

# ***Ethical Issues***

## ***No. 1: Therapists' Sexual Fantasies***

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Future issues of *Self & Society* will include a discussion about a specific ethical issue arising from the practice and experience of humanistic techniques. There are two ways in which you can become involved in the discussions which develop in this section. You can send us examples of issues which you would like aired, like Miranda's story below (changing names and details as you feel appropriate to preserve confidentiality). And you can send us your thoughts about how these issues might be resolved, like Suneith's response to Miranda. Each issue we will publish a new 'story', together with responses to the issues raised in it and responses to previous 'ethical issues'. Please send your contributions to David Jones at the editorial address shown on the inside front cover.

### ***The Background***

A little while ago I was at a meeting and heard Angela Willow (she reviews a book on page 42) comment that therapists should not have fantasies about their clients. At the time there was no opportunity to ask her exactly what she meant, and it was some time before I phoned to ask her. This is what she said.

The key to this issue is the intention of the therapist. Being sexually aroused during a session is not in itself a bad thing. Indeed it can provide the therapist with information which may be useful for the client. But seeking sexual arousal for pleasure during a session is harmful, for it amounts to using the presence of a client for the gratification of the therapist. Developing conscious fantasies amounts to just that.

How about day dreams outside the therapy hour? Again this is abusive, as it is using the client for the therapist's pleasure. And dreaming about clients during sleep? Take it to your own therapist, and become aware of the unconscious fantasies informing the relationship.

After the conversation with Angie, I recalled being in a dentist's chair and getting the horrible feeling that the dentist was having rather nasty fantasies, of the daydream type, about me. I did not like it one little bit. It seems to me that the training institutes do not teach very much about sex in the therapeutic transaction. Is this true, and should it be otherwise? Your contributions, please, for the next issue of *S&S*.

*David Jones*

## ***Miranda's Story***

I am a recently trained female counsellor in my forties. I have a client, Mark, who is in his thirties. He has been coming to see me weekly for three months, mainly to work on his problems sustaining relationships with women. I am happily married to a slightly older man, with growing children of my own, and have never gone for younger men. However, a few weeks ago Mark spent most of his session talking about his need to get close to one other human being, and his fears about doing so. I felt moved by this — he was being more open and honest than ever before — and that night I had a very warm, loving and sexual dream about him. This wouldn't matter in itself, except that the dream was one of those persist-

ent ones, and since then I have found myself in sessions with Mark longing to recreate the experience of that dream. I can tell myself it is inappropriate, and that the real Mark is not at all the same person as the dream one, but I find myself wanting to touch him. I feel that this has not yet got in the way of the work we do together, but I am concerned that it might do so. There has not yet been time to mention this in supervision, and I must admit I am unwilling to discuss this with my supervisor as I feel ashamed and foolish. We never discussed what to do in situations like this in the training I did, and I have this lurking suspicion that if I was a proper counsellor I wouldn't have these feelings.

## ***Suneith's Response***

Suneith is a psychotherapist and educational consultant in private practice in London; she also co-leads groups for adolescent sex offenders and their partners.

The most creative experiences I have had have been with *real* people in *real* relationships, and this includes therapeutic relationships. As an outer advocate for the inner child I listen to *all* the information, especially dreams, that could tell me that the longing and desire for merger is developing between my client and me. In this way we feel, recognize and hold the erotic tension of ambivalent attachment between us *without acting upon it*.

My intention is to honour the inner child's trust in me — which the inner child *knows* I could choose *not* to do. I *choose not to violate* this vulnerable self which the client has placed in my 'therapeutic arms' in the same way

that I *choose not to violate* my own child's trust, or that of my lover or friend. This opens the space for emotional and intellectual sharing, for the joy, anger, loss and pain, grief and mourning associated with attachment, separateness and aloneness. This knowledge is shared implicitly and explicitly between us, and in our mourning we transform the erotic tension into 'kinship libido', which can be returned to as we need and which helps us to grow and transform our 'selves'.

In this way the inner child experiences the love, support and separateness that becomes our interconnected adults. If my supervisor couldn't handle that, I'd change my supervisor!