

Editorial

Sexual Issues in Therapy Consultation and Training

JOSEPH MELNICK, Ph.D.

A young girl . . . aroused a feeling of pleasure in me. . . . I suddenly found myself standing directly behind her and throwing my arms around her from behind; for a moment my hands met in front of her waist (in front of her lap, in front of her genitals) [Freud, 1901, p. 176; cited in Haynal and Falzeder, 1993].

THE EXPERIENCE CITED ABOVE, along with others, so worried and troubled Freud that he suggested that a paper be written on countertransference, which was to be circulated secretly among his inner circle (McGuire, 1974). If this incident had occurred today, Freud would have been left with a number of difficult choices regarding how to respond. Concerning himself, should he say nothing, seek out consultation, or explore his behavior in psychotherapy? What about his patient and the psychotherapy? Should he ignore the incident altogether, or instead, focus on it, taking full responsibility and apologize to her? Concerning the actual experience itself, should he view it solely as countertransference, the unconscious expression of unfinished business, or view his behavior as an understandable response to her seductiveness—seductiveness that she should examine? Or perhaps it should be viewed as a co-creation for which they both have some responsibility. And what of his choices outside the therapy office? Should he consult a lawyer to help him strategize how to protect himself, notify an ethics officer, or alert his malpractice insurance carrier?

Managing erotic energy is no less difficult today than it was in Freud's time. In fact, as indicated by the dilemmas mentioned above, it is probably more so. Sexual issues, whether in the form of feelings, attraction, or behavior continue to establish an important and essential backdrop to many therapeutic, supervisory, teaching, consultative, and work

relationships. Yet we do not have a unified perspective or framework from which to view and respond to sexual and erotic issues in these settings.

Because of the importance of this topic combined with a dearth of Gestalt writing, we are pleased to feature a dialogue on this subject in our current issue of *Gestalt Review*. Throughout this conversation, issues of *time and place, gender, and therapeutic approach* help to frame the perspectives of the individual commentators. Time and place, of course, are the primary shapers of culture that in turn help determine our views concerning gender in the consulting room and in work relationships. They not only determine the relevant psychological theories, but more specifically, the process of *relating* that occurs in therapist–patient, supervisor–trainee, teacher–student, and consultant–client dyads. Of course, in our lives, these themes of time and place, gender, and psychological approach are seamlessly interwoven. However, in order to frame the upcoming dialogue, I would like to briefly discuss each during three time periods: the first half of the twentieth century (the heyday of Freudian analysis); the 1960s and 1970s when Gestalt therapy first gained popularity; and the year 2000, the start of the new millennium.

First Half of the Twentieth Century

Freud's ideas gained prominence in Victorian times. Families were authoritarian, patriarchal, and highly structured. Like the culture, sex was about self-control, and uncontrolled impulses were considered abhorrent and perverted. Fear of homosexuality was rampant, and women were considered inferiors: physically, intellectually, and emotionally.

Although psychoanalysis was born partially as a reaction to this repressive society, it still carried many of its values. Psychoanalytic theory, while interested in the deeply unconscious and eroticism in general, was also concerned with the management and bounding off of energy. To behave spontaneously in therapy was to "act out." Any strong irrational feelings (much less sexual ones) on the part of the therapist toward the patient were labeled as countertransference and implied a failure of method, calling for immediate consultation or a return to one's own therapy. No wonder Freud's impulsive outbreak so troubled him!

Regarding gender in psychotherapy, women were the usual clientele (with hysteria a frequent diagnosis), and men served primarily as psychotherapists. The relationships were rigid and hierarchical, and sexual differences were well defined and emphasized, thus reflecting Victorian values. The interested reader can consult numerous volumes written concerning Freud's views about women, both theoretical and personal (cf. Kerr, 1994). In therapy, as well as in society, women were viewed as less than men and homosexuality as pathological.

The 1960s and 1970s

Times change, so much so that by the late 1960s when the Gestalt approach achieved popularity, we were actively questioning societal rules and values. There was a disintegration of sexual and social stereotypes. Fixed hierarchies and rigid structures in relationships were challenged. Our values included idealism, inner exploration, creative expression, and the throwing off of societal restraints. One result was the open expression of affect and the breaking down of sexual barriers (Melnick, Nevis, and Melnick, 1994).

The therapeutic focus began to shift from *within* (intrapsychic) to *between* (interpersonal), from *repression* to *expression*, and from *understanding* to *feeling*. The goal of therapy also broadened, from the uncovering of neuroses to the working through of issues of intimacy and connection. Simultaneously, the role of the therapist changed from that of a scientific and detached clinician to an authentic, transparent, emotional, and at times, self-disclosing therapist.

Gestalt therapy, as part of the anti-establishment and counterculture movement, shared its distaste for rigid boundaries and hierarchies. It focused on undoing retroreflections, while supporting the full range of emotional expression. Consequently, the Gestalt approach became associated with the sexual revolution. As a result, there were many positive outcomes of sexual exploration within therapy and training. For example, the shame of many around their sexual, sensual, and physical selves was diminished.

Unfortunately, there were also many violations leading to pain and suffering, on the part of both clients and students, deriving from inappropriate and abusive behavior on the part of Gestalt therapists and trainers.

Gender emerged as a powerful issue in the 1960s with the advent of the Women's and Gay Rights Movements. It is not surprising that women and homosexuals always played a significant role as trainers, writers, theoreticians, and therapists within the Gestalt movement. In contrast to Victorian times, our culture (at least the liberal-radical end) deemphasized gender differences and focused on similarities. We not only attempted to homogenize gender, but also hierarchy (real or imagined), in intimate relationships, be they husband–wife, therapist–patient, or student–teacher.

The New Millennium

In the new millennium, partially fueled by the AIDS epidemic, a heightened awareness of the negatives of too much sexual freedom, and destructive use of power—sexual or otherwise—we are once again

tightening our sexual boundaries. One could argue that we have moved from repression and secrecy to openness and back again to repression. But it is not quite that simple.

In fact, as O'Shea points out in this issue, contemporary society is caught between two poles. On one level we are more open regarding attitudes and lifestyle. For example, sex and sexuality are discussed freely, and sexual inequities are confronted head on, whether in intimate relationships, jobs, sports, or politics. We are more inclusive regarding nontraditional family styles and practices. Yet, paradoxically, there is an equally strong force embracing old style traditional family values, along with a growing moral conservatism. Our society is often hyper-alert and punitive in response to even the most mild of boundary violations.

As a society we are also polarized regarding gender. The homogenization of sexual hierarchies and differences has resulted in greater sexual freedom, in the increasing popularity of same-sex marriage, the acceptance of long-term, nonmarital relationships, and as a whole, more gender equality. Still, many also feel that we have thrown out the baby with the bath water. They believe that there is something unique that is lost by viewing gender differences as primarily a social construction. Furthermore, as Becker points out in this issue, they believe that this "gender-neutral" voice is not neutral at all, but still largely favoring the male side of the equation. This important concern for the acknowledgment of basic differences is reflected in the United States by the popularity of books such as *Men Are From Mars, Women Are From Venus* (Gray, 1992).

In terms of therapy and consulting, we are also polarized. On the one hand we live in the age of managed care, short-term focus, symptom alleviation, and sexual malpractice. In the organizational world there is a similar focus on fast action and quick outcome. As a result, there is tremendous pressure to deemphasize the therapeutic relationship. We are also very aware that even the minimal mishandling of sexual issues can result in severe trauma to our clients, not to mention the aftereffects on ourselves. To further complicate matters, the determination of error often resides in the hands of a sometimes righteous and hyper-vigilant society that is contextually insensitive, litigious, and quick to judge. To ignore or bracket off sexuality and sexual issues in the therapeutic session might rob the work of richness, but to err in the opposite direction appears to be much more dangerous.

On the other hand, there is a tremendous pressure to openly address issues of sexuality, simply because they are so important in our lives and our experience of ourselves. This perspective resonates with Gestalt values because our approach is committed to the heightening of awareness and to helping individuals learn to make contact with others in lively and creative ways.

Ignoring the opportunity to explore some of these deep and inner forces, erotic sensations, emotions, and behaviors results in the loss of a wonderful opportunity to grow and change. But even more so it violates our most sacred ethical values. For if we are not open to exploring sexual, as well as angry, hurtful, tender, and loving feelings, to name a few, then can we fully do our jobs? This job entails our being in contact with ourselves and of engaging our clients, students, and trainees in an authentic, respectful, and safe encounter. The dilemma is not one of how we feel in the therapy or consulting hour, but what we do with these feelings.

Our Current Issue

In this issue I am pleased to feature a dialogue among five therapists, trainers, and consultants on the subject of sexuality and eroticism in therapy and training. It is not just a polite conversation, nor should it be, given how personal and powerful this topic is. Each of the authors blends perspective with personal experience.

We start with Leanne O'Shea's "Sexuality: Old Struggles and New Challenges" in which she moves between personal, theoretical, and cultural vantage points utilizing a field perspective. Thus sexuality in therapy and training is viewed as a co-creation—not transference or countertransference, but *co-transference*.

O'Shea addresses four dimensions of sexuality: in our wider culture, in therapy in general, in Gestalt therapy in particular, and personally. She doesn't just limit herself to raising issues. She presents her vision in the form of an outline for an "ideal curriculum" for addressing sexuality in training. Last, she presents a wish to create forums where therapists can talk together as a community about what it is that creates much of the ground of our work, "our terror, our fears, our desires, our fantasies, our hopes."

Four respondents follow O'Shea, each presenting a different perspective drawn from their experiences as clients, trainers, and therapists. While agreeing with much of O'Shea, Renate Becker takes her to task for being gender-biased. She argues against the homogenization of sexuality, resulting in the minimization of sexual differences. She cautions that the supposed agreed-upon perspective might not represent the minority. Instead, she advocates the heightening of awareness of these differences by reintroducing them in our language and discussions.

Charles Bowman looks at the Gestalt approach to sexuality from both historical and personal perspectives. Personally, he describes his having a very different training experience from O'Shea and her peers. In terms of our history, he reminds us of the larger cultural field. While not excusing the sexual excesses of many of the first-generation Gestalt therapists, he questions our movement toward the mainstream. He

challenges us to look at not only what is gained, but also what is lost (such as authenticity), when a revolutionary approach such as ours becomes more culture-bound.

Peter Thompson's commentary clearly addresses the differences we all have reflected in our personal experience of sexuality and gender. He discusses sexuality from the perspective of a gay man who often works with gay clients. He is constantly faced with the horrors of AIDS, in which sex and sexuality are often figural. He suggests that O'Shea might be practicing "heterosexualism" and assuming that the dominant discourse is "what is." He argues that it is our training in being aware of our own process that provides our grounding.

Michael Clemmens, in his discussion of sexuality, emphasizes the difference between sensation and action, between feeling, expression, and behavior. He argues that more attention to bodily experience is needed in the training of Gestalt therapists and supports O'Shea's suggestion for "resexualizing" our Gestalt training programs. However, he also reminds us that, unless the trainers are willing to discuss their own sexuality, enough support will not be created to address this complex subject successfully.

O'Shea, in her response, believes that a major problem in dealing with sex and sexual identity is that we view them as discreet—as separate from the rest of our ongoing (including developmental, intersubjective, and cultural) experiences. How we hold, manage, and express our sexuality in relationship to another is the art of therapy. Finally, she believes that it has been a combination of the objectification and the cutting out of eroticism from our essence as human beings that has generated the current dilemma.

Kevin Prosnick's "The Relationship Between Reports of Mystical Experiences and Gestalt Resistance Processes," in which he empirically investigates resistance style and mystical experience follows this series. Attempting to measure these elusive concepts is indeed controversial. For some, even to conceptualize these constructs empirically is not in keeping with our phenomenological and existential roots. For others, investigations such as this one are essential in order for our theory and concepts to have validity in this age of short-term therapy and managed care. In the present study, Prosnick found, in general, that individuals whose measured resistance styles were deemed more excessive and inflexible scored lower on measures of mystical experience.

In a far-ranging essay, "The Land Mines of Marriage: Intergenerational Causes of Marital Conflict," Theodore Schwartz explores marital conflicts that are influenced by unresolved and, often unaware, past relationship experiences. Focusing on incomplete childhood trauma and transgenerational causes of marital conflict (introjected patterns from

one's own parents and grandparents), he demonstrates how they are destructively played out in marriage. Integrating the work of some of the pioneers of family therapy such as Bowen and Satir and criticizing some of the postmodernists, he arrives at a model that is uniquely Gestalt.

Joseph Zinker, in his commentary, focuses on couplehood, describing it as a complex third entity. He encourages us to see the couple as a unit, while at the same time cautioning us not to forget the therapist's own transgenerational distortions and how they affect our ability to be with a couple in a grounded and effective manner.

Ann Teachworth, in her response, describes a sophisticated model of doing psychotherapy based on inherited marital patterns and also advocates an intergenerational approach. She agrees with Schwartz that a couple's problems are often a result of projection onto the partner of unfinished business from childhood, which incorporates not only their relationship with their parents, but aspects of parental relationship patterns as well.

Schwartz finishes this discussion by first reemphasizing the power of past transference patterns. He agrees with Zinker's deemphasis of pathology as a base for working with couples. He ends with a plea for couples therapists to focus more on the imprinted and transgenerational process that affects them, the therapists, as they sit with couples and families.

We are pleased to end this issue with "Back Pages." As usual, it contains a lively mixture of reviews, poetry, and reports.

References

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