New Guidelines Issued on Patient-Therapist Sex

By DANIEL GOLEMAN

Carolyn Bates, a single woman in her 20's, went into psychotherapy some years ago because she was in emotional pain over her father's death and confused about her relationship with her boyfriend. She had immense confidence in her therapist, who seemed completely trustworthy.

But after nine months, the therapist said she needed to be more casual and relaxed about sex. If she could not learn to be affectionate with him, he said, she would never have a good relationship with a man. Saying he wanted to relax her, the therapist had her lie on the floor while he massaged her. After a few such sessions, they had sex.

A little over a decade ago, cases like that of Mrs. Bates were often winked at by the authorities, dismissed as the fantasy of troubled patients or ignored. But now, the cases of patient-therapist sex are being dealt with by the outraged patients themselves, by state legislatures and by the therapists.

Movement for Change

Last weekend, the American Psychological Association's newly appointed panel on sexual impropriety met to begin drawing up new guidelines. Earlier this year the psychiatric association's annual convention featured a new videotape intended to train psychiatrists in dealing with their own sexual feelings toward clients and in handling colleagues and patients who have crossed the line.

While no one knows exactly how pervasive the problem is, half of 1,320 clinical psychologists in a national survey said they had treated patients who had had sexual relations with a previous therapist. The study, which will be published next year in the journal Psychotherapy, was conducted by Valerie Vetter, a psychologist with the California State Medical Board, and Kenneth Pope, a psychologist in Los Angeles.

Earlier surveys of psychotherapists have found that up to 7 percent acknowledged having had sexual contact with a patient at some point in their career.

> If there is a hint of arousal in a therapist's touch, it is wrong.

But the frequency of such contact may be decreasing. While a 1977 survey of psychologists found that 12 percent of the men and almost 3 percent of women admitted such contact, a survey last year of 4,800 psychiatrist, psychologists and social workers found that only 0.9 percent of the men and 0.2 percent of the women admitted having had sexual contact with a patient. Whether the drop reflects a decrease or a newfound reticence on the topic among therapists is unclear, said Dr. Pope, who conducted the most recent study.

Such reticence is understandable, given the new climate of condemnation of the practice. About half of all complaints by therapy patients to state licensing boards concern sexual misconduct by psychotherapists. "Even though the figures say patient-therapist sex is declining, litigation is increasing," Dr. Pope said.

Since 1985, psychotherapists' sex with patients has been made a felony in Wisconsin, Minnesota, North Dakota, Colorado, Florida, Maine and California. Two other states, Massachusetts and New Mexico, are moving in that direction.

The Emotional Damage

These efforts reflect a sharpened perception among psychotherapists of the emotional damage left in the aftermath of patient-therapist sex. "These patients end up with the same emotional problems you see in incest victims," said Dr. Nanette Gartrell, a psychiatrist at the University of California School of Medicine in San Francisco. "They have trouble trusting anyone, they're frightened of being taken advantage of in intimate relationships and they are severely depressed."

These problems, said Dr. Gartrell, occur in 90 percent of the patients in such cases. Studies have found that 10 percent of the patients have problems so severe they need to be hospitalized and 1 percent commit suicide.

There are often warning signs of trouble, said Gary Schoener, a psychologist at the Walk-In Counseling Center in Minneapolis. Since 1974 Dr. Schoener and his colleagues have counseled more than 2,000 clients and therapists who have been involved in sexual contacts in therapy.

The Therapist as Seducer

In 150 interviews with therapists who have admitted having sex with patients, six distinct types emerged:

THE SERIOUSLY DISTURBED. Typically psychotic or nearly so, these therapists may suffer from delusions. Though small in number, each may have as many as 100 victims.

THE SOCIOPATHS. Very self-centered, exploitative and pleasure-oriented, they are superb liars and cover their tracks well. They try to find patients who are unlikely to turn them in and typically have multiple victims.

THE IMPULSIVE. These therapists have an impulse disorder, like chronic gambling or alcoholism. For them, sex with patients is one of several symptoms of difficulty in controlling impulses. One such therapist seduced at least 40 patients.

THE ISOLATED. Such therapists have few personal relationships outside their practices and meet their own emotional needs through patients; sexual relationships often follow. Frequently the therapist will get involved with a patient who has been in therapy for two or three years.

THOSE IN CRISIS. A personal crisis, like being widowed or divorced, may lead a vulnerable therapist to seek a sexual relationship with a patient who, in other circumstances, might have been a potential mate. These therapists are often contrite and frequently report themselves.

THE NAÏVE. These are usually poorly trained therapists who do not understand professional boundaries and so become enmeshed in clients' personal lives outside therapy.

Source: Gary Schoener, Ph.D.

"The strongest early warning sign of sexual involvement is a therapist who talks too much about his or her personal problems, especially loneliness or marital dissatisfaction," Dr. Schoener said. "The second most common signal of trouble is excessive touching of the patient by the therapist. It's not always an impropriety to hug a patient, but if there is any hint of arousal or touching of intimate parts, it is wrong."

Utter Trust Is Betrayed

Many patients who give in to sex with their therapists do so because of a feeling of utter trust, much like a small child feels for a parent. Psychoanalysts call such feelings "transference."

"Counter-transference," the therapist's intense feelings toward a patient, can include lust as easily as anger or envy. In a 1986 survey of 1,000 psychologists, Dr. Pope found that 87 percent said that they had at times felt a sexual attraction toward a patient.

Many therapists feel that the true figures are even higher. Dr. Schoener said: "The issue isn't the 87 percent, but the other 13 percent who lied or are denying their feelings to themselves. The problem is not feeling an attraction, but when it interferes with therapy by distracting you or impairing your judgment."

Therapists Told to Seek Help

Dr. Elissa Benedek, president of the American Psychiatric Association, advises therapists to seek help "if you think there's any chance at all you might act on your feelings, or that they might affect the course of therapy." If necessary, the therapist should refer the patient to another practitioner.

Even if there is no overt sexual contact, erotic feelings toward a patient can skew therapy in a variety of ways. For one, if a therapist fails to recognize his own attraction to a patient, he may unconsciously try to distance himself, creating a great psychological gulf between them, said Dr. Pope, which makes the patient feel rejected.

"Sometimes a therapist who handles these feelings poorly will avoid any discussion at all of sex," Dr. Pope said.

Steven Bisbing, a psychologist and lawyer with the program in psychiatry and law at Georgetown University Medical Center, said: "Both ethically and legally, patient-therapist sex is always the therapist's fault. Courts have ruled that the consent of a patient to sex is no defense."

This year also saw the formation of self-help groups for patients who have been seduced by psychotherapists. A group formed in Boston, Therapy Exploitation Link Line, or TELL, is expanding to other states.

Options for the Victims

"There is much victims can do for each other," said Cindy Coopersmith, a clinical social worker in New City, N.Y., who has established a self-help group. "You can complain to the state licensing board for your therapist's profession, and to his professional association. And you can also sue for damages."

But Mrs. Bates, who joined with two other women to sue her therapist for damages, cautions: "If you sue, you need people in your life who will give you emotional support. You will be blamed for what happened and accused of seduction."

Mrs. Bates's therapist, after pleading guilty to sexual assault in the case of another patient, is currently under court supervision and prohibited from practicting psychotherapy for 10 years.

The therapist settled out of court with Mrs. Bates, but his license was revoked because of her complaint, said Patty Bizzell, executive director of the Texas Board of Examiners, which licenses psychologists.

Mrs. Bates is in her final year of training as a counselor. "Remember," she said, "the vast majority of therapists are highly ethical people."

Nancy Doniger