

# Erotic Countertransference and Clinical Social Work Practice: A National Survey of Psychotherapists' Sexual Feelings, Attitudes, and Responses

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**ABSTRACT.** Male and female social work psychotherapists were surveyed on sexual feelings toward clients, sexual behavior with clients, and utilization of erotic countertransference. Relationships between these variables and therapists' self-reports of training in erotic countertransference, utilization of supervisory consultation, length of clinical experience, and theoretical orientation were also examined. Male therapists were significantly more likely than females to report sexual attraction toward clients, and to report using erotic countertransference to further treatment goals. The frequency of therapists' discussion of sexual feelings toward clients in supervision was related to the reported frequency of utilization of sexual feelings in treatment. The majority of therapists reported that their social work training did not prepare them adequately to work with erotic countertransference. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-342-9678. E-mail address: [getinfo@haworthpressinc.com](mailto:getinfo@haworthpressinc.com)]*

Little is known about the incidence of clinical social work therapists' sexual attraction to clients, the degree to which sexual material is utilized by therapists, or the perceived adequacy with which erotic countertransference is addressed in social work training. This study was designed to describe and

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compare male and female social work psychotherapists on (a) sexual feelings toward clients, (b) utilization of erotic countertransference, and (c) actual sexual behavior with clients. Also examined were the relationships between these variables and (a) the therapists' self-reports of training related to erotic countertransference, (b) utilization of supervisory consultation, (c) length of clinical experience, and (d) theoretical orientation. Erotic countertransference is conceptualized in the totalistic sense, meaning all the therapist's emotional reactions toward the patient (Kernberg, 1976). For the purpose of this paper concentration is on sexual reactions.

Historically, therapists have been more comfortable writing about their patients' erotic transference than their own erotic desires toward patients. With a few exceptions, not until the last two decades have articles on erotic countertransference appeared in major professional journals (Kernberg, 1994; Tansey, 1994). Based on a review of articles related to eroticized transference, Bergman (1994) concluded that the literature did not address "... what the analyst did or did not do either to provoke this love or return it to workable channels" (p. 514).

Searles (1959) and Tansey (1994) pointed out some consequences of therapists' avoiding or denying their sexual feelings. Therapists may drive their feelings underground and then become distant or seductive. Alternatively, they may act out sexually with their patients. Sehl (1994) argued that anxiety, guilt, and shame about sexual and angry feelings can make it difficult for therapists to comprehend their contributions to stalemates in therapy. Instead of recognizing countertransference reactions, the therapist may attribute the nagging problem of the difficult and untreatable case solely to the patient's insistence upon being loved. Gorkin (1985) suggested that, "By accepting my feelings and fantasies, I find the danger of acting out or evading them is thereby diminished" (p. 435).

### **PRIOR RESEARCH**

Most research regarding therapists' sexual attraction toward clients has focused on psychologists. Rodolfa et al. (1994) reported that 88% of the psychologists who responded to their survey had been attracted to at least one client. Pope, Keith-Spiegel, and Tabachnick (1986) reported that a large majority of the psychologists in their sample (87%) had been sexually attracted to clients. Male therapists were significantly more likely to report being attracted to clients than female therapists, and males reported having more sexual fantasies than female therapists. Sixty-three percent of male therapists indicated they were guilty, anxious or confused about their sexual feelings, and only 9% indicated that their training was adequate with respect to the subject of sexual attraction. In a study of social workers and erotic

contact with clients, (erotic kissing, fondling or petting, oral-genital stimulation, sexual intercourse), only 14% of the respondents reported that sexual involvement was dealt with in social work training programs, and only a third of the respondents felt that sexual attraction was covered in their training (Gechtman, 1989). In terms of gender differences and sexual involvement, all studies have shown that male therapists have a higher incidence of sexual involvement with clients than female therapists. For instance, Holroyd and Brodsky (1977) found that "10.9% of male and 1.9% of female psychologists have had erotic contact with patients . . ." (p. 247).

There has been relatively little research on sexual countertransference among social work practitioners. Using an analogue method, Schover (1981) studied the reactions of 72 therapists, 24 of whom were social workers. Schover found that both male and female therapists reported more anxiety with seductive clients than with clients who had sexual problems. Gornick's (1994) qualitative study of 33 female therapists, a third of whom were social workers, found that experienced therapists were more comfortable with erotic countertransference than less experienced therapists. Jayaratne, Croxton, and Mattison (1997) focused only on social workers in the state of Michigan. They found that only 52.4% of their respondents reported feeling sexually attracted to clients. Grodney (1990) studied social workers' attitudes regarding ethical and unethical practices. She found that psychodynamic therapists were less approving of sex-related behaviors than eclectic therapists. Borys and Pope (1989) reported a similar finding in their study of dual relationships of psychologists, psychiatrists, and social workers with their clients. No nationwide quantitative study of clinical social workers has considered what possible relationships might exist between self-reported frequency of sexual attraction toward clients, and therapists' gender, training and theoretical orientation, and years of experience.

### **CONSEQUENCES OF UNRECOGNIZED EROTIC COUNTERTRANSFERENCE**

Kumin (1985) argued that both patient and analyst may avoid confronting their sexual feelings out of fear of shame, humiliation, disgust and dysphoria. Welles and Wrye (1991) maintained that discomfort with sexual feelings was one of the factors that led to therapists' resistance to acknowledging and exploring erotic material. In the epilogue to the 1994 issue of *Psychoanalytic Inquiry*, Gould and Rosenberger argued that sexual transference material, particularly the erotic transference of male patients to female clinicians and the homosexual transference from male patients to male analysts, poses difficulty for even the seasoned clinician.

If teachers, supervisors, and senior therapists fail to communicate to stu-

dents that it is natural to experience sexual feelings toward clients, the idea of the "healthy" therapist and "ill" patient may be perpetuated. If social work psychotherapists are in fact anxious or ashamed of their own sexual feelings, it might impede their ability to assist clients who may have feelings of guilt, shame, and aggression associated with sexual attraction. Such therapists may tend to suppress or unconsciously avoid uncomfortable heterosexual and homosexual material. They may react with premature interpretations, or could manifest a defensive tendency to minimize the patient's need for love.

In writing about the narcissistic patient's sexual conflicts, Sunshine (1993) argued that if therapists avoid these conflicts, the patient's defenses against anxieties and terror connected to sexual wishes may never be addressed. On the other hand, therapists may aggressively confront the patient's sexual material, unaware of their discomfort with their own sexual feelings. Due to unconscious conflicts, therapists could tend to be seductive with patients, use patients for their own narcissistic aggrandizement, or deny the patient's deficits or hopeless feelings and attempt to "cure" through love. In the worst case scenario, therapists could act-out their impulses with patients through sexual involvements. Stoller (1979) argued that the "lovesick therapist" wishes to degrade, humiliate, and ultimately destroy the patient. Sonne and Pope (1991) described the dynamics of therapists involved sexually with clients. They concluded that these therapists tended to find pleasure in causing pain and pleasure in sexual arousal through humiliation. These therapists also exhibited a need for mastery and control over a submissive person, and they provoked decompensation.

Complaints about sexual involvement on the part of social workers with clients have increased. Reamer (1995) reported that sexual impropriety is now the second most common of all malpractice claims filed against social workers between 1969 and 1990 (18.5 percent of total claims,  $n = 634$ ). The most common claim was incorrect treatment (18.6 percent of total claims). It is quite possible that the numbers above do not reflect the actual incidence of sexual impropriety, since the data above was obtained only from the National Association of Social Workers' insurance carrier.

Celenza (1995), Bridges (1994), and Hartman and Brieger (1992) stressed the neglect in supervision and training of issues concerning sexual attraction. Celenza (1995), who studied 15 therapists involved in sexual transgressions with clients, concluded that therapists are often at risk because they misunderstand countertransference love, and "render their misconduct ego syntonic (despite conscious awareness of being in violation of their professional ethical code)" (p. 303).

**LITERATURE REVIEW:  
THE CHANGING SIGNIFICANCE  
OF EROTIC COUNTERTRANSFERENCE**

In 1910 Freud first introduced the term “counter-transference,” describing it as a consequence of the patient’s influence upon the analyst’s feelings and as something to be overcome. In 1912 Freud described how the analyst could use his unconscious processes to understand the patient’s free associations. In 1915, Freud discussed the patient’s love for the analyst. He characterized the patient’s transference-love toward the analyst as both a resistance to treatment and also as a condition approximating all states of being in love. The analyst was neither to dismiss nor respond to the patient’s requests: “It is just as disastrous for the analysis if the patient’s craving for love is gratified as if it is suppressed” (p. 166). Freud cautioned that the analyst was in danger of going too far if he succumbed to tender feelings. “Our control over ourselves is not so complete that we may not suddenly one day go farther than we intended” (p. 164).

Freud provided an important frame within which the analyst could listen to the patient’s sexual and loving feelings. However, Freud the scientist was not prone to examine his countertransference to women. Schafer (1993) argued that Freud had a “countertransference to countertransference” and speculated that Freud’s positivistic approach suited Freud because of his discomfort in being loved. Seinfeld (1990) suggested that Freud had a resistance to being in the “line of fire” of Dora’s transference reactions, the motive being to avoid aggression and to avoid feeling the rejected fool. The expansion of countertransference and erotic countertransference and the analyst’s role in regard to the transference-countertransference matrix was left to Freud’s followers.

Ferenczi (1930) stated that “. . . beside the great importance of the Oedipus complex in children, a deep significance must be attached to the repressed incestuous affection of adults, which masquerades as tenderness” (p. 121). Ferenczi (1933) stressed the importance of the relationship between analyst and patient. He maintained that it was important for patients to be able to express their negative feelings toward their therapists, and for the therapist to “. . . discuss it with the patient, admitting it not only as a possibility but as a fact” (p. 159). Thus the reality of the analyst’s reactions became significant in treatment.

Searles (1959) revealed that he experienced sexual feelings toward patients. Searles admitted to guilt and anxiety concerning his sexual feelings. He wrote about a patient who “. . . developed into a woman whom I found likeable, warm and sexually attractive. I found myself having, particularly during the last year of our work, desires to be married to her, and fantasies of being her husband . . . I reacted to such feelings with considerable anxiety, guilt, and embarrassment” (p. 290). Searles (1959) maintained that fathers

can distance themselves or become overly seductive, due to their inability to accept the sexual feelings they may have toward their daughters. Analogously, therapists must be open to the existence of sexual feelings toward their clients. Brandell (1997) cautioned therapists about making the error of focusing on “. . . transference without a corresponding emphasis on the therapist’s subjective experience of the patient” (1997, p. 37). Goldstein (1990) argued that induced countertransference can lead to a deeper understanding of patients and help form interventions, but she also cautioned against therapists using their feelings as a rationale for “counteraggressive attacks” on patients. Searles (1979) warned that sexual acting out on the part of the therapist can be related to the “. . . thwarting of the therapist’s omnipotent-healer strivings toward the patient” (p. 434), and sexual lust could be a derivative of an unconscious “. . . emotional investment in the perpetuation of the patient’s illness” (p. 497).

In 1978 Harold Davis described a case in which he helped a woman successfully resolve her resistance to encountering genital sexuality by revealing his sexual feelings toward her, while at the same time reassuring her that he would frustrate himself in his attraction to her. With the exception of Searles and Davis, it wasn’t until the mid 1980’s and 1990’s that other therapists such as Gorkin (1985, 1987), Slavinska-Holy (1980), Tansey (1994), Wittkin-Sasso (1993), and Davies (1994) began to write about their own erotic feelings toward their patients.

Little has been written about the positive significance of the therapist’s sexual feelings that evolve over the course of treatment. Searles (1959) made a revolutionary statement when he wrote that a therapist’s sexual feelings can consist of something new that develops over time in treatment, and that the therapist’s sexual feelings may parallel a developing maturity on the part of the patient. “The patient’s self-esteem benefits from sensing that he (or she) is capable of arousing such responses in his analyst” (p. 291). Both Davis (1978) and Gorkin (1985) have written about their positive experiences when they revealed that they had sexual and sexual-aggressive feelings toward their clients.

Sehl (1994), influenced by the writings of Searles pertaining to the range of feelings that could be expected in interactions with clients, described his increasing ability to work with a client. Following a lengthy period during which his client verbally attacked and belittled the therapist and the therapeutic process, the therapist became aware of angry and hateful feelings toward his client, which, once they were conscious and accepted without guilt, led to the experience of newly felt loving, tender, and sexual feelings on the part of both client and therapist.

Wrye and Welles (1994) argued that the correct handling of the maternal erotic transference and countertransference can be reparative work for both analyst and patient. Rosiello (1995) maintained that the patient has an oppor-

tunity to become complete and whole through the experience of a mutuality and reciprocity of loving and sexual feelings between therapist and patient.

In order to determine the conditions under which the awareness and revelation of therapists' sexual feelings may thwart or facilitate the treatment process, it will be necessary for educators to encourage open discussion of the impact of therapists' sexual and aggressive feelings toward clients. Welles and Wrye (1991) maintained that therapists need to reach an emotional accountability for their feelings. However, as Rosiello (1995) noted, analysts might be self-critical about the incestuous nature of sexual feelings toward their child/patient. Coen (1996) pointed to the consequences of going public with one's feelings. He said that one of his colleagues could not understand how he (Coen) could love a client as he loved his wife. He was charged by some colleagues with not going far enough with his technique, and criticized by others for not being neutral. Coen argued that ". . . these objections serve to block us from talking about our difficulties with loving feelings in the analytic setting" (p. 16).

Pope et al. (1986) indicated that more research is needed to determine if results already reported regarding therapists' sexual attraction toward clients are valid and generalizable. They concluded that "The virtual absence of research on the topic of therapist's attraction to their clients lends more force and urgency to the standard and obligatory call for further research" (p. 232).

## METHOD

### *The Sample*

Data was obtained through the Erotic Countertransference Questionnaire (ECQ) which was developed by the investigator and sent to a selective random sample of 1196 members of the National Association of Social Workers (NASW) in October and November of 1996. To qualify as a respondent in this survey the NASW member had to live in the United States, have at least a master's degree in social work, and be involved in direct clinical practice as a solo or group private practitioner in the field of mental health. Respondents received the survey instrument along with a cover letter describing the purpose of the study.

Respondents were assured that their responses to the survey would be completely confidential. Neither the respondent's name nor any identifying number was placed on the survey instrument. A follow-up mailing in the form of a letter was sent to all potential respondents one week after the initial mailing. The actual sampling frame contained 296 males and 900 females. Usable surveys were returned by 104 males and 322 females. The response rate was 35.6% (35.1% for males, 35.8% for females).

### *Instrument*

The investigator developed the Erotic Countertransference Questionnaire (ECQ) to assess the following content areas: (a) clinical social work therapists' sexual feelings toward clients, (b) professional training regarding erotic countertransference, (c) therapists' reports of actual sexual behavior with clients, (d) the degree to which therapists utilized erotic countertransference in the treatment process and, (e) therapist background characteristics.

A content grid was prepared, and an initial item pool was developed based on the literature on erotic countertransference. The items in each content domain were reviewed by a panel of five clinical social work therapists, each of whom had at least 20 years of experience, particularly with the subject of countertransference. These experts reviewed the items in each section on clarity, completeness, and relevance. Based on the recommendations of these experts, some items were added and others were modified.

The ECQ was piloted on a sample of 20 therapists who were similar to the population to be surveyed. Since many of the items contained in the ECQ constituted one-item scales, test-retest reliabilities were obtained. Pilot respondents completed the survey twice, with a two-week interval between testings. Eta coefficients were calculated to determine the relationships between each item at the first administration, and the corresponding item at the second administration. The median eta coefficient was .86, indicating that the items were generally highly reliable. Those items that had reliability coefficients below .60 were rewritten to maximize variability on these items.

### *Data Analysis*

Frequency distributions and descriptive statistics were obtained for all variables for the purpose of describing the responses of female and male therapists to each questionnaire item. The research questions were tested using chi-square tests, independent sample t-tests, and Pearson correlations depending on whether the variables were categorical, ordinal, or interval scale measures. Due to the large sample size employed in this study, it was recognized that correlations of very weak magnitude would nevertheless be statistically significant. Therefore, a decision was made to emphasize only those correlations which were at least moderate in magnitude ( $r \geq .30$ ).

## **RESULTS**

### *Gender*

The first research question addressed differences between female and male therapists with respect to frequency of sexual attraction toward clients, the

utilization of erotic countertransferential material in the treatment process, and the frequency of engaging in actual sexual behavior with clients. Table 1 presents therapists' reports of the frequency of being attracted to opposite-sexed clients, by therapist gender. The data in the table indicate that 21.2% of responding males reported that they were frequently attracted to clients, compared to just 3.4% of responding females. The gender differences in this table were significant (chi-square = 64.77,  $df = 3$ ,  $p < .001$ ).

Table 2 presents the frequency distributions of female and male respondents to a survey item concerned with the frequency with which they used erotic countertransference material in the treatment process. The survey item asked "How often have you utilized countertransferential sexual feelings to further treatment goals?" Here, too, the gender difference was significant (chi-square = 19.84,  $df = 3$ ,  $p < .001$ ). Males were more likely than females to report that they used such countertransferential material frequently (23.8% and 12.0% respectively).

Respondents were asked to respond to a survey item concerned with how often they engaged in five different sexual behaviors with opposite-sexed clients. The behaviors included hugging, kissing, fondling, oral-genital

TABLE 1. Frequency of attraction to opposite-sexed clients, by therapist gender

Response	Female therapists		Male therapists		chi-square
	N	%	N	%	
never	46	14.3	2	1.9	64.77***
rarely	163	50.6	25	24.0	
occasionally	102	31.7	55	52.9	
frequently	11	3.4	22	21.2	
total	322	100.0	104	100.0	

\*\*\* $p < .001$

TABLE 2. Frequency of utilization of countertransferential sexual feelings by therapist gender

Response	Female therapists		Male therapists		chi-square
	N	%	N	%	
never	90	29.1	12	11.9	19.84***
rarely	96	31.1	26	25.7	
occasionally	86	27.8	39	38.6	
frequently	37	12.0	24	23.8	
total	309	100.0	101	100.0	

\*\*\* $p < .001$

contact, and sexual intercourse. Responses to this item are presented in Table 3. The data in the table indicate that about 44% of male therapists and about 34% of female therapists indicated they occasionally or frequently hugged opposite-sexed clients, but many of those who responded in this manner indicated that such hugging was non-sexual in nature. The gender difference on this variable was not significant, with the exception of oral-genital contact. However, the chi-square statistic for this table is suspect, since four of the six cells in the table have expected cell frequencies less than 5.0. When the table is collapsed to a two by two table (never vs. other than never), the chi-square statistic dropped to below a significant level. Very few of the respondents reported that they occasionally or frequently engaged in any of the other sexual behaviors. Due to the lack of variability on this measure, it was dropped from further analysis.

### *Training*

The second research question asked whether there were any significant relationships between the perceived adequacy of social work training and post-master's training that therapists had received with respect to issues of erotic countertransference and (1) the frequency of their attraction to clients (2) the frequency of utilization of erotic countertransference in the treatment process. None of these relationships were significant. However, it is worth noting that only 10.6% of female therapists and only 14.4% of male therapists felt that their social work training in this area had been adequate. More respondents felt that they had adequate instruction in this area during their post-master's training (35.0% of females and 43.1% of males).

### *Utilization of Supervision*

Responding therapists were asked how often they discussed issues of erotic countertransference in supervision. The third research question asked whether responses to this item were related significantly to therapists' reports of the frequency of being attracted to opposite-sexed clients and to the frequency of utilizing countertransferential material in the treatment process. Pearson correlations indicated that the frequency of discussing issues of erotic countertransference in supervision was related significantly and moderately to both the frequency of feeling sexually aroused by clients ( $r = .31$ ,  $p < .001$ ) and the frequency of utilizing erotic countertransferential material to further treatment goals ( $r = .41$ ,  $p < .001$ ).

### *Length of Experience*

The fourth research question asked whether the number of years of clinical experience of the therapist was related significantly to either the frequency

TABLE 3. Self-reported frequency of engaging in sexual behaviors with opposite-sexed clients

Behavior	Response	Female therapists		Male therapists		chi-square
		N	%	N	%	
hugged	never	128	40.4	34	32.7	3.81
	rarely	82	25.9	24	23.1	
	occasionally	58	18.3	25	24.0	
	frequently	<u>49</u>	<u>15.5</u>	<u>21</u>	<u>20.2</u>	
	total	317	100.1	104	100.0	
kissed	never	305	95.6	93	89.4	5.89
	rarely	9	2.8	8	7.7	
	occasionally	4	1.3	2	1.9	
	frequently	<u>1</u>	<u>0.3</u>	<u>1</u>	<u>1.0</u>	
	total	319	100.0	104	100.0	
fondled	never	318	99.7	100	96.2	0.31
	rarely	1	0.3	4	3.8	
	occasionally	0	0.0	0	0.0	
	frequently	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>	
	total	319	100.0	104	100.0	
oral-genital contact	never	319	100.0	101	97.1	9.27**
	rarely	0	0.0	2	1.9	
	occasionally	0	0.0	1	1.0	
	frequently	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>	
	total	319	100.0	104	100.0	
sexual intercourse	never	315	99.7	101	98.1	0.16
	rarely	1	0.3	2	1.9	
	occasionally	0	0.0	0	0.0	
	frequently	<u>0</u>	<u>0.0</u>	<u>0</u>	<u>0.0</u>	
	total	316	100.0	103	100.0	

\*\* $p < .01$

with which the therapist felt attracted to clients or the frequency with which the therapist uses countertransference material to further treatment goals. Pearson correlations calculated to test these relationships were not significant.

### *Theoretical Orientation*

The fifth research question asked whether dynamic therapists differed from therapists of other orientations with respect to either frequency of sexual attraction to clients or the frequency of utilization of countertransference to further treatment goals. Point-biserial correlations indicated no significant

relationship between orientation and frequency of sexual attraction to clients, and only a weak relationship ( $r_{pb} = -.26, p < .001$ ) between orientation and frequency of utilization of countertransference material. There was a weak tendency for dynamic therapists to use such material more than other therapists.

## DISCUSSION

Although the majority of male therapists reported occasionally or frequently feeling attracted to opposite-sexed clients, the majority of female therapists did not. Russ (1993) argued that female therapists may be more threatened by acknowledging sexual feelings, because being identified as a sexual woman may conflict with a need for professional recognition. Welles and Wrye (1991) maintained that female therapists tend to be defended against sexual feelings for several reasons: fear of humiliation and frustration, the need to avoid the sado-masochistic issues of oedipal and pre-oedipal eroticism, and the desire to avoid the wish and fear of merging with patients. Person (1985) argued that women as patients in treatment with men focus more on love than sex, whereas male patients in treatment with women focus more on sex, in the respective transferences that men and women experience toward their therapists. Therefore it is possible that female therapists may be more comfortable with feelings of love than with sexual feelings. Furthermore, social and gender role expectations make it more acceptable for men to experience and express sexual and aggressive feelings.

Research in this area has indicated that men differ from women in several areas regarding sexuality. When college students were asked about their motivations related to having sexual intercourse, the males tended to be motivated by “. . . pleasure, fun, and physical reasons, whereas females’ motives include love, commitment, and emotion” (Carroll, Volk & Hyde, 1984, p. 136). Symons (1979) described males as more prone to impersonal sex than females. Men have reported being more disturbed by sexual infidelity, and women were more disturbed by emotional infidelity (Buss, Larsen, Westen, & Semmelroth, 1992). Mosher and Tompkins (1988) found that men are socialized to be more callous than women in their attitudes toward sex. The literature indicates that training programs have not dealt with therapists’ sexual feelings. Pope et al. (1986) reported that the majority of the psychologists in their survey rated their graduate training with respect to sexual attraction to clients as inadequate. The results of the present study indicate clearly that the same is true among social workers. It is obvious that much more emphasis should be placed on this area during social work training.

Very few responding therapists of either gender reported having sexual intercourse with clients. This may reflect an actual decrease in the sexual behavior, or may reflect under-reporting due to the sensitive nature of the

behavior. Low reporting of sexual behavior with clients could also be related to the malpractice attention that sexual abuse has received in the media, to insurance policies granting minimal coverage for therapist-client sexual abuse, and/or to the fact that sexual intercourse with clients is a felony in some states (Pope, 1990).

About 44% of the male therapists and about 33% of the female therapists reported hugging opposite-sexed clients occasionally or frequently. Some respondents in this study circled hugging, indicating that they did hug, but then wrote in that such hugging was non-sexual. This could be a denial of the sexual component of hugging, or it could be that there was no sexual impulse involved in hugging a client. For clients in some cultures, hugging is a natural form of social greeting. Jayaratne et al. (1997) found that 83.7% of the social workers practicing in the state of Michigan reported hugging or embracing clients.

A correlation of moderate magnitude was found between how frequently therapists report sexual arousal and how often they discuss issues of erotic countertransference in supervision. The association may mean that supervision helped therapists become more aware and open to sexual feelings, or it could mean that therapists seek consultation because they need help with their sexual feelings. It seems safe to conclude that it is important to discuss such issues in supervision.

## CONCLUSIONS

Training with respect to transference and countertransference sexual feelings should be increased in social work training and post-master's training. Almost 50% of the respondents indicated they had no post-master's training, and close to 20% indicated they had never been in supervision. Therefore, there is a need for professional state social work associations to encourage social workers to get advanced training and to utilize supervision. With respect to such training, there is a question as to how frequently educational efforts are approached within an atmosphere that invites freedom of expression. Rodolfa (1994) reviewed the relevant literature and found that "... between 25% and 75% of female graduate students experienced sexual innuendo or harassment by faculty members and described an atmosphere where self-disclosure may be difficult for students" (p. 171). Butler (1975) noted that although 95% of those psychiatrists who had sexual relations with patients reported feeling guilt, fear, and conflict, only 40% sought consultation. Rieker and Carmen (1983) reported that psychiatric residents were "... uniform in their reports that supervisors rarely addressed erotic or other countertransference feelings . . ." (p. 414). It has been noted (Pope et al., 1986) that among psychologists there is a positive correlation between the amount of graduate training in sexual attraction and the seeking out of con-

sultation. Grodny (1990) reported that those therapists who had some discussion about ethics in the classroom tended to be less approving of sexual behavior with clients.

The findings of Jayaratne et al. (1997) that 83.7% of the respondents reported hugging or embracing clients indicate that hugging in some regions of the country may be more prevalent than expected. As these authors point out, few guidelines exist for the practitioner when it comes to these matters. These statistics certainly indicate potential boundary problems between client and therapist, and it is therefore essential to consider that a hug may have a sexual component to it instead of viewing this behavior as just non-sexual.

Therapists' sexual feelings toward their clients have to be addressed with frankness in the classroom. If it is not, it is as if school becomes a replica of a family situation, where sex is assumed to be "bad" because it is never mentioned. One could argue that education is useless, since awareness of this difficult subject can only come in time, and students are not typically ready to deal with such sensitive subjects. But one could also argue that students are helped to be ready by a more open exchange of experiences on the part of teachers and supervisors.

Rieker and Carmen's (1983) experience with a class of psychiatric residents illustrates that students can benefit from an open discussion of difficult issues. This class had as its purpose to teach the understanding of gender stereotypes and how they affect clinicians' practice. Students were confronted with the possibility of facing their sexually biased attitudes and having their professional values and identities challenged. It is important to note that these students found that articles on sex and aggression were helpful, particularly in light of the fact that issues of sexuality and aggression have not been addressed adequately in training. Rieker and Carmen reported that reading material on sex and aggression was effective in promoting insight. Following are some comments from the class that Rieker and Carmen taught: One female student wrote, "The course was a continual unfolding of the deep, pervasive ways in which sex-role socialization and gender values affected and are expressed in my life . . ." (p. 414). A male student commented, "With women's accounts of sexual harassment and the understanding of the male's devaluation of the powerful woman imago, I became more aware of the hostile content of my own seductive fantasies and behavior" (p. 415).

The results of this study, together with the research that preceded and inspired this study, suggest that the majority of male and female therapists experience some sexual attraction toward clients. If this knowledge were disseminated to students and more experienced therapists, it would make it less difficult for therapists to accept these feelings as part of being human, provide a forum for discussing gender differences related to sexual feelings toward clients, and ultimately make it less embarrassing for students to dis-

cuss these issues openly. Educators would then be in a position to help students become more comfortable with their feelings, and students could be in a better position to grapple with difficult problems such as how to use these feelings to understand themselves, their clients, and the complex client-therapist interactions. Research into whether or not students' attitudes would be affected as a result of learning experiences such as those initiated by Rieker and Carmen involving gender stereotypes would be an interesting and worthwhile area of future research. A study of the results of this kind of investigation might open the question as to what extent training should be an emotional as well as a rational process.

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