SEXUAL ATTRACTION
IN THERAPY
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CLINICAL PERSPECTIVES ON MOVING BEYOND THE TABOO – A GUIDE FOR TRAINING AND PRACTICE

Edited by Maria Luca

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Dedication
To Stefanos, Andreas, Marianna and Maria
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This book is a study of sexual attraction. Anyone who studies sexual attraction will know that no particular discipline has claim over the subject. Hence, philosophers, anthropologists, sociologists, psychologists and psychotherapists all have much to reveal about the topic. We all in our own ways attempt to reduce such an irreducible human experience and give it the substance our intellect hungers for. This book has no intention of embarking on reductions. This book is situated in the various ways it seeks to begin with the therapy subjects, as they relate to each other in ordinary therapeutic relationships, that is, as involved in particular sexual attraction situations. It is within this space that erotic desire appears demanding a response.

The present collection was inspired by my experience as a supervisor, clinician and teacher of psychotherapy. Having witnessed the unsettling journeys of clinicians in their attempts to grapple with their own sexual attraction to a client or know how to handle a client’s sexual desire, I decided it was time to give it the unique place it deserves. As Giles (2008) states:

It does not take particularly great powers of observation to see that sexual matters are everywhere, that sexual meanings infiltrate and imbue our daily interactions, that sexual glances are forever being made, that sexual fantasies quietly attend our dealings with numerous people, that a person’s gender and sexual attractiveness fundamentally determine how we react to him or her . . . (p. 2)

To this it could be said that the therapy consulting room actors would not be immune. After all, therapy is a microcosm of the wider world and
human actors are subjects who relate to each other with the agency characterizing their existence as a whole. The chapters included here offer different perspectives on the handling of sexual attraction in therapy. Despite differences in theoretical approach, style, angle and methodology, these perspectives share a common thread that binds them together in their attempt to move beyond the taboo and reveal the consequences on therapy of the neglect surrounding this subject.

Therapists’ encounter with erotic desire is never quite one of clear recognition, but more a play at the edges of knowing. As Oliver (2005) puts it, ‘our part is not knowing, but looking, and touching, and loving’ (p. 72). When we stumble upon the novel territory of desire, we may become blinded by its forcefulness and intensity, thus fear it and run as far away from it as possible. Despite the increasing proliferation of therapy modalities, there is a wide gap in the much-needed multimodal discourse on the topic. The book provides such discourse through giving supremacy to embodied and relational theoretical constructions of sexual attraction, illustrating through clinical material what clinicians of different modalities make of a phenomenon surrounded by much taboo. Thus, the book is about an embodied encounter and handling of desire for therapeutic means. As intimated by Mann (1997), ‘The purpose of the erotic bond is that it deepens the individual’s capacity for connection and relatedness to others as well as to him or herself’ (p. 2).

Recent literature makes it known that ‘therapists lack the language to engage with sexual material. Thus, instead of working with such issues, therapists responded to patients in ways that were rejecting, judgemental, condescending or moralistic, thereby bringing the therapy to a premature end’ (Lichtenberg, 2008, p. 141). To this end, this collection, attempts to provide a way of talking about sexual desire that harmonizes with actual therapy experience, seeking to overcome the practical limitations and consequences of a common therapeutic avoidance, connected with this subject. Recent literature (Celenza, 2010; Mann, 1997) has notable exceptions in the recognition that the erotic in therapy can be transformational.

In the words of Jeanrond:

Human desire for the other arises out of the experience of difference or radical otherness. No experience of love can ever remove from us our individuality and our personal journey towards death, but it can make that journey through life, toward our individual and personal deaths, different. Love has the potential to transform our lives (Jeanrond, 2007, p. 254).
In this introduction, I begin by giving an example from my own journey in recognizing and handling desire for the benefits of a client. This is intended to give a flavour of how the book opens the therapy consulting room space to the gaze of you, the reader, inviting you to encounter desire through the contributors’ unique perspectives.

An Entry from My Therapeutic Diary

Albert, a man in his late 30s, in the fourth year of his psychotherapy, who was suicidal, had a systematic mistrust of the world; in fact, he hated it and wished he had not been born. He provided numerous rationalizations of the world he constructed in his mind, full of egoistic people that should be dead rather than ‘on the loose, causing misery around them’. There was nothing in his life that had meaning except Ginger, his cat. Although he was successful in his job, his narrative revolved around conflicts with others and his sessions were populated by descriptions of nasty, selfish, greedy, disgusting ‘bastards’ who had no interest in others. Albert waged a war against the world. I worried sometimes that one day someone out there might attack him, especially during one of the ‘road rage’ incidents where he would get out of his car screaming abuse at a driver who attempted to overtake him from the inside lane. He admitted hating himself too and hating the mother he had not seen for many years through his own choice. Albert’s mother tortured him emotionally and often disappeared, leaving him to fend for himself from as far back as he could remember. She told him that he was conceived in an act of rape, the impact of which was evident in Albert’s hatred of the world and of himself. His sense of aloneness and a feeling of not belonging to the human race were key presenting concerns, but he mostly feared that his murderous rage would land him in prison, and he’d much rather be dead than trapped.

Albert waited with indifference for his death. In fact, this was his only consolation in life: that his rage and hatred for the world would one day come to an end; in his mind, ‘the sooner the better’. His suffering tormented me and his dismissal of my tenderness for him, was disconcerting. He had no love for anyone and expected no love. For him, love was an alien concept; he was on the outside of it. The space he inhabited demolished hope for human empathy and understanding. There was no one coming towards him, no one interested, only silence and a dark void. Whenever he made telephone contact with me to cancel a session, something he rarely did, he would pre-empt the conversation with ‘It is Albert,
your client’. He believed I had not held him in mind and that he was just a name on my psychotherapy list.

When sufficient meaning had been made of Albert’s predicament, particularly his coming to terms with a cold, rejecting mother, and much cathartic work was out of the way, he confronted the cold, rejecting internalized mother and the rage associated with her he became accessible. I felt more connected with him. He no longer fought to keep me at a distance. In fact, he arrived for sessions with a warm, big smile on his face, telling me how much the sessions meant to him. He could hardly wait to come to his sessions. I also enjoyed sessions with him. He was endearing and my tenderness for him had increased enormously. I listened out for the whispers that revealed the presence of self-worth, to prepare Albert for a self-validating life, a life without the constant shadow cast upon it by death. In one of his sessions, Albert announced that each time he walked out the consulting room door, he no longer felt he went straight over a cliff. The world inside the therapy room and the world outside were not so vastly different anymore.

Albert began to share his feelings about me more openly. His statement to me, ‘I like to rest myself in your thoughts’, resonated with a sense that he had achieved the emotional connection he so craved for. The arrival of sexual dreams where the woman he so desired scorned and ridiculed him did not surprise me. Although Albert allowed himself to feel loved by me, developmentally he was not ready to own his potency as a man. For him, potency was equated with violence and intimacy with rejection. He recognized that he was anxious that women would reject him or worse, he might harm them. In his fourth year of therapy, as he was leaving his session, Albert accidentally brushed himself against me and apologized profusely. I was able to acknowledge his need for warmth through touch and did not reject him. On another occasion, again as he was leaving his session, he kissed me on the cheek and said, ‘I’ve been wanting to do that for a long time’. While Albert previously kept his erotic desires for women and for his therapist at bay, both to protect himself and his therapist, through a process of differentiating himself from a hateful mother, he could get in touch with his sadness. This paved the way for deeper work, where Albert’s loving sentiment accompanied by sexual desire manifested in his openly flirtatious and seductive behaviour towards me. During this phase of the work, I, too, felt Albert as an attractive and desirable man and took this to be an indication of a transformational therapy experience, where his previous absence or lack of a loving and lovable self was now more fully embodied in a mutual encounter with desire. Albert’s aggression and rage captured in his wish to be dead had
softened and his self-hatred transformed into feeling worthy of another’s love. He soon met a young woman with whom he formed an intimate relationship.

The man described in the above-mentioned illustration exemplifies that sexual attraction, if handled with sensitivity, can be liberating and transformational for a client. If a therapist can embrace the client’s as well as her/his sexual desire and facilitate the development of intimacy in a ‘measured’, embodied fashion, with sentiment and feeling, not pure technique or avoidance, the therapy becomes a vehicle for an authentic, relational and transformational therapy experience.

Anyone who studies psychotherapy, clinical and counselling psychology will recognize something of themselves in this book. Those with curiosity about sexual attraction in a therapeutic relationship will learn that, despite the fears and anxieties such a topic may evoke, the topic is situated in the lives of clinicians; it is therefore a normal, albeit intensity-infused subject. No particular clinical discipline has exclusive claim on this topic. Hence, all clinicians of different disciplines and theoretical orientations have something to say about this pressing topic. To avoid missing out on the valuable understandings of clinicians generally, I have undertaken to be as inclusive as possible, by inviting scholars from different disciplines and perspectives to contribute chapters from their own unique theoretical, clinical and research vantage points. Almost without exception, the authors have worked diligently under the scrutiny of the editor to revise their work to bring it to its present quality. I am grateful to all contributors for their commitment to do justice to such a complex therapeutic manifestation.

My interest in the topic has been evolving for many years since my own very first experience of a seductive male client expressing sexual desire towards me when I was an honorary psychotherapist. I became worried and wondered whether I had the capacity not to make a mess of his therapy, with my anticipated anxiety that if I did, there was a risk of a premature ending to the work. Luckily, my then supervisor helped me recognize the clinical significance of the manifestation of my client’s sexual desire so that I could manage the intense feelings it evoked in me. Of paramount significance was my learning that therapy involves an intersubjective connection between two people and that it should not be surprising that sexual desire may emerge as part of the intimacy continuum.

The ideas in this book have been developed through mine and my collaborators’ teachings, practice and research of sexual attraction in therapy. I have personally learned a great deal from supervising students’ projects,
particularly those linked to sexuality and sexual attraction. My readings and writings of erotic, erotized, sexual and sexualized transference and countertransference topics have guided my understanding and practice for many years. However, I feel that the field is now in need of furthering our understanding of sexual attraction in therapy, from a new vantage point and from a variety of perspectives.

I have benefitted from discussions with friends, colleagues and students alike, and in the process, I have come to think about the experience of sexual attraction in therapy as normal and often an inevitable process of healing. So, why should it matter so much how sexual attraction in therapy is experienced and managed by therapists? Having often witnessed how such an experience evokes powerful feelings of fear, anxiety, shame and guilt in therapists, often to the detriment of the therapy process, I believe we need to give the topic the centrality it deserves to help us move beyond the taboo and learn to manage such situations more effectively.

The book’s intention is to help students, researchers and those in clinical practice understand the permutations of sexual attraction and learn to embrace it as a manifestation of the human condition, not to avoid or fear it but to attempt to capture its essence as a meaningful occurrence of therapy relationships with transformational potential. The book is peppered with case vignettes and clinical examples. These are developed to help readers see how an idea translates into practice. It also raises important questions rather than answers to invite the reader into deeper reflective practice. Each chapter offers insights on what sexual attraction is, as well as clinical strategies for working with it. Together, they reveal the endless complexity and richness of perspective on sexual attraction. Rather than sum up a single perspective and widen its field, the diversity of this volume seeks to promote new perspectives on sexual attraction, new ways of thinking and new ways of working with it.

The topic of sexual desire and attraction is an existential concern as it is rooted in our everyday life. Sexuality, sexual desire and their manifestation in relation to another are givens of our existence. They are at the core of our human connectedness, no matter how difficult to define. I believe that if we accept sexual attraction as an intrinsic aspect of our fundamentally human condition, then it follows that it would naturally find its way into the consulting room. The book will provide highlights from the consulting rooms of many, while at the same time restricting the content and disguising the agents so that confidentiality and anonymity remain intact.
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I hope that the book is received as a torch for further innovative and creative psychological investigations on sexual attraction in therapy.

Maria Luca
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References


Part I

Relational Perspectives on Sexual Attraction in Therapy
A young-ish male therapist walks downstairs to meet a new client for an initial assessment session. The setting is a shabby NHS out-patient psychology department. Sitting in the waiting room is a well-dressed young female client who regards the approaching therapist with a detached look of mild curiosity. The therapist greets the client and asks her to follow him upstairs to the consulting room. The client says nothing and follows as directed. The therapist has already noted that this new client is well dressed, composed and out of place in this grey and grubby environment that the therapist has increasingly come to experience as oppressive.

Upon sitting down in the comfortable but worn chairs, the therapist somewhat lazily starts the session with the usual enquiry “so . . . what is it that brings you here today?”. The client does not respond immediately with the usual rush of description regarding anxiety or low mood but instead looks into the distance in an apparently reflective manner. The therapist thinks to himself “how interesting . . . she seems pretty reflective . . . really composed . . . she looks a bit European . . . quite sophisticated.” He sits up straighter in and pays more attention. There is some sense of discomfort as well, a vague anxiety. Finally, the client responds. “You know . . . sometimes I think there is nothing at all going on inside my head . . .” instantly the spell is broken . . .

1 All case materials presented in this chapter are fictional.