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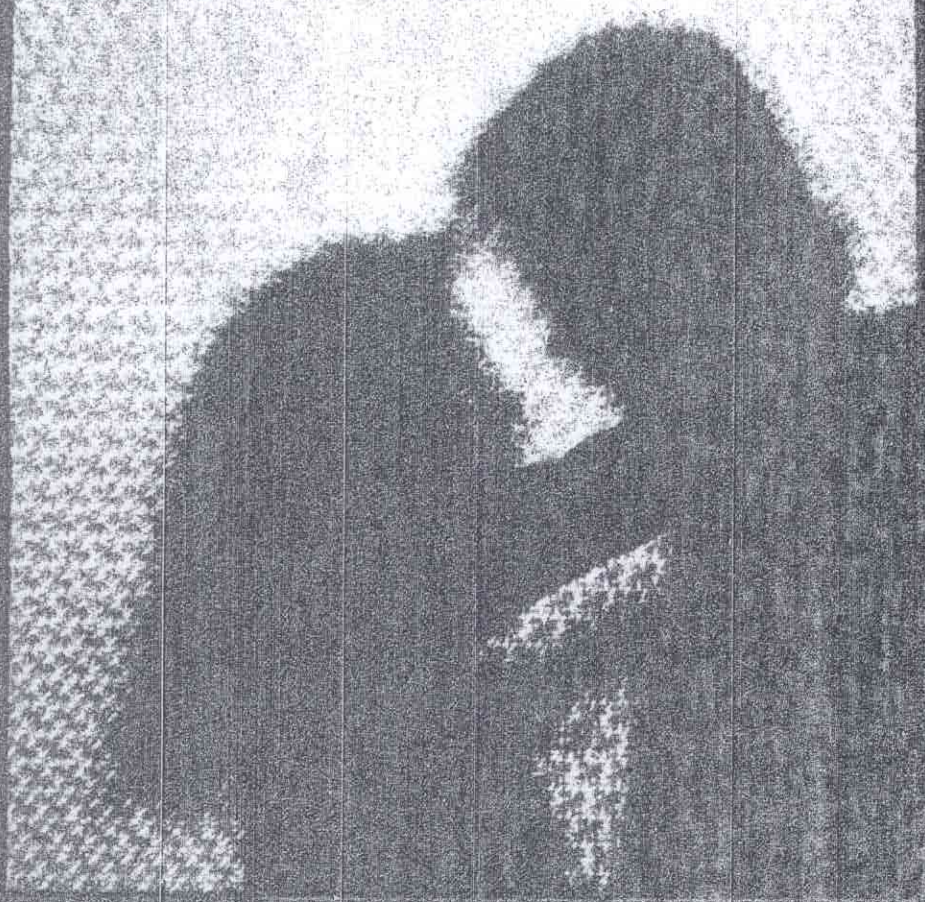

Sex and the Therapist

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Sex and the Therapist

by Ingrid Sundstrom

Behind the door, do you get tryst or treatment?

"I kept trusting him and trusting him and turning to him and turning to him. And he let me down every time. I wish I could hate him, but I don't. It would be a lot easier for me. I hope someday I will be able to forgive him. I still have mixed feelings. I feel mostly anger. I feel like he just kept looking out for himself when I needed him to look out for me. I've been so unstable since that whole episode with Frank. Oh, I was unstable before, but I was always able to pull out of it. Even now, a whole year later, I still have the fear of flipping out. I got kicked in the guts. I had such a horrible experience in the hospital that it sent me right back to Frank. He said he felt bad about me ending up in the hospital, and said he knew the sexual thing between us had clouded his judgment about me. Then he put his hand on my knee. It's purely disgusting. I was lonely and depressed. I needed affection in counseling, not raw sex." — Linda, age 27

Linda was a woman who wanted help and guidance—desperately. She got only sex . . .and another set of problems.

Her story, told throughout this article, is not wholly uncommon. There are psychotherapists in this area who ignore their clients' needs and defy all professional codes of ethics by using their clients for their own sexual purposes—often in the name of therapy.

The sexual relationship between a therapist (usually male) and a client (usually female) is not your typical "fling." It's much, much more than that because of the special relationship that usually exists between therapist and client, said Gary Schoener, licensed psychologist and executive director of the Walk-In Counseling Center (WICC) in Minneapolis, which is taking some pioneering steps to deal with this problem.

"Your therapist is someone you can trust. You have extremely high expectations of him, that you will be treated fairly and kindly. Perhaps you have told him things you would never tell anyone else; perhaps he has seen a side of you no one else has ever seen. And he has been accepting of you in spite of what you are, what you say. He takes on a significance similar to that of a parent—all accepting, never rejecting. This is a therapeutic phenomenon called transference," Schoener said.

Used in the correct way, transference can be a very positive thing, he said.

"But you never expect to be kicked out by your therapist, the one you trusted so much that you slept with him, or let him be sexually intimate with you," Schoener said. "And it is like the ultimate rejection . . .rejection by a parent . . .rejection as a human being. Some women are nearly decimated. They become extremely distressed and distraught.

"We have known a number of women who have contemplated suicide as a result of sexual relationship with their therapists, and we strongly suspect that one suicide we know of was committed directly as a result of the woman's distress over this problem," Schoener said.

"I was going through a bad time. I was living with a fellow and things were falling apart there. We had a lot of the same hangups and we weren't helping each other.

"Because of some previous bad experiences, I didn't trust psychotherapists and never wanted to see a shrink again. But I was having a lot of depression and knew I needed help. I got involved in a sort of self-help movement in a Twin Cities center that specialized in this nontraditional type of therapy or help.

"A psychologist advertised through this center and he was close to the movement's leaders, so I thought maybe this would be the answer, since he was so high up there. I had a strange reaction to Frank (a pseudonym) from the very beginning. He gives the impression of being very honest and right out front."

Is there a 'type' of woman who becomes sexually involved with her therapist? That's like asking if there is a type of woman who is raped.

Social Worker Jeanette Milgrom, community coordinator for the Walk-In Counseling Center, said however, that there are certain characteristics common to women she has counseled. "The women we have worked with generally have been above average in attractiveness, education and functioning. A very assertive woman probably wouldn't get into that type of relationship, but then, a very assertive woman might not seek therapy, either," she said.

"The women may be troubled, but there is reason to believe that the average person entering therapy is troubled, vulnerable, reaching out for something."

Even after the relationship with the therapist is over, after subsequent therapy, and the problems have been worked out, the women are still angry, Schoener said.

They support efforts to fight the problem, but decline to join the fight. "They just don't want to think about it anymore. They're angry that they had to deal with it, that they had to ruminate on it day to day, that they had to tell their husbands or boyfriends, that they had to work it out."

"I saw him in his apartment. Almost right away he got into giving me backrubs. Meanwhile, the relationship with my boyfriend was getting worse and he moved out. I was really flattered or something that Frank would give me backrubs. I wasn't too concerned about it at first because I was still living with my boyfriend and I'm a monogamous person. But after he left, I began to feel I could have a sexual relationship with Frank.

"The therapy went right out the window when the sex thing started. But I still needed him as a therapist and I wanted to impress him so I still kept seeing him, hoping he would help me."

"I didn't have regular appointments. I just called him when I needed to see him. I never saw him for more than a couple hours a week or so. Sometimes I'd call him when I felt I was freaking out. One time it was really bad, like my body was taking over and I could hardly talk, so I called him. He yelled at me, 'You woke me up in the middle of the night to tell me you couldn't talk.' Another time he accused me of wanting to end up in the hospital.

'We strongly suspect that one suicide we know of was committed directly as a result of the woman's distress over this problem.'

Sexual involvement between a therapist and client is considered forbidden by most therapists who will speak up about the matter. A small percentage of professionals apparently do approve of the practice, but they don't usually speak up publicly. Sexual "intimacies" between therapists and their clients are specifically forbidden by the official ethical codes of the medical, psychological and counseling professions.

"Sexual intimacies are generally interpreted to include not only sexual intercourse," Milgrom said, "but also kissing, fondling, masturbation, petting, unclothed contact, lap sitting, or sometimes even erotic talk or suggestions."

I'm not talking about a handshake, or even a hug," Milgrom said. "There are friendly, supportive hugs, and erotic hugs. People can tell the difference; they can feel what's going on."

"When the therapist becomes sexually involved with his client, he has lost his therapeutic stance," said social worker Minna Shapiro, director of family and child treatment of Family and Children's Services of Minneapolis.

"It undermines any therapeutic process. The therapist, then, cannot do his job. He is taking advantage of the situation and of the client. It's not two consenting adults at all . . .it is more like an adult and a child, in the power situation."

In fact, she said, the therapist is in a double power situation with many women clients: first, as a male, and then, as a therapist.

"The therapist is esteemed, educated, assumed to be responsible, a man. He is saying, 'Something is wrong with you . . .I'm here to help you . . .do it my way.' Who is she to say what is to happen?" Shapiro said.

"I went through a thing where I thought the sex was wrong, but he said he'd never been involved with a client before. I felt, wow, I was really special. A lot of my emotional, psychological problems involved a lack of self esteem. I felt if someone really got to know me, they could love me. If they could dig down deep, through all the problems, they would find I had a really good soul. I thought he was getting to know me that way. All the time, I guess, I at least felt good about my soul."

Within the framework of a sexual relationship, the woman not only does *not* receive needed counseling, it often also occurs that the woman takes on the therapist's role, and begins to take care of his needs, worrying about his problems.

She's insecure, confused, anxious. The client wonders if the therapist is sleeping with her because he wants to, or if it is just part of his job. She also feels guilty—guilty about the relationship because of her own husband or lover, and guilty about what she is doing to the 'poor therapist's' life, and wife and family.

When the relationship ends, the woman may feel grief, besides her other responses. She grieves as one might with the loss of any close relationship, or with the death of a loved one.

She often blames herself for having become so involved with the therapist . . .('I was seductive, after all,' she reasons.) She disparages herself for having become involved. She fears getting help from another therapist, who might do the same thing to her, or who might take sides against her.

These reactions are fairly typical of women who have been sexually involved with their therapists, WICC staff members add.

In a nationally acclaimed study on sexual intimacy between female clients and male psychotherapists, Betsy Biloti reported that many of the 25 women she had surveyed had been in awe of their therapists, and had been extremely flattered by their sexual overtures. Many women fancied themselves in love with their therapists, she said.

And yet, said Schoener, most women are obliged to hide the "affair" from friends and relatives. "Even if a woman says she feels good about the relationship, it often comes out later that it isn't or wasn't too good after all. There was always a conflict, a discomfort," he said.

"When I told Frank about a former therapist who had kissed me and held me, he (Frank) said, 'What's wrong with that?' But I was still upset that I had grown to love this man (the former therapist) like a father or a brother and here he was making advances to me.

"Frank never said the sex was for my therapy, but once he said something like he thought I needed sex, or a lot of touching. I can see now how really vulnerable I was.

"I knew he was involved with someone, but I didn't know much about it. One day he said there was going to be a change in his life and I had to guess what it was . . .he made me guess it: he was getting married. And he said he felt we deserved one more time together."

In an out-of-print book, "The Love Treatment," psychiatrist Martin Shepard endorses sexual relations between therapists and clients as benefitical to some patients' growth and well being.

"It can help people become aware of their own feelings and it can teach them about how they and other people interact. No more, no less," he wrote.

Shepard contends in his book that the few cases of "doctor-patient sex episodes that do come to the light are generally the ones that have gone bust. Somebody blows the whistle. Or the patient, feeling wronged, goes off to a new therapist and tells all."

But, Shepard notes, one of the problems is that therapists could "tend to lose their objectivity in the sexual involvement with a patient," so he cautions against it, and also notes that the therapist should "be available, but never insistent."

He noted that his theory is scorned by most of the "psychotherapeutic Establishment."

Schoener agrees.

WICC, which prides itself on providing mental health services usually not offered elsewhere, has been in the forefront, nationally, in dealing with the therapist-client sexual involvement problem, making it visible and publicizing it so that victims may come forward for counseling and other types of assistance.

Staff members have done extensive counseling for victims of this form of therapist "abuse," and, at the suggestion of one woman victim, developed in the fall of 1976 a therapy group specifically for women who have been sexually involved with their therapists—perhaps the first such group in the country.

Milgrom codirected that group, now disbanded. Another may be organized whenever the need and interest arise, she said.

Under the direction of John Grace, administrative fellow at the University of Minnesota School of Social Work, WICC has developed informational materials to help therapists in counseling women who have been sexually involved with previous therapists.

WICC will provide information and time, if necessary, to take complaints against such therapists to the appropriate authorities, such as professional ethics committees, or even help with lawsuits.

"I had freaked out before and had felt suicidal before, but at this time, during my relationship with Frank, I started acting out on these feelings. I actually took out a razor blade and started cutting my arm. And, although I've always been paranoid about drugs, after I found out he was getting married, I took three or four Valium to see if I could do it . . .I ended up in the hospital. It was a horrible experience. I feel he was directly responsible for my breakdown this time.

"But after that, I still started seeing him again—as a therapist, because I still thought he was a good therapist. There wasn't any sex thing at first, but after a while the back rubbing started again. Things in my life were going better for me and I thought 'I can't get interested in other men if I'm involved with him.' But when I tried to break off the sexual thing, he'd start showing affection. He said he was starting to fall in love with me."

Some professional therapists declined to be interviewed for this article, saying that the topic wasn't much of a problem anyway, so it's just a big fuss over nothing; or that a client's claim that her therapist became involved with her sexually might be simply a vindictive story and untrue; or that the client may have led the therapist into such a relationship.

"Therapists are people, too," one counselor said. "People can become attracted to one another, even therapist and client."

"We all have a right to sexual feelings . . .of course," said Minna Shapiro, "but we're not talking about FEELINGS, we're talking about ACTION. As far as I'm concerned, sexual seduction in therapy is hostile."

"Therapists are supposed to be trained to deal with all types of behavior," Milgrom said. "If a client is angry, the therapist does not engage in fistfighting. Similarly, if a client comes on seductively, the therapist does not respond by flirting or by taking the client to bed. The therapist," Milgrom emphasized, "is just NOT to play to these things."

Professionals who ignore or dismiss the problem, are, in Milgrom's estimation, "dense, unprofessional, unseeing."

"There's also a protection of their own profession. Some are partly defensive, or embarrassed, because they don't know how to deal with it," she said. "If they pretend it isn't a problem, they don't have to deal with it."

"We'd had intercourse before he was married. Then, after . . .after I was seeing him again . . .after the sex thing started again it was everything but intercourse . . .as if everything was all right if you don't have intercourse."

Reporting of the incidents is as rare, Schoener noted, as reporting of rapes once was. Who would the women tell? Would they be believed if they did tell? Wouldn't they be more ashamed and embarrassed if they told, and everyone found out it happened? . . . What if a husband or lover found out? If they went to another therapist, would the same thing happen all over again?

Those cases that are reported to professional ethics committees are reviewed in silence and secrecy. The outcomes of some complaints are never learned, and the records are sealed, Schoener said.

"We never tell anyone they have to file a complaint, but if a client asks, we'll certainly do everything we can to help with that," Milgrom said.

"Or," said Schoener, "we'll file a complaint without the woman's name if she doesn't want to come forward herself."

Shapiro said she hopes to get her clients to pursue the matter. "It is, in a way, a strengthening thing for anyone to sue, to bring charges against someone who has caused so much turmoil," she said.

At least one local case recently gained notoriety through the public press. In June 1976 a St. Paul psychiatrist, Dr. Wilfred A. Cassell, lost his license to practice medicine for a minimum of one year for alleged sexual improprieties with some of his patients.

Following a nine-month investigation, the Minnesota Board of Medical Examiners suspended Cassell's license, based on such "findings of fact" as that the psychiatrist had engaged in hugging, caressing and other forms of physical contact with some female patients between 1973 and 1975, and had engaged in sexual intercourse with three of his patients in September and October 1974, it was reported.

The state board acted on the basis of complaints from eight of Cassell's former patients.

The Board of Medical Examiners said in its conclusions on the Cassell case, "that by engaging in sexual intercourse, either as a part of a patient's 'therapy,' or as an act separate from a patient's treatment, (Cassell) engaged in unethical and unprofessional conduct in violation of Minnesota Statutes . . ."

So-called "touch therapy" as Cassell engaged in, "is (not) accepted by the board as a proper form of psychiatric treatment," the conclusions stated.

Cassell's license was reinstated in April with certain conditions and stipulations: he must undergo therapy from a duly licensed psychiatrist and he may not engage in private practice of medicine of surgery for an unspecified period. He may only practice medicine or surgery in a hospital, and his supervisor must submit quarterly reports on Cassell's professional conduct.

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'Maybe they don't know what to expect when they seek psychotherapy, but they sure don't expect sex.'

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Cassell is now practicing medicine in Alaska, said Arthur W. Poore, executive secretary of the state medical examiners board.

"I had talked to some people about him, but after he was married I could only talk to one friend. If she had put me down I wouldn't have even been able to talk to her. She said later she almost bit her tongue off several times. I'm glad I could talk to her. She finally got me to another therapist."

'Cases that are reported to professional ethics committees are reviewed in silence and secrecy, the outcomes of some complaints are never learned, and the records are sealed.'

Complaints can also be filed with professional boards, or as lawsuits in the public courts.

In one of the country's most famous cases of a woman being seduced by her therapist, the client won her case against New York psychiatrist Dr. Renatus Hartogs, who was, at the time of her treatment a sex advice columnist for *Cosmopolitan* magazine. Julie Roy, then 36, was finally awarded $25,000 in compensatory damages, in January 1976. The judge in the case concluded, "A patient must not be fair game for a lecherous doctor."

It has been alleged that "lecherous doctors" and other counselors have been responsible for many troubles of at least 12 women treated at the Walk-In Counseling Center in the last few years.

"God only knows how many more there are. Sometimes it takes as long as a year or more before a woman can bring herself to seek help from another therapist, if ever," Schoener said. "This center is small, so for us to know of that many cases in several years' time, that's a lot."

A St. Paul psychologist, Dr. Richard Friberg, said he has had eight to 10 women clients in the last several years who had been sexually involved with previous therapists. "I would say that is a considerable number," he said. "It is somewhat difficult to establish trust with these clients. I have somewhat of a bias against people who misuse their power. In this case, it is

used to an unfair advantage, if for no other reason than selfish ones for the therapists. I urge these clients to take action against the therapists."

Another local therapist reported that at least 23 cases of therapists involving women clients in sexual relationships have been known to exist in Hennepin County alone.

"I had to sit in a room with other people I didn't know and talk into a tape recorder for four hours (her deposition on her complaint to a state licensing board). I should have had an advocate or somebody with me. It was rough. I felt like they believed me, but I don't think they really investigated my complaint. I haven't heard anything for sure about what happened to him . . .if they charged him with anything to do with me or my complaint." (Nine months later.)

Many local therapists are beginning to be aware of who the culprits are. Although they might not actually file charges without consent of their reluctant clients, some admit they quietly spread the word to other professionals. "I let other therapists know that a certain person or certain people should not be on referral lists because of this problem," one therapist said.

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How to Find a Shrink

There may be times when the problems of life become greater than an individual feels capable of handling.

You have sought help from friends, family, loved ones . . .even a few strangers, but you think it's time to call in a professional—a counselor, priest, psychiatrist, therapist, analyst, minister . . .a shrink.

You made the decision. Okay. Now what?

Look in the telephone book? Gulp. That's not much help, is it?

So, what to do? Don't change your mind. Just read on. With the help of the staff of the Walk-In Counseling Center, *Mpls.* brings you A Consumer's Guide to Finding A Shrink and Using His/Her Services to Your Maximum Benefit and Minimum Despair and Expense.

First: How do you find a psychotherapist (someone skilled in the treatment of mental or emotional disorder or of related bodily ills by psychological means)?

1. Ask for references and recommendations from people you know and other reliable sources, such as:
   - Someone who is seeing and is pleased with his/her shrink (bearing in mind that doesn't mean you, too, would be pleased—but it's a possibility, and a place to start),
   - Your doctor, or clergyperson,
   - Mental Health Association of Minnesota, 4510 W. 77th St., Edina, 835-4282,
   - Ramsey County Mental Health Center, 529 or 640 Jackson St., St. Paul, 298-4737 (8 a.m.-4:30 p.m.)
   - Community Information and Referral Service, 404 S. 8th St., Minneapolis, 340-7431,
   - Youth Emergency Service, 608 20th Av. S., Minneapolis, 339-7033,
   - Walk-In Counseling Center, 2421 Chicago Av., Minneapolis, 870-0565,
   - School counselors, county mental health boards, hospital hotlines—there are plenty of resources for referrals. Seek. You'll find.
2. Shop around a bit, ask lots of questions, such as:
   - What is your fee per hour? Can it be less, depending on my income? Can I pay in installments? Would my health insurance cover it?
   - Please explain what your treatment method is . . .so I can understand it. Can you recommend a book to read that would explain your philosophy or your treatment?
   - How long do you usually treat your clients? What is the average treatment time? Months, weeks, years? How frequently do you see patients? Once, twice a week? For how long? Half-hour? Hour? Do you have office hours convenient to my schedule?
   - Do you treat other people in my age group? My particular status? Those with my type of problems?
   - What are your credentials? Are you licensed? To what professional organizations do you belong?
   - (If you have the guts) Do you ever have intercourse with your patients? (If the answer is yes, or if there is hedging, stay away from that one.)

Once you have collected all this information from one, two, or several therapists, you should be able to make an informed, comfortable decision about which person you would like to assist you.

"Therapist-hopping is becoming more acceptable," said psychologist Gary Schoener, executive director of the Walk-In Center. "It might be necessary to find the right treatment for you."

It's no disgrace not to click with the first therapist you try. Yes, it's expensive. Many things worthwhile are expensive. . . .but remember, it's your mental health at stake.

A good rule of thumb in working with a therapist, Walk-In staff members suggest, is to determine if you feel comfortable with the therapist and the therapy. If even feeling "too comfortable" somehow doesn't feel comfortable, discuss it with the therapist, or get another opinion.

As one therapist put it, you wouldn't buy bad hamburger at the same high-priced market every week, just because you've always shopped there.

Schoener also cautioned against some myths about psychotherapists. "Therapists are people too," he said. "They, too, have people problems."

One myth is that therapists have their heads together, and that therapists are completely therapized, Schoener said. Not necessarily so. Consequently, it's a good idea to avoid blind trust of the therapist . . .as with anyone.

"Many people also assume that therapists are completely objective and value-free. And they believe that therapists are wise in all ways of the world. Actually, in reality, they can be out of it," Schoener said.

Choosing a shrink is a much more important decision than where to vacation, or which automobile or refrigerator to buy . . .and it can be more expensive, too.

So, buyer beware. *Mpls.*

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"The professional grapevine is one thing," said Milgrom, but, she added, the WICC staff doesn't advocate it as a method of "cleaning up" this problem.

While no therapist actually advertises that he will take his clients to bed during therapy, a few will admit such activity in anonymous surveys.

In a 1973 California survey of 460 male physicians (including psychiatrists, general practitioners, internists, surgeons, and obstetricians-gynecologists), 10 percent reported that they engaged in some form of erotic behavior with clients. Half of those admitted that they actually engaged in sexual intercourse with patients.

The Massachusetts Psychiatric Society polled a random subsample of 100 of its members about their knowledge of violations of ethics in psychiatry four years ago. Sixteen percent of these said they felt there were serious problems in the area of sex between doctor and patient, and had heard of reported and unreported cases. Twelve patients reported to their psychiatrists that they had had sexual activity with their former psychiatrists.

'It's not two consenting adults at all . . . it is more like an adult and a child.'

While the statistics aren't overwhelming, that doesn't deter those seeking to bring the problem to light.

"The severity of the damage to the individuals is justification in itself to bring this problem out," said John Grace, a University of Minnesota social work fellow.

"I think any sort of therapist should be required by law to hand each patient a brochure saying that while there is a certain percentage of therapists who think sex with a client is a positive sort of thing, it is generally not approved of by most professionals . . .and that you, as a client, have a right to decide if it is not right for you."

Until the culprits can be ferreted out, the abuse continues.

The culprits are not only doctors, psychiatrists and psychologists, the so-called elite of the psychotherapy professionals.

"It's across the board," said Milgrom, "from highly qualified psychiatrists to chemical dependency paraprofessionals, from clergymen—yes, clergymen—to peer counselors. All have been known to practice this kind of stuff.

"And, when most women seek psychotherapy, maybe they don't know what to expect, but they sure don't expect sex," she said.

"If a woman were going in for treatment for sex problems, if she expected sexual involvement, if that's what she was there for, there wouldn't be such trauma," said Schoener. "In that case, you would know what you are buying. And you'd get what you pay for."

"Sex therapy is something else again," Schoener said. "It's a gray area."

Some sex therapists acknowledge that the use of sex surrogates for treatment of sexual problems might be appropriate in some cases. But most of them agree that codes of ethics and common sense dictate that even in sex counseling, the therapist himself or herself should NOT be the client's sex partner.

Schoener, Grace, Milgrom, and others believe that the battle against the harm these therapists can bring to their clients can be waged through continued, conscientious counseling for the abused clients; by processing complaints against the perpetrators, and by continuing education for both therapists and clients.

Therapists, in their training and through continuing education, should be taught and should learn how to deal with eroticism in therapy and how to deal with clients who have been sexually involved with previous therapists, Schoener believes.

"In most training, the fact that a therapist can have his own erotic feelings about a client is rarely, briefly, if ever, brought up," Grace said.

Within the training process, there should be some way to weed out those incompetent to practice in the field of therapy, they said. "The exploitive personality type, the sociopaths, the psychotics, should somehow be screened out and counseled out of the field," Schoener said. "When they set themselves up like little gods who want to be central in their clients' lives, and then pull out of those lives, it's pretty traumatic."

"I've been going through a lot of anger now, but there are finally some good things happening in my life. It helps to talk about it; it helps to get it into chronological order. It was such a horrible time. I'd been accepting so much shit and had been such a total rug. I was in therapy with Frank for almost two years. It ended over a year ago. I still feel on edge sometimes, but I'll be going back to school and I'll still be seeing this new therapist."