

*Sexual Abuse: A Journal of Research and Treatment*, Vol. 17, No. 1, January 2005 (© 2005)  
DOI: 10.1007/s11194-005-1210-z

## Constructions of Therapist-Client Sex: A Comparative Analysis of Retrospective Victim Reports

Eli Somer<sup>1,2</sup> and Irit Nachmani<sup>1</sup>

*Former patients' (n = 24) accounts of their experience during a sexual liaison with their psychotherapist (Therapist-Client Sex, TCS) could be classified as either romantic (TCS-Romance) or as an abusive encounter (TCS-Abuse). During TCS, individuals in the TCS-Romance group reported having experienced overall better emotional states and more favorable perceptions of both the perpetrating therapists and the treatments they provided. Pre-TCS assessments showed that initially TCS-Romance subjects may have had a relatively higher regard for their perpetrators and the quality of their treatments than TCS-Abuse subjects, but these between-group differences disappeared when the same variables were assessed for two post-TCS periods. These periods were marked in both groups by deteriorated indices of psychological well-being. These findings suggest that a romantic narrative of TCS could have a shielding, albeit temporary, impact on the subjective experience of what is otherwise considered an abusive relationship.*

**KEY WORDS:** therapist-patient relationship; sexual exploitation; therapist abuse.

Most of the literature on therapist-client sex (TCS) is based on data gathered solely from therapists (e.g., Bernsen, Tabachnick, & Pope, 1993; Gartrell, Herman, Olarte, Feldstein, & Localio, 1986; Holroyd & Brodsky, 1977; Pope, 1994, 2000; Pope & Bouhoutsos, 1986). Writings in the field provide different estimates on the prevalence of these offenses. They range from approximately 10% of male psychotherapists who admitted engagement in some form of erotic behavior with at least one patient (e.g., Holroyd & Brodsky, 1977) to data indicating that only 2–3% of the respondents had engaged in sexual contact with their patients

<sup>1</sup>University of Haifa, Haifa, Israel.

<sup>2</sup>To whom correspondence should be addressed at School of Social Work, University of Haifa, Mt. Carmel, Haifa 31905, Israel; e-mail: somer@research.haifa.ac.il.

(e.g., Pope, Tabachnick, & Keith-Spiegel, 1987). These differences may be attributed either to reduced reporting or to an actual decline in this behavior associated with prohibitions on sexual liaisons of psychotherapists with their patients introduced in ethical codes and criminal legislation. Still, improved understanding of the magnitude, nature, and consequences of TCS has not yet eradicated the problem.

Warm emotional bonds and genuine affection often characterize therapist-patient relations (Safran & Muran, 2003). While these mutual feelings constitute an important ingredient of a healthy therapeutic milieu, they can also be abused through the seduction of clients yearning for evidence to confirm their self-worth. Therapists' sexual seduction of their psychotherapy clients is sometimes rationalized as a genuine romantic development in the relationship. In recent interviews and conversations with clinicians accused or convicted of sexually exploiting their patients, arguments were adduced that the sexual intimacies with some clients should not be seen as abusive because some accusing women were "fairly well adjusted, accomplished adults who had freely chosen to be romantically and sexually involved" with them (E. Somer, personal communication). To explain clients' motives for the allegedly false accusation, one offender psychotherapist cited Serban (1981). This practitioner argued that the only suffering that can result from therapist-patient sex, and the only reason why a patient might "complain against the previous mutual agreement to engage in sexual interaction that she negotiated with her therapist" (p. 81), were that the results did not meet "her self-imposed expectations" and her anger at the failure of the therapist to "satisfy her dreams of either marrying her or compensating her financially" (p. 82). Only few data exist to suggest that TCS clients may experience some positive feelings during the aberrant affair (e.g., Somer & Saadon, 1999). The literature on patient perceptions of TCS is very sparse and nothing is known on the exploited clients' constructions of the meaning of the relationship during TCS.

In our consulting and clinical services rendered to TCS victims, several diverse constructions of TCS were shared, some of which seemed to be characterized by romantic overtones. Readers should be aware that the use of the descriptor "romantic" to depict certain client perceptions of TCS does not reflect our position on this problem. We see all therapist-client sex as abusive. Furthermore, we have translated our position into social action by successfully lobbying the Israeli parliament to criminalize TCS. However, we were motivated to investigate exploited clients' perspectives without prejudice, to explore diverse perceptions of this unethical practice, and to find psychological variables associated with divergent client perspectives on TCS.

Most previous studies of therapist-client sex focused on the attitudes, feelings, and behaviors of psychotherapists. By contrast, the purpose of this study was to investigate patterns of TCS from the clients' perspective.

No typical profile of exploited patients has been empirically established. The scant research on the topic has mostly sought problematic or pathological

transference patterns. Robertiello (1975) described eight TCS patients who were high-functioning with a stable background of childhood and current family life. Pope and Bouhoutsos (1986) suggested that TCS patients frequently entered therapy following a relationship trauma. Such traumata are thought to create a vulnerability that might be abused by perpetrator therapists. Other investigators of TCS patients have described some of the risk factors. Feminist writing identified stereotypically feminine characteristics, such as other-directedness, little self-regard, and little acceptance of their own aggression (Chesler, 1972). Others identified survivors of incest as at-risk of becoming TCS patients (Pope & Bouhoutsos, 1986; Somer, 1999). In a community study of Israeli women who reported sexual liaisons with their psychotherapists, Somer and Saadon (1999) found that some respondents reported pleasurable feelings during TCS, but saw the experience as hurtful or exploitative in retrospect. We embarked on the present study to enhance our understanding of cognitive and emotional processes associated with TCS from the perspective of former sexually exploited patients. Participants were drawn from the general population. We aimed to identify the various construed TCS narratives and to compare the experiences associated with them.

## METHOD

### Participants

In the aftermath of yet another TCS scandal in Israel several national media stories on the subject were published (e.g., Ha'aretz, January 31, 2000; Yediot Acharonot, January 31, 2000; Ma'ariv, February 1, 2000). Some journalists who interviewed the first author on the phenomenon agreed to include in their report an invitation to individuals who had had a TCS experience to participate in a scientific study on this problem. A small boxed note at the end of each newspaper report contained this text: "Readers who have been sexually involved with their psychotherapists and wish to be interviewed for a university study on this issue are invited to call . . ." Thirty-three individuals called, were informed about the project, and expressed their consent to participate in the study. Six callers were excluded because they reported sexual liaisons with physicians with whom they had no psychotherapeutic or counseling relationships. Three callers were excluded because they reported powerful erotic transference feelings but no actual sexual contacts. Twenty-four participants (23 women, 1 man) reported actual sexual engagements with their psychotherapists, and these became the participants in this investigation. Seven of these respondents (29%) had never been married, 10 (42%) were married, and 7 (29%) were divorced. On average their age was 43 years (Range = 23–57,  $SD = 7.6$ ), they had had 16 years of education (Range = 12–20,  $SD = 2.3$ ), and 8 years had elapsed since their TCS experience (Range = 2–25,  $SD = 5.6$ ). None of the informants in this study had previously filed a complaint about the TCS with the police, licensing boards, or professional ethics committees;

nor did they express any intention to litigate in the future. Some of the reasons for this avoidance surfaced during the interviews.

### Procedure

The second author (IN) collected the data for this study. Consenting participants were given the option to be interviewed face-to-face ( $n = 13$ ) or by telephone ( $n = 11$ ). Because some respondents refused to be audiotaped, the interviewer took brief notes during the interview and immediately transcribed the full replies to each question afterwards. Participants called from different regions of Israel; hence, their reported experiences involved numerous TCS perpetrators. Each participant was read or given an informed consent form approved by university's subcommittee on evaluation of human participants in the behavioral sciences. Participants were asked not to identify their offending therapists. Our refusal to accept such disclosure, hence the preclusion of causing possible harm to the therapists involved, helped, we believe, to curb any vindictive fabrication of information conveyed to us.

All interviews followed structured guidelines. First, participants were asked what happened. They were encouraged to describe in their own words what occurred in the therapy. All participants spontaneously shared their meaning schemes and emotional experiences of the sexual liaisons during the Therapist-Client Sex Interview (described in the Materials section below). They were then given instructions on how to reply to the other research instruments, administered in the following order: Self-image questionnaire (SIQ), Therapist-Client Sex – Feelings Inventory (TCS – FI), Therapist Perception Questionnaire (THPQ), and Treatment Experience Inventory (TEI). For each item, respondents were asked to relate to pre-, peri-, and post-treatment periods and to their situation during data collection. The wordings of the items were repeated each time respondents were asked to rate their response. Before each response, participants were also reminded of their options on the relevant Likert scale. Respondents were also asked specifically, if they did not describe spontaneously, how they had understood and experienced the TCS at different points in time.

Verbatim transcripts were subjected to content analysis (Gottschalk, 1995; Krippendorff, 1980) aimed at classifying the relationships. We decided to approach the exploration of the TCS experience with a qualitative, interpretive methodology first. This approach was based on the assumption that access to reality (given or socially constructed) is only through social constructions such as language, consciousness, and shared meanings (Boland, 1991). Interpretive studies generally attempt to understand phenomena through the meanings that people assign to them. Interpretive research does not predefine dependent and independent variables, but focuses on the full complexity of human sense-making as the situation emerges (Kaplan & Maxwell, 1994). Although most researchers do either quantitative or

## Constructions of Therapist-Client Sex

51

qualitative research work, some have advocated combining one or more research methods in the same study (e.g., Lee, 1991; Mingers, 2001). In this study we determined our independent variables for the quantitative part of our study based on our findings in the preceding qualitative analysis.

Initial examination of the transcripts revealed two main TCS construction themes: Romantic and Abusive. Three mental health professionals were asked to classify each of the respondents' transcriptions into these two TCS relationship categories. The analysis was based on methods presented by Butler and Zelen (1977) and by Ditch and Avery (2001). Key descriptor sentences aided referees in their classification. Expressions such as "We were both in love," "I felt love and happiness," "I thought it was pure love" helped classify the relationship construction as romantic. Phrases such as "I could not stand his touch," "I was so disgusted, I cried when he touched me," "I felt raped, murdered" aided referees in classifying the liaison construction as abusive. Only classifications that achieved a 3-way inter-rater agreement were considered in this study.

## Materials

The dearth of controlled investigations of sexually exploited patients required the construction of several specific instruments to help us assess relevant processes. Five instruments were used: (1) Therapist-Client Sex Interview (TCSI), (2) Self-image questionnaire (SIQ), (3) Therapist-Client Sex – Feelings Inventory (TCS-FI), (4) Therapist Perception Questionnaire (THPQ), (5) Treatment Experience Inventory (TEI).

### *Therapist-Client Sex Interview (TCSI)*

The TCSI is an interview schedule developed by us to elicit demographic information and to inquire about the perpetrators' gender, age, and mental health profession, duration of therapy, estimated number of sessions, and date of the last professional encounter. Respondents were asked to note any special therapeutic techniques used. They were also invited to talk freely about their thoughts and feelings before, during, and after TCS. Other questions addressed the physical setting of the treatment, the referral source, the reasons for that referral, any changes in location or hour of the sessions introduced prior to the sexual intimacy, any reasons that might have been given to explain such changes, if fees were collected for therapy sessions conducted during the TCS period, and if any complaints were registered against the offending clinicians.

The four scales presented below instructed respondents to rate the described cognitions or emotions on a 5-point Likert scale. Respondents were also asked to provide their evaluations for four periods: before TCS, during TCS, after TCS

had ended, and at the time of data collection. Average scores for each scale were also calculated after the direction of negative items was reversed. Thus, an average scale score of 1 represented the lowest rank of the measured variable, while an average scale score of 5 was the highest rank.

### *Self-Image Questionnaire (SIQ)*

The Self-Image Questionnaire (SIQ) was developed by Rosenberg (1965). It contains 10 self-report statements (e.g., "I have a positive regard towards myself," "I generally feel I am a failure"). Composite (average) SIQ scores were also calculated. Cronbach's alpha values of the four SIQ measurements were: .92 for the treatment period preceding TCS, .90 for the period during TCS, .95 for the period immediately following TCS, and .90 for current feelings about the treatment.

### *Therapist-Client Sex – Feelings Inventory (TCS-FI)*

The TCS-FI was developed by us and comprises 14 items representing feelings (or their polarities) often shared by patients describing TCS or other forms of sexual exploitation: Satisfaction, Confusion, Anger, Feeling Exploited, Dissociation, Dependency, Safety, Happiness, Disappointment, Pleasure, Hope, Anxiety, Helplessness, Guilt/Depression. A mean Emotional State (ES) score reflecting the average of the 14 items was also calculated.

A similar instrument was also used by Feldman-Summers and Jones (1984) in their investigation of TCS. These authors also asked respondents to grade their feelings (of anger, lack of trust, guilt, etc.) at the end of the TCS on a 5-point Likert scale. The TCS – FI is also based on spontaneous comments made by former patients involved in TCS who spoke to the first author (ES) during data collection for previous studies.

Cronbach's alphas for the four TCS – FI measurements were: .91 for the treatment period preceding TCS, .90 for the period during TCS, .90 for the period immediately succeeding TCS, and .91 for current feelings.

### *Therapist Perception Questionnaire (THPQ)*

The THPQ is 10-item questionnaire that we designed to appraise respondents' perception of their offending psychotherapist. It is based on descriptions (or their polarities) frequently used by patients to describe perpetrators of TCS. The following were used: Distant, Indifferent, Professional, Empathic, Threatening, Attentive, Intelligent, Needy, Warm, and Insensitive. A total Therapist Perception

**Constructions of Therapist-Client Sex****53**

(THP) score reflecting the average of the 10 items was calculated. Cronbach's alpha values for the four THPQ measurements were: .77 for the treatment period preceding TCS, .87 for the period during TCS, .85 for the period immediately following TCS, and .77 for current feelings.

*Treatment Experience Inventory (TEI)*

This instrument was also composed especially for this research project and is based on comments made by previous patients and research respondents about their past TCS experiences. The four TEI items measured the respondents' agreement with the following statements: I felt my therapist did not listen to me; I felt my therapist had my best interest in mind; I felt my therapist was wrapped up in him/herself; I felt my therapist met my needs. A composite Treatment Experience score (TE) was also computed. Cronbach's alpha values for the four TEI measurements were: .55 for the treatment period preceding TCS, .85 for the period during TCS, .78 for the period immediately following TCS, and .66 for current feelings about the treatment.

**RESULTS****TCS Characteristics***The TCS Dyad*

The most common gender dyad was male therapist – female client (83% of cases). In three cases (13%) both therapist and client were female. One dyad was that of a female therapist and male client. Over half of the therapists were psychologists. The rest were social workers (3), psychiatrists (2), alternative therapists (4), and one family therapist. Our analysis of the therapy descriptions indicated that a psychodynamic approach was the therapeutic strategy most likely used in most cases.

The average age of the offenders was 44 years (range = 30–57,  $SD = 6.7$ ), while the average age of the victims was 31.5 (range = 19–48,  $SD = 8.5$  years). During the period of treatment, 12 participants (50%) were single, 10 (42%) were married, and two (8%) were divorced.

*Duration*

On average, therapy lasted 27 months, ranging from 3 weeks to 10 years. The sexual contact spanned an average of 41 sessions (range = 1–288,  $SD = 70$ ).

In 83% of the cases there was a partial or full chronological overlap between the sexual contacts and psychotherapy.

### *The Sexual Relationship*

In 13 cases (54%) TCS included full intercourse. In 18 dyads (75%) the initiator of sexual contact was the therapist and in 14 cases (58%) the client initiated termination of the sexual relations.

### *Constructions of TCS*

Three-way inter-rater agreement on the classification of the former patients' narratives of TCS was achieved for 20 participants. Two main themes emerged from the initial qualitative analysis of the data: constructions of TCS were either romantic or abusive. Analysis of the narratives of the other four patients resulted in inter-rater disagreement on their classification and revealed ambivalence expressed in both romantic and abusive key sentences, or in an avoidance of an emotional construction of the TCS as reflected in subdued, vague references to the sexual exploitation. The accounts of these four participants were excluded from this study.

The experiences of 11 respondents (55%, 45% of the original sample) were classified as TCS-Romance, and nine relationships (45%, 37% of the original sample) were categorized as TCS-Abuse. Proceeding from a qualitative, explorative, inductive research design to a quantitative deductive format we decided that our independent variables would be TCS-Romance and TCS-Abuse. We hypothesized that in narratives referring to the period during which TCS occurred, participants who perceived TCS as romantic would retrospectively report more positive emotions, more positive perceptions of the therapist, more positive perceptions of the treatment, and a higher self-image, as compared with participants who perceived the liaison as abusive.

To reinforce the predictive validity of the TCS constructions, we sought to verify that the two groups did not differ with respect to other variables. Statistical analysis revealed that the groups showed no significant differences during TCS with regard to sex, age, level of education, marital status, duration of the (mis-guided) psychotherapy, frequency and duration of TCS, elapsed time between TCS and data collection, and indices of childhood history (e.g., trauma, abuse).

In line with our main research hypothesis we found that during TCS, compared with the TCS-Abuse group participants who perceived TCS as romantic experienced more positive feelings [ $F(1, 18) = 21.7, p < 0.001, \eta^2 = 0.88$ ] and had a more positive perception of the therapist [ $F(1, 18) = 6.7, p < 0.05, \eta^2 = 0.68$ ], of the treatment [ $F(1, 18) = 29.1, p < 0.001, \eta^2 = 0.77$ ], and of their self-image [ $F(1, 18) = 9.2, p < 0.01, \eta^2 = 0.43$ ].



## Constructions of Therapist-Client Sex

55

**Table I.** TCS – FI Scores of the TCS-Abuse and the TCS-Romance Groups for the Period of the Sexual Liaison

Feeling	TCS-Abuse		TCS-Romance		$F(1,18)$	$\eta^2$
	Mean	$SD$	Mean	$SD$		
Confusion	4.78	0.44	3.27	1.85	5.65*	0.24
Dependency	4.11	1.76	3.82	1.6	0.15	0.01
Dissociation	4.78	0.44	3.73	1.85	2.75	0.13
Anger	3.56	1.81	1.82	1.25	6.43*	0.26
Disappointment	4.33	1.32	1.73	1.42	17.7***	0.5
Anxiety	3.63	1.77	2.36	1.75	2.88	0.14
Helplessness	4.67	0.71	2.0	1.61	21.12***	0.54
Depression	4.44	1.33	2.1	1.7	11.44**	0.39
Safety	1.56	0.88	3.78	1.3	22.97***	0.6
Happiness	1.44	0.73	4.36	1.29	36.56***	0.67
Satisfaction	1.5	0.76	5.0	0.0	22.85***	0.56
Pleasure	1.67	1.41	4.33	1.0	26.4***	0.59
Hope	2.5	1.85	4.27	1.42	5.92*	0.25
Abuse	3.56	1.81	1.64	1.25	10.67**	0.37

Note. \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

## Feelings and Cognitions During TCS

For a finer examination of the respondents' experience during TCS we compared the groups on the specific items that comprise the dependent variables: Feelings (Emotional State), Therapist Perception, and Treatment Perception.

Table I compares the two groups on the 14 TCS – FI items assessed for the TCS period.

High levels of dependency on the offending therapist, confusion, and dissociation were experienced independently of the TCS constructions. Retrospective reports suggest that the groups were equally dependent on the offending therapists and just as dissociative, but the TCS-Abuse group seemed to have been more confused. The groups also reported similar levels of peritraumatic anxiety. The average values specified by the TCS-Romance group were higher for positive feelings and lower for negative feelings as compared with the TCS-Abuse group. It is noteworthy that TCS-Romance respondents reported extreme levels of satisfaction during TCS, as indicated by a maximal average score of 5.

## Therapist Perception During TCS

The TCS-Romance respondents, compared with the TCS-Abuse group, reported seeing their therapists as more empathic [ $F(1, 18) = 11.26$ ,  $p < .01$ ,  $\eta^2 = 0.39$ ], less threatening [ $F(1, 18) = 5.25$ ,  $p < .05$ ,  $\eta^2 = 0.23$ ], and warmer [ $F(1, 18) = 6.28$ ,  $p < .05$ ,  $\eta^2 = 0.26$ ] during the sexual liaison. The groups did not differ on the other THPQ items.

*Treatment Perception*

A comparative analysis of TEI items revealed that for the duration of TCS, TCS-Abuse subjects thought that the implicated therapists did not listen to them well enough and were perceived as more concerned with their own needs, unlike the perceptions in the TCS-Romance group [ $F(1, 18) = 18.56$ ,  $p < .001$ ,  $\eta^2 = 0.51$ ; and  $F(1, 18) = 8.56$ ,  $p < .01$ ,  $\eta^2 = 0.32$ , respectively]. The latter believed more than their comparison group that their therapists had their best interest in mind and that their therapists met their needs [ $F(1, 18) = 17.64$ ,  $p < .001$ ,  $\eta^2 = 0.5$ ; and  $F(1, 18) = 31.54$ ,  $p < .001$ ,  $\eta^2 = 0.64$ , respectively].

A MANOVA with a between-subject variable (TCS perception) and within-subject variable (time) and with four dependent variables (feelings, therapist perception, treatment perception, self-image) showed significant time effects [ $F(12, 135) = 12.09$ ,  $p < 0.001$ ,  $\eta^2 = 0.97$ ] and a significant TCS perception effect [ $F(4, 15) = 5.38$ ,  $p < 0.01$ ,  $\eta^2 = 0.59$ ]. The interaction between time and the TCS constructions was also statistically significant [ $F(12, 135) = 2.77$ ,  $p < 0.01$ ,  $\eta^2 = 0.89$ ]. The unique effects of each dependent variable are presented in Table II, where the averages and standard deviations of the four dependent variables in the two TCS constructions at each point on the time line are presented.

For the Feelings variable a significant interaction was identified between the TCS constructions and time. In other words, the variation of this variable along the four points in the time line was different for the two constructions of the TCS perception, Romance and Abuse [ $F(3, 54) = 5.65$ ,  $p < 0.01$ ,  $\eta^2 = 0.24$ ]. The data in Table II and in Fig. 1 show further that whereas the negative shift in the emotional states of the TCS-Abuse group occurred primarily during the sexual

**Table II.** Emotional State, Self-Image, Therapist Perception, and Treatment Perception Scores for TCS-Romance ( $N = 11$ ) and TCS-Abuse ( $N = 9$ ) Participants Before, During, and After TCS, and at Data Collection

	Before TCS		During TCS		After TCS		During data collection	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Emotional state								
Romance	3.82	1.05	3.87	0.86	1.94	1.11	3.85	1.02
Abuse	2.66	1.14	1.77	0.62	2.08	0.95	3.51	2.0
Self-image								
Romance	3.61	0.98	4.25	0.95	2.86	1.45	4.71	0.44
Abuse	3.07	1.41	2.89	1.16	2.69	1.55	4.04	1.17
Therapist perception								
Romance	4.66	0.36	4.28	0.77	2.65	1.08	2.93	1.24
Abuse	3.76	0.73	3.11	1.2	2.88	1.21	2.37	0.79
Treatment perception								
Romance	4.73	0.65	4.21	0.77	1.89	0.85	2.45	1.2
Abuse	3.89	0.74	1.78	1.04	1.72	1.35	1.53	0.65

## Constructions of Therapist-Client Sex

57

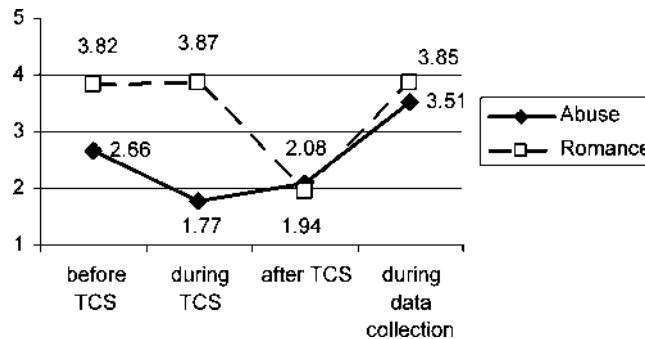


Fig. 1. Emotional state scores for TCS-Romance ( $N = 11$ ) and TCS-Abuse ( $N = 9$ ): Before, during, and after TCS, and at data collection.

liaison, for TCS-Romance subjects the most drastic deterioration in emotional well-being occurred only later, after the sexual exploitation had ceased.

Regardless of specific time-bound ratings, those in the TCS-Romance group reported better emotional states than respondents who perceived TCS as abusive [ $F(1, 18) = 10.89$ ,  $p < .01$ ,  $\eta^2 = 0.4$ ]. Although no interaction was identified for the Therapist Perception variable [ $F(3, 54) = 2.64$ ,  $ns$ ,  $\eta^2 = 0.13$ ], the perceptions of the offending therapists were more positive across time in respondents of the TCS-Romance group than of the TCS-Abuse group [ $F(1, 18) = 4.38$ ,  $p < 0.05$ ,  $\eta^2 = 0.47$ ].

For the Treatment Perception variable, a significant interaction was identified between the independent variables and time [ $F(3, 54) = 7.52$ ,  $p < 0.001$ ,  $\eta^2 = 0.3$ ]. This interaction means that whereas the most noticeable negative change in the treatment perception of the TCS-Abuse group occurred while the sexual liaison persisted, the most conspicuous deterioration of the treatment experience for individuals who perceived TCS as romantic occurred largely after it had ended.

Overall, individuals in the TCS-Romance group had a better treatment experience than TCS-Abuse respondents across all four retrospective time-bound evaluations [ $F(1, 18) = 13.81$ ,  $p < .01$ ,  $\eta^2 = 0.71$ ]. No interaction was identified for the Self-image variable. [ $F(3, 54) = 1.23$ ,  $ns$ ,  $\eta^2 = 0.06$ ]. Across time, the self-image of participants who perceived the TCS as romantic did not differ from that of patients who perceived TCS as abusive [ $F(1, 18) = 3.75$ ,  $ns$ ,  $\eta^2 = 0.33$ ].

## DISCUSSION

In this study we attempted to shed light on the experience of clients in psychotherapy who were emotionally and sexually exploited by their therapists. Psychotherapist-client relationships are unique because they tend to be based on

deep emotional bonds that commonly develop in families. It is difficult to compare the process and outcome of TCS with related matters presented in the literature, not only because of the inherently unique processes that occur in psychotherapy but also because data on the psychological outcome of comparable problems do not describe the experience from the victims' perspectives. For example, scientific literature on clergy abuse of adult parishioners is extremely sparse, focusing more on the abuse of children (e.g., Loseke, 2003). Workplace romance and sexual harassment are pervasive social-sexual phenomena in organizations. However, the processes whereby dissolved workplace romances foster sexually harassing behavior between the former romantic partners are not known (Pierce & Aguinis, 2001); the literature does not report on the experience of the victims but resorts to surveys on attitudes and perceptions on the problem (e.g., Pierce, Aguinis, & Adams, 2000; Powell, 2001). This study adds to the meager literature on the victims' perspectives on sexual exploitations in dual relationships. It contributes specifically to the very scarce literature on deviant therapist-client relationships.

The accounts of 11 persons from a community sample of individuals who described their experience during a sexual liaison with their psychotherapist were classified as romantic (55%); nine others of the same sample reported that they experienced the sexual relationship with their psychotherapists as an abusive encounter (45%). These results add to previous findings (Somer & Saadon, 1999) suggesting that clients may experience pleasurable feelings during sexual contacts with their psychotherapists. There are at least two possible interpretations for the seemingly high rate of TCS-Romance to TCS-Abuse accounts. First, clinicians from different standpoints would agree with Freud's position that the initial objective of therapy was to "attach [the client] to it and to the person of the doctor" (Freud, 1913/1958, p. 139). So conceivably, romantic client constructions of TCS are derivatives of affectionate transference processes. Positive transference is considered quite normal, if not essential, in many forms of psychotherapy. Second, this sample was subject to a respondent self-selection bias. It is therefore plausible that respondents with a relatively favorable TCS narrative would be more inclined to contact the investigators than individuals who were ashamed or harmed by an abusive experience.

In this study we sought to learn more about the nature and development of client experiences during TCS, a relationship universally deemed unprofessional because of its potentially harmful consequences. Our data show that during TCS the victims experienced similar levels of dependency on the therapist, anxiety, and dissociation, regardless of their construction of the TCS. This means that respondents had felt equally potent bonds with their therapists, and TCS was similarly disquieting for both groups, and that individuals in both groups resorted to equivalent levels of defensive peritraumatic dissociation. Barring these similarities, individuals in the TCS-Romance groups reported higher levels of particular positive emotions and lower levels of specific negative emotions than

### Constructions of Therapist-Client Sex

59

individuals in the TCS-Abuse group. The early infatuation of TCS-Romance with their perpetrators is evident from their relatively higher pre-TCS assessments of their emotional states, and their better view of their therapists and their interventions. Furthermore, persons in the TCS-Romance group reported overall better emotional states and treatment experiences than TCS-Abuse respondents across the four time periods assessed. To evaluate possible retrospective reconstructions of a favorable narrative or response set, we explored how the dependent variables were assessed in retrospect at different points on the TCS time-line.

Our data demonstrate that pre-TCS emotional states were seen as better in TCS-Romance respondents than in TCS-Abuse subjects. The changes following the period of TCS presented in Table II portray a marked deterioration in indices of psychological well-being, as well as treatment and therapist evaluations, to levels lower than those preceding TCS. This development was seen in all TCS respondents, regardless of their narrative. That is, whereas the TCS-Abuse group may have astutely perceived the exploitative nature of TCS while it was unfolding, individuals in the TCS-Romance group were able to sustain their romantic constructions only as long as the misguided relationship lasted. Two significant interactions (Figs. 1 and 2) shed more light on this process: the negative shift in the emotional states and the treatment experiences of the TCS-Abuse group occurred during the sexual liaison, but for the TCS-Romance subjects the deterioration in these psychological indices occurred later, only after the sexual liaisons had ended. Of our classified TCS sample 45% felt clearly victimized by their therapists from the onset of the erotic relationship. In 55% of that sample there may have been an initial infatuation with the therapist, but the psychological consequences for this group were equally painful later on. The genuine cooperative motivation of the respondents in this investigation and the trustworthiness of their responses was evident from their bright self-portrayals at the time of data collection. Although it may not be wise to generalize from such a small sample, this self-selected

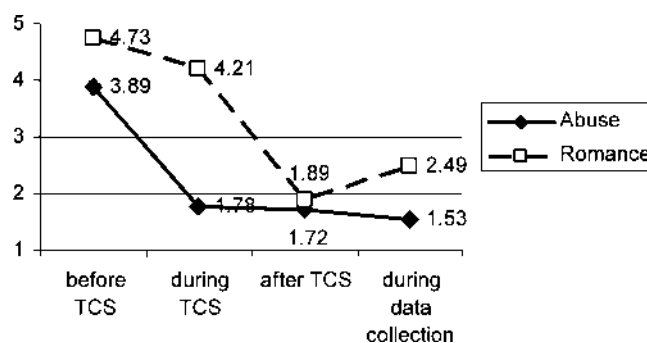


Fig. 2. Treatment perception scores for TCS-Romance ( $N = 11$ ) and TCS-Abuse ( $N = 9$ ): Before, during, and after TCS, and at data collection.

TCS former client sample reported fairly good levels of current emotional well-being. It is obviously unclear if this was the ultimate outcome for other TCS clients whom we could not interview. Note that although our respondents seemed personally to have recuperated from their ill-advised psychotherapy, their initial positive regard for their therapists and their professional interventions diminished, and had remained as low as it reportedly was at the nadir of their TCS-related pain. How different are the negative outcomes of TCS-Romance identified in this study from the painful results of other relationship breakups? Future controlled studies will have to compare the psychological consequences of TCS construed by clients as romance with those of broken romances in more equal relationships. Nevertheless, verbatim transcripts of the TCS-Romance group (qualitatively analyzed for a separate study) revealed, in retrospect and without exception that all its members felt exploited and betrayed by their former counselors. An alternative explanation for the apparent early infatuation in the TCS-Romance group could be associated with grooming the exploited clients into sexual compliance. Grooming usually begins with behaviors contributing to enhancement of trust, proceeds with a gradual erosion of boundaries, and culminates in the establishment of a secretive liaison (Salter, 2003). All of these factors played a significant role in the TCS accounts investigated in this study. It is also conceivable that the higher ratings in the TCS-Romance group reflect pretest differences by unknown variables.

Several caveats of the present study require consideration. First, there is an inherent sampling bias in this investigation. Although our nonclinical community sample might have been preferable to a clinical sample, we remain concerned about the shortcoming associated with the unsolved self-selection problem. Second, this study is limited by the modest sample size. It is difficult to ascertain the actual TCS client population size in Israel, but we have reasons to believe it is minute. It is therefore probable that the tiny sample size is a reflection of the small population of Israelis who formerly were sexually engaged with their psychotherapists. Third, there are potential biases inherent in the retrospective nature of the presented data. The analyzed response patterns suggest specificity and diversity of replies for the different periods they were measured for rather than (seemingly motivated) uniform responses. However, the findings could have been influenced by memory reconstructions reformulated in retrospect. Arguably, it is very difficult for individuals to validly recall and distinguish, years later, emotions and perceptions for four different periods of time. This would be especially true for perceptions and feelings concerning everyday events. The TCS events, however, were far from ordinary incidents in the lives of our respondents. Their accounts seemed to be distinctly and vividly etched in memory as highly intense experiences. Fourth, caution should be exercised in interpretation of data concerning the assessed treatment experience prior to TCS. The internal consistency of TEI measures for that period leaves much to be desired.

**Constructions of Therapist-Client Sex****61**

Despite the limitations of this study, our findings suggest that client perception before or during TCS should not be a determining factor regarding whether such behavior is considered unethical. Positive feelings during sexual abuse are not only a known factor in incest, but also a contributing aspect in delayed recall and reporting of child sexual abuse (Somer & Szwarcberg, 2001). The rapid deterioration in the psychological states of survivors of TCS is not unlike that reported in cases of incest, where children who trusted the touch of their caregivers or even enjoyed some of it, later developed severe emotional distress. TCS, actually likened to incest by Marmor (1972), was shown to produce reactions seen among incest victims such as dissociation, confusion, and mixed, often contradictory feelings (Somer & Saadon, 1999). Future comparisons of abuse histories, defense mechanisms, and psychological symptoms of TCS-Romance and TCS-Abuse victims should shed further light on this problem.

**ACKNOWLEDGMENT**

The authors wish to thank Avi Goldstein PhD for his very helpful assistance with the statistical analysis.

**REFERENCES**

- Bernsen, A., Tabachnick, B. G., & Pope, K. S. (1993). National Survey of social workers' sexual attraction to their clients: Results, implications, and comparison to psychologists. *Ethics and Behavior*, 4(4), 369–388.
- Boland, R. J. (1991). Information system use as a Hermeneutic process. In H.-E. Nissen, H. K. Klein, & R. A. Hirschheim (Eds.), *Information systems research: Contemporary approaches and emergent traditions* (pp. 439–464). Amsterdam: NorthHolland.
- Butler, S., & Zelen, S. L. (1977). Sexual intimacies between therapists and patients. *Psychotherapy: Theory, Research and Practice*, 14(2), 139–145.
- Chesler, P. (1972). *Women and madness*. New York: Avon Books.
- Ditch, E., & Avery, N. (2001). Sex in the consulting room, the examining room, and the sacristy: Survivors of sexual abuse by professionals. *American Journal of Orthopsychiatry*, 71(2), 204–217.
- Feldman-Summers, S., & Jones, G. (1984). Psychological impacts of sexual contact between therapists or other health care practitioners and their clients. *Journal of Consulting and Clinical Psychology*, 52(6), 1054–1061.
- Freud, S. (1958). On beginning the treatment: Further recommendations on the technique of psychoanalysis. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 12, pp. 123–144). London: Hogarth. (Original work published 1913).
- Gartrell, N., Herman, J., Olarte, S., Feldstein, M., & Localio, R. (1986). Psychiatrist-patient sexual contact: Results of a national survey, 1: Prevalence. *American Journal of Psychiatry*, 143, 1126–1131.
- Gottschalk, L. A. (1995). Content analysis of verbal behavior: New findings and clinical applications. Hillsdale, NJ: Erlbaum.
- Holroyd, J. C., & Brodsky, A. M. (1977). Psychologists' attitudes and practices regarding erotic and nonerotic physical contact with patients. *American Psychologist*, 32, 843–849.

- Kaplan, B., & Maxwell, J. A. (1994). Qualitative research methods for evaluating computer information systems. In J. G. Anderson, C. E. Aydin, & S. J. Jay (Eds.), *Evaluating health care information systems: Methods and applications* (pp. 45–68). Thousand Oaks, CA: Sage.
- Krippendorff, K. (1980). *Content analysis: An introduction to its methodology*. Beverly Hills, CA: Sage.
- Lee, A. S. (1991). Integrating positivist and interpretive approaches to organizational research. *Organization Science*, 2, 342–365.
- Loseke, D. R. (2003). “We hold these truths to be self-evident”: Problems in pondering the pedophile priest problem. *Sexualities*, 6(1), 6–14.
- Marmor, J. (1972). Sexual acting-out in psychotherapy. *American Journal of Psychoanalysis*, 32, 3–8.
- Mingers, J. (2001). Combining IS research methods: Towards a pluralist methodology. *Information Systems Research*, 12(3), 240–259.
- Pierce, C. A., & Aguinis, H. (2001). A framework for investigating the link between workplace romance and sexual harassment. *Group and Organization Management*, 26(2), 206–229.
- Pierce, C. A., Aguinis, H., & Adams, S. K. R. (2000). Effects of a dissolved workplace romance and rater characteristics on responses to a sexual harassment accusation. *Academy of Management Journal*, 43(5), 869–880.
- Pope, K. (1994). *Sexual involvement with therapists: Patient assessment, subsequent therapy, forensics*. Washington, DC: American Psychological Association.
- Pope, K. S. (2000). Therapists’ sexual feelings and behaviors: Research, trends, and quandaries. In L. Szuchman & F. Muscarella (Eds.), *Psychological perspectives on human sexuality* (pp. 603–658). New York: Wiley.
- Pope, K. S., & Bouhoutsos, J. C. (1986). *Sexual intimacy between therapists and patients*. New York: Praeger.
- Pope, K. S., Tabachnick, B. G., & Keith-Spiegel, P. (1987). Ethics of practice: The beliefs and behaviors of psychologists as therapists. *American Psychologist*, 42, 993–1006.
- Powell, G. N. (2001). Workplace romances between senior-level executives and lower-level employees: An issue of work disruption and gender. *Human Relations*, 54(11), 1519–1544.
- Robertiello, R. (1975). Iatrogenic psychiatric illness. *Journal of Contemporary Psychotherapy*, 7, 3–8.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Safran, J. D., & Muran, J. C. (2003). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford.
- Salter, A. (2003). *Predators: Pedophiles, rapists and other sex offenders. Who they are, how they operate and how we can protect ourselves and our children*. New York: Basic Books.
- Serban, G. (1981). Sexual activity in therapy. *American Journal of Psychotherapy*, 35, 76–85.
- Somer, E. (1999). *Dual relationships: Seduction and sexual exploitation in counseling and psychotherapy*. Papyrus – Tel Aviv University Press. (in Hebrew)
- Somer, E., & Saadon, M. (1999). Therapist-client sex: Clients’ retrospective reports. *Professional Psychology: Research and Practice*, 30(5), 504–509.
- Somer, E., & Szwarberg, S. (2001). Variables in delayed disclosure of child sexual abuse. *American Journal of Orthopsychiatry*, 71(3), 332–341.



### **Queries to Author**

A1: Au: Kindly provide the publisher location (city, country).