

Then I want to leave you with a final cartoon as a take home message

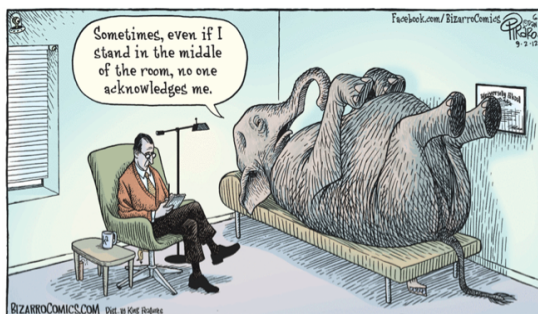
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What is this like for the elephant?



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