Middlesex University and Metanoia Institute

Let's talk about sex: Female therapists' experience of working with male clients who are sexually attracted to them.

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4. Findings

Abstract

Sexual attraction in psychotherapy is an under researched area of psychotherapeutic practice. Literature suggests that the direction of the work with sexual attraction is determined by the therapist's emotional reaction to it which can either halt or spur its exploration with the client and occasionally cause serious ethical misconduct such as sexual acting out and premature therapeutic termination.

Given the suggestion that our socio-cultural context is particularly prohibitive of the exploration of the male client's erotic feelings towards his female therapist, this study focused on female therapists, exploring the nature of their experience working with male clients who are sexually attracted to them and the extent to which they used the experience in their work.

The study used Hollway and Jefferson's (2008) hybrid method 'Free association narrative interview'. This involved multiple unstructured interviews with five female participants. Follow up interviews provided opportunities for building trust, consideration of non-conscious communication and permitted collaborative meaning-making with participants as co-researchers, considered particularly important given the 'taboo' status of the topic.

Each participant's data was initially analysed on its own merit after which data was compared across participants.

The results of the study included participants' emphasis on the uniqueness of working with each different client, the importance of confidentiality, trust and supervision in the work and the link between issues of sexual attraction and our identity. Participants' experience differed depending on whether they felt reciprocally towards their clients or not. On occasions when therapists were not attracted towards their clients, they expressed a sense of vulnerability, discomfort with power inequality and a sense of being at fault. Conversely, when therapists felt sexually attracted to their clients, they experienced a sense of the splitting of the roles of being a woman and a therapist, as well as the experience of love and mutuality in relation to clients.

In terms of the therapists' use of the experience in their work, the ability to do so was reported within both categories of responses, albeit it seemed that this was easier done in the context of a therapeutic relationship which was described as 'mutual and loving'.

The implications of these results are manifold. In practical terms, my research suggests a need for therapists to consider the safety of the location at which they work. In relation to therapy training, the findings suggest that working with sexual dynamics is not something which can be learnt and mastered but instead needs to be explored reflectively and reflexively. From the clinical point of view, this research suggests that sexual dynamics can be experienced as merging the gap between 'personal' and 'professional' parts of therapists' identity because of which the role of personal therapy and clinical supervision are highlighted as particularly important.

Finally, my study considered the impact of power inequality on the therapists' sense of authority from the clinical perspective as well as the context of wider societal dynamics and offered links with previously published research, suggesting future areas for research and clinical practice.

1. Introduction

1. 1. The Purpose and the contribution of this research

The purpose of the research was to explore and expand the understanding of the nature of the experience of working with sexual dynamics of the therapeutic relationship for female psychotherapists working with male clients. My rationale for focusing specifically on female therapists working with male clients is supported by the literature as well as personal experience. For example, the literature points towards the lack of research which focuses on the female therapist – male client dyad in comparison with male therapist – female client dyad (Schaverien, 1996). This suggests that 'our' socio-cultural context is more prohibitive of exploration of the male client's erotic feelings towards his female therapist than it is of the female client's feelings towards her male therapist (Kulish, 1984; in Schaverien, 1996) and proposes that female therapists may choose to focus on maternal feelings as a means of defending against more difficult, erotic and sexual feelings (Lester, 1985; Russ, 1993).

Personally, I found working with the sexual aspect of the relationship with a male client one of the most difficult aspects of the therapeutic work, reluctantly discussing it in supervision and struggling to use it for the benefit of the client. My experience as well as the lack of research on the subject point towards a question of the inadequate provision of training in relation to sexual issues for practitioners (Rodolfa et al 1990). Similarly, in line with Henderson's (2003) thinking on the importance of integration of difficult feelings in developing a secure psychological identity, I would argue that regardless of the specific feelings evoked, this area is rich for enquiry into what it means to be a psychotherapist. Therefore, apart from contributing to the understanding of the nature of the experience of working with the sexual dynamic, by implication, the research would be beneficial in the training and development of the trainee's ability to develop a secure psychotherapeutic identity.

Further, as Bodenheimer (2010) points out, most of the research on therapeutic eroticism and love is based on personal cases of therapists performing analyses of their own clinical work, which although very valuable, is difficult to integrate. Although my study did not aim at

generalisations either, the use of FANI interviews (Hollway and Jefferson, 2008) (see below, section 3 for detail on methodology) relied on the use of reflexivity which characterises case study methodology but also added an opportunity for comparisons between different cases and as such enabled a more systematic view of therapists' reflections.

A similar, interview-based research study was conducted by Rodgers (2011), utilising IPA method and Luca and Boyden (2014) using grounded theory. However, neither of these studies considered issues in the context of the gender of the participants / therapists or therapeutic dyads. Consequently, although our studies have common elements, my research aimed to provide more specific understanding of the female therapist – male client dyad. In addition, my choice of method and methodology, given their epistemological position on the existence of non-conscious communication which is to be captured in the research process, as well as its underlying presupposition that participants will be defended on the subject, aimed at producing richer data.

The importance of my subjective experience as well as literature findings is further heightened when looked at in the context of psychotherapy provision and take up. A recent Government paper outlining Mental Health Strategy (DOH, 2011) outlines the greater prevalence of a number of mental health problems for men in comparison with women (see section 2. 5 for detail) and highlights men's reluctance to seek treatment due to the stigma associated with it. The existence of stigma and strength of adherence to masculine norms, both found to influence men's willingness to seek help (e. g. Mahalik et al, 2003; in Hammer, et al, 2013) are likely to be affected by gender and the sexual dynamics of the therapeutic relationship, thus further supporting the need to understand them better, especially for the benefit of the male client population which is less likely to seek or pursue psychological treatment.

Finally, this area of work is of further importance as it is replete with ethical dilemmas which can sometimes lead to gross ethical misconduct with legal repercussions.
Consequently, my research aimed to add value to:

1. The academic field, by providing further understanding of the sexual phenomena of the therapeutic relationship;
2. Therapists working with sexual dynamics;

3. Psychotherapy trainees and training institutions, in helping them think through issues trainees are likely to be exposed to and therefore need to be trained for;

4. Health care policy makers who might be interested in understanding dynamics and potential issues related to working with male mental health.

1. 2. My relationship to the subject area

In my personal experience, my response to a male client's sexual attraction was the least understood or discussed area of my work so far and as such it supports Luca's (2014) and Celenza's (2010) claim that the erotic is still somewhat taboo, even in the protective environment of a supervisory dyad.

Given my own reaction which resembled maternal preoccupation but also included shame and embarrassment, I was curious to explore the extent to which some of those feelings might be embedded within the wider socio-cultural context as well as belonging to my individual, psychological background.

The most difficult aspect of this relationship for me was associated with a period of work when the client implicitly or explicitly communicated his sexual feelings towards me whilst paying me directly in cash. For me, the situation had strong connotations of prostitution which made me feel dirty, non-professional and unskilled. Although this was not a persistent aspect of the relationship with this client, it was the one I made no use of in the work. I mentioned it in supervision, but I made light of it, laughing and not giving it proper weight.

Later on, when I separated the context of payment and as such the image of prostitution, I managed to address the issue of sexual attraction with the client but I did it with the sense of 'being done to', as if the client was a 'perpetrator' and I the 'victim'. Under the protection of being a passive recipient of sexual attraction, I started to enjoy the situation. I found this even more difficult to admit to myself, discuss in supervision or make use of in the work. The difficulty was associated with what it means to be enjoying being an object of sexual desire – 'the slut', by my own and society's standards of behaviour for married, professional women. Therefore, fear of embodying the prostitute in different ways, either by being paid for services which (although not directly) were linked with the client's sexual arousal, or by enjoying the feeling of being a sexual object, was detrimental in exploring the nature of our relationship. At other times, on the other hand, I also remember having tender, motherly feelings towards the client. In retrospect, it is difficult to know whether my motherly response was a defence against more difficult feelings of being a 'slut' or whether my different responses were a reflection of different aspects and phases of our work. However, what is very clear is my difficulty in using and working with the more sexualised feelings.

Although, my experience was shame and embarrassment (as well as enjoyment at a later stage), I did not want to make a presumption that all female therapists would experience the same feelings. Instead, I wished to explore the experiences of other therapists and the extent to which they were able to use it in their work with clients.

2. Literature review

2. 1. Context of the literature review

Literature on the sexual aspects of a therapeutic relationship appears scarce. Literature search through PsycINFO, PsycARTICLES, PEPweb and using Ovid and EBSCO search engines using the terms 'sex', 'sexual', 'sexual in psychotherapy', 'sexual and therapeutic relationship' uncovered literature which predominantly deals with psychotherapy work with clients who are seeking help with their sexual difficulties which I found of limited use for my study.

In relation to the sexual elements of the actual therapeutic relationship, the search produced a body of writing which predominantly dealt with a specific ethical situation of sexual acting out which I will review as one area of consideration in working with sexual dynamics of therapeutic relationship.

A search using terms 'erotic', 'erotic relationship', 'erotic in psychotherapy' and 'erotic transference', produced a greater volume of literature focusing on the therapeutic relationship. Given that 'erotic' sometimes incorporates 'sexual', I have included and reviewed this body of literature. In doing this I have retained the terminology originally used by authors which means that 'erotic' and 'sexual' are occasionally used interchangeably.

Additionally, the terms 'erotic' and 'sexual' are also used to describe a wide range of phenomena such as desires, practices, relationship statuses and identities (Milton, 2014). Occasionally, the plural, 'sexualities' is utilised to acknowledge the multiple meanings of sexuality and to recognise that an understanding of contemporary sexuality needs to engage with the proliferation of identity categories, sexual practices, desires and relationship formations (e.g. Johnson, 2015; Lemma and Lynch, 2015).

Although recent publications include a body of theoretical writing on the nature of sexuality [e.g. from the psychosocial perspective seeking to explain how sexuality is developed or constructed (Johnson, 2015); from the existential perspective considering whether it should be understood as a construction or essence (Milton, 2014); from the queer theory perspective questioning the normative-ness of psychoanalytic theory and practice (Giffney and Watson, 2017) and from the psychoanalytic perspective considering the impact of object relations

theory and the need for re-sexualisation of psychanalytic theory (Lemma and Lynch, 2015)], given the applied focus of this study, this writing will not be the focus of the literature review. Instead, in line with Luca (2014), I will discuss literature which specifically deals with therapeutic relations and concerns feelings of sexual desire and sexual attraction.

Although the definition and operationalisation of terms is an important aspect of scientific writing, given the experiential focus of this study, I was concerned that the explication of the precise terminology with interviewees would be too cumbersome and would distract from the focus of this study. Consequently, participants' use of terminology was retained as was reported in the interviews. My use of the term 'sexual' refers to the feelings of sexual desire and attraction in therapy. Where appropriate I refer to sexual 'dynamics' to open up and capture the possibility of a range of different feelings existing in response to sexual attraction.

My experience of the lack of literature concerning sexual feelings in the therapeutic relationship, especially from the other than psychoanalytic perspective, has also been commented on by a number of writers I encountered. For example, in response to being asked to provide an integrative perspective on sexual attraction in therapy, Nuttall (2014) makes an open, albeit somewhat tongue-in-cheek comment, that he would first need to develop it. Similarly, Worrell (2014) openly states that if one is to judge the importance of sexual attraction as a phenomenon within CBT, based on the amount of theoretical or research-based literature devoted to this topic, one would conclude that it is either non-existent or of such small significance as not to warrant attention.

Furthermore, Milton (2014) reminds us of an anecdote from the meeting of Society for Existential Analysis in 1996, when Spinelli commented that when dividing up the topics of interest, psychoanalysis had been given sex and the existentialists had been given death. In response, Monafi (2014) states that Milton's (2014) book is an existentialist's response to that long held silence.

Commenting on the provision of training, Kearns (2007; in Rodgers, 2011) states that in humanistic training, students are given no theory regarding the erotic transference and "no language to support sexual interventions". Similarly, Cornell (2009) comments that there has been remarkably little in formal theory or training within transactional analysis that addresses either the meaning of sexuality or possible approaches to working with it. Although featuring

in the title of one of Berne's (1964) seminal books, 'Sex in Human Loving and Games People Play', having not found it useful in either thinking about sexuality or working with it clinically, Cornell (2009) criticised Berne as leaving transactional analysis with a trite and impoverished literature about sexuality.

Finally, with the exception of the most recent publication by Luca (2014) which devoted a number of chapters to qualitative research studies, it has been my finding as well as an observation found in the literature (e. g. Bodenheimer, 2010) that most of the research on sexual and erotic aspects of therapeutic relationship is based on personal cases of therapists performing analyses of their own clinical work. Without wishing to discount the value of this writing, the lack of variety of research methodologies is another limiting factor in having a comprehensive and rich body of research in this subject area.

2. 2. Different conceptualisations of sexual feelings in the therapeutic relationship

2. 2. 1. 'Erotic transference' as a resistance to treatment

The phenomenon of the erotic within the therapeutic relationship was first described by Freud (1915) who described it as an inevitable process of a female patient falling in love with her doctor. He saw it as a form of resistance, regularly occurring precisely at a point of time when the client is having to admit or remember some particularly distressing and heavily repressed piece of her history. It is seen as a reflection of the patient's endeavour to destroy the doctor's authority by bringing him down to the level of a lover.

Freud's way of dealing with it was to withhold any response to it. He saw the craving for love as having its roots in infancy because of which the patient needed to be led through the primal period of her mental development to allow her to acquire the extra piece of mental freedom which would distinguish her conscious mental activity from unconscious.

2. 2. 2. The relational turn in psychoanalysis

Since Freud, the thinking about sexuality and the nature of the erotic feelings in therapy has expanded.

Contemporary psychoanalysts have come to see it as located in an interactive, relational field, as an expression of relational configurations and early object relations (Mitchell, 1988, Gerrard, 1996; Mann, 1997, Gabbard, 2001). Consequently, they have moved away from seeing erotic dynamics in therapy as simply a re-enactment of a patient's early years but instead as a multifaceted phenomenon with the variety of meanings dependent upon a complex interplay of patients' and therapists' transference – countertransference interactions (Flax and White, 1998).

In order to account for some of the complexity of the phenomena, some authors have made a distinction between erotic and eroticised transference and countertransference (e. g. Schaverien, 1995; Bolognini, 1994, Gabbard, 1994). Whilst erotic transference is viewed as a natural phase of the therapeutic process, eroticised transference is seen as a delusional form of transference, characterised by a more sexualised form of relating in which capacity for symbolisation is thwarted and transference is experienced as something real. The client may start to demand gratification, which destroys the therapeutic alliance and ruins the potential for growth (Schaverien, 1995).

Another aspect of the thinking that has changed since Freud is acceptance that erotic feelings are not necessarily only a resistance to the treatment but that they have the potential to be a positive element of the therapeutic process. For example, drawing on Ferenczi's ideas, Gerrard (1996) claims that it is only when a patient arouses our deepest loving feelings (not empathy) that we can hope for a truly positive outcome of the therapy.

However, it is sometimes said that one of the effects of this emphasis on an early, mother-infant relatedness and the view of sexuality as a manifestation of other, earlier relational needs is de-sexualisation of the therapeutic relationship (e. g. Target, 2007; Renn, 2013). One of the results is the split between the meaning and the bodily experience of the erotic phenomenon, for me best illustrated by Mann's (1997) description of the erotic as

"psychological experience independent of sexual reproduction and the desire for children." (Mann, 1997, pg.5)

2. 2. 3. Contemporary views on sexual dynamics in therapy

In recent years, thinking about sexual dynamics within psychotherapy has shifted again. As mentioned above, writers from theoretical traditions not previously concerned with sexual aspects of the therapeutic relationship have started to engage in the debate.

Considering CBT's view on the phenomenon of sexual attraction within therapy, Worrell (2014) suggests ways in which CBT's traditional focus on technical interventions may need to be expanded. Drawing on evidence which suggests that 'core beliefs' and 'schemas' are inherently interpersonal (Safran and Muran, 2000), he suggests an integration of some of the existential-phenomenological concepts into CBT, including that human existence is always embodied and sexual, thus expanding CBT's 'character' to encompass qualities of 'spontaneity', 'chaos' and 'passion' (Worrell, 2014).

The Existentialist's approach to sexuality is particularly challenging of the view that takes our biology as an explanation. Overall, although this approach is by no means unified, their theoretical stance situates the focus of the therapeutic work with sexual dynamics within the notions of 'isolation' and 'personal meaning'. Sexuality and sexual attractiveness are conceived as an attempt to moderate our core existential anxieties, overcome existential isolation and derive a sense of meaning from life (e.g. Berry, 2014). Consequently, existential writers emphasise the complexity and fluidity of individual experience and warn against normative or reductionist thinking which categorises, judges or simplifies the experience (Milton, 2014).

Whilst the contemporary writing points to a greater integration of bodily and affective responses to the understanding of the sexual aspects of the therapeutic relationship and starts to consider both in potentially positive terms (e. g. Nuttall, 2014), my reading of the literature has left me with the thought that on the whole there still exists a split between a more acceptable category of 'loving' and a less acceptable category of 'sexual' feelings in psychotherapy.

Although there are writers who have been very open in describing their sexual feelings within therapeutic work (e. g. Hargaden, 2001; Maroda, 1998, 2010; Celenza, 2010, Bridges, 1994; Flax and White, 1998), it is still quite rare to find a very explicit positive account of therapeutic work with sexual feeling. I was most struck by Cornell's (2001) writing in this respect. He incorporated sexual feelings into a theoretical framework by arguing that in addition to what is sometimes referred as the "secure base" (the need for establishment of stabilising, predictable relationships in one's life), there is also a role for something he called, the "vitality base" which includes the need for challenging, unpredictable and lively relationships.

Consequently, as a starting point for this study, I wished to clarify the extent to which we have really progressed in our thinking about the impact of sexual attraction (rather than love) on the therapeutic relationship.

2. 2. 4. Sexual attraction as a 'transferential' versus 'real' phenomenon

An additional aspect of current psychoanalytic theoretical thinking which I found somewhat confusing is the concept of 'real' Vs 'transferential' therapeutic relationship, when it comes to sexual attraction. Notwithstanding the reports of a paradigm shift based on the notions of 'mutuality' and 'co-construction' (Renn, 2013, Stolorow et al 2002; Mitchell, 1988), the notion of a 'real' relationship is still not uniformly embraced or discussed.

For example, Rodgers (2011) found that all of her participants, irrespective of their theoretical orientation, used the terms 'erotic transference' and 'sexual/loving feelings in the relationship' interchangeably. In addition, as Bodenheimer (2010) points out, although discussion on the nature of the 'transferential' and 'real' aspects of the therapeutic relationship is currently being embraced in the literature, the notion of having a 'real' and potentially loving (let alone sexually charged) relationship with the client still causes terror in young clinicians.

From my reading of psychoanalytic literature (e.g. Bridges, 1994; Flax and White, 1998), it appears that co-construction is something which is considered as part of authors' thinking and supervision but tends to be considered from the vantage point of the past. How to think about the 'real' / 'present' in the relationship is not discussed, leaving me to wonder whether

there is an unspoken assumption that once the dynamic between the client and the therapist can be located in the therapist's and client's past, the present affect will dissipate.

Furthermore, whilst some authors look for ways in which they can bring their own sexual feelings towards the patients to the fore (e. g. Renn, 2013, Maroda, 2010), overall, therapist's self-disclosure, particularly when it comes to sexual feelings, is discouraged (e.g. Bridges, 1994). The clearest message related to the actual work was one of prohibition, warning therapists about potential acting out and therefore advising against disclosure. Bridges (1994) raised the concept of a 'real' attraction in the therapeutic room but dismissed its importance given the unethical nature of behaviour stemming from it which in any case she felt was dealt with by legislation. Therefore, my current reading of the literature is that the meaning and the use of the notion of 'co-construction' when it comes to sexual attraction, is still limited.

Interestingly, existential accounts of working with sexual attraction do not concern themselves with this question, presumably because they do not work with the concept of transference. As put by Smith-Pickard (2014), the notion of transference is seen as the disavowal of the therapist's body because the therapist is accepting the sexual feelings of the patient while at the same time attempting to deny their impact on him/herself.

I found the existentialists' emphasis on co-creation and mutuality as well as freedom of the therapist's self-disclosure particularly refreshing, clear and direct. For example, Berry (2014) suggests that therapists often avoid discussing sexual issues not out of interest for the client's well-being or the effectiveness of the therapy, but rather due to the therapists' own discomfort, fear or embarrassment. This, he suggests, is ethically dubious because, for existential psychotherapists to refuse to address sexual attraction in the consulting room would mean to evade personal responsibility and act inauthentically. Therefore, drawing on the use of the existential concept of 'authenticity', he urges clinicians to attend to the sexual attraction and disclose the impact it has on them whilst making use of the concept of 'meaning', to help them interpret the experience of sexual attraction itself. Thus, exploration of the key existential themes provides avenues for exploration of the meaning of sexual attraction making the meaning much more important than the attraction itself.

A case for therapists' self – disclosure of sexual attraction is also made by Giovazolias and Davis (2001) who reported that most of their respondents (87.5%) considered that disclosure

had a positive impact on the therapy. Similarly, Marshall and Milton's (2014) research suggested that disclosure played a part in fostering honesty in the therapeutic relationship and had a beneficial effect on the therapy. Given the fact that the question of disclosure in this study was discussed in situations when the sexual attraction was felt to be mutual, I was left wondering whether therapists' thoughts about disclosure would be the same if they were not sexually attracted towards their clients. Nonetheless, this research raises a very important point which needs greater attention - of what it means to work relationally with sexual attraction in the therapy.

The question that I was left with is how to find a way of holding onto all different aspects of the therapeutic relationship when working with sexual attraction (e. g. 'transferential', 'real', 'mutual' and 'unequal') and avoid using any one for defensive purposes. Nuttall (2014) attempts this by showing the potential ways of seeing sexual aspects of the therapeutic relationship as present in each of Clarkson's (2003) five modalities of therapeutic relationship, whilst Cornell (2001) does it by emphasising the role of future in therapy, something which can sometimes be overlooked. By linking the present in the therapy and the future in the outside world (as opposed to the past in the outside world) Cornell (2001) presented us with one way of thinking about how present dynamics between the therapist and the client can have legitimacy and still serve therapeutic purposes. As he puts it, the emphasis on the therapeutic relationship, not as an end in itself but rather as a means for the client's ability to develop real life and relationships outside the therapy room, can help contextualise clients' and/or therapists' sexual (as well as any other) feelings less as a threat to the therapeutic relationship and more as a source of stimulation and a manifestation of their ability to live and feel intensely. This is a question which in my mind needs further thinking and elaboration.

2. **3. Difficulties in addressing the erotic in the specific relationship between female therapist and male client**

The complexity of the erotic phenomenon is further compounded by the context of female therapist and male client, a context which opposes a number of psychological taboos and social norms. As argued by some (e. g. Schaverien, 1996), it might be this context which plays

a significant role in obscuring, disguising or confounding erotic phenomena and splitting it into these two categories of 'loving' and 'erotic / sexual' feelings in the psychotherapy.

Looking at the literature, I have extracted a number of possible reasons why this type of relationship might be difficult to own, address or write about.

2. 3. 1. Female therapists' defence of staying within maternal rather than erotic material

One explanation offered for the lack of reports of strongly sustained erotic transference of male patients towards female analysts is the suggestion that female analysts find it more acceptable to remain within the frame of the maternal rather than to confront the sexual transference (e. g. Lester, 1985). Although Lester (1985) makes a claim that pre-oedipal material is worked through first, and oedipal material comes at a more advanced stage of the analysis which might make it less potent, Schaverien (1996) and Gornick (1986) pose a challenge to it by arguing the possibility that a therapist defends against difficult erotic feelings by making an assumption that her desire originates exclusively in the patient, and is being manifested as a form of projective identification of the client's early, infantile process.

2. 3. 2. The client's struggle with own masculinity and consequent aggression in relation to women

Further, a number of authors attribute difficulties in addressing erotic transference and countertransference to the aggression inherent in it. Benjamin (1998) argued that when the boy renounces his mother to achieve masculinity, this repudiation is inherently sadomasochistic because it involves repudiation of a part of self, as well as the devaluation of mother, other women or the need for them. During the time when a client may feel disadvantaged or dependent on the therapist, to defend himself from the regressive fear of fusion with the mother, he might try to become more masculine and sexualised (Stoller, 1991).

Gornick (1986) made a similar point to suggest that, in defending against shame evoked by being in a passive position vis a vis a woman, for the male patient, erotic transference can function as a way of "turning the tables" and restoring in fantasy the man to the dominant position.

Discomfort with sexualised aggression may further prompt the female therapist to avoid the material and expatriate it at the expense of sifting slowly through the meanings associated with it.

2. 3. 3. Social and cultural influences on the dynamic of gender, authority and power
There are a number of authors who highlight the importance of the socio-political context and argue for its influence on the dynamics of the authority and power within therapeutic relationships.

For example, Gutman (1984) draws our attention to the fact that although transference and countertransference originate in idiosyncratic personal experiences and associations, these are embedded in and informed by archetypes of the society in which we grow up to perceive each sex in a certain way and to have certain commonly held beliefs and expectations concerning male and female attributes.

Similarly, Schaverien (1996) draws our attention to the fact that apart from psychological, there are also social and cultural influences on the relationships between the male client and the female psychotherapist, such as the reversal of an expected social hierarchy which may cause the male patient to experience a significant power struggle because the therapeutic relationship conflicts with his self-image. For the female analyst, it can sometimes feel taboo to directly challenge male power.

Russ (1993) further points out a social convention which says that an empowered man is un-ambivalently sexually desirable but for a woman, the sex/power issues may cause conflict for herself and those around her. For women, sexuality is often equated with being the object of desire, while, to be powerful, it means rejecting the receptive position and refusing to be regarded as a sexual object. Thus, when a woman assumes a professional authoritative role, she at the same time signals that she is not to be

approached as a sexual object. Consequently, women might avoid writing about erotic transference let alone countertransference, to minimise attention to their sexual selves while gaining scholarly respect.

In considering possible cultural reasons for discomfort in contemplating erotic transference between female therapist and male clients, it might be worth mentioning the observation made by Kulish (1986; in Schaverien, 1996) that the incest taboo operates more strongly against mother-son than father-daughter incest across all cultures.

2. 4. Sexual acting out and wider ethical implications

The literature on sexual acting out has also been very informative in thinking conceptually as well as practically about sexual issues in therapy. Although it is not possible to reliably ascertain the rate of sexual attraction and sexual acting out in therapy, it appears to exist in a much larger proportion than I had been aware. For example, Rodolfa et al (1994) report that 88% of psychologists had been attracted to at least one client whilst Broden and Agresti (1998) cite surveys indicating that 65% of and 50 % of psychologists have treated a client who had been involved in a sexually abusive relationship with a former therapist.

It is usually assumed that those therapists who commit sexual violations are sexual predators. However, Gabbard (1996) points out that, in fact, they are rather like us - most of them are individuals with no previous history of ethical misconduct, suggesting that at least in theory there is a potential for all of us to experience difficulties in working with these issues.

Some of the risks are associated with particular vulnerabilities of the clients or therapists and some reside in idiosyncrasies of the particular relationship. For example, clients who have been sexually molested are much more likely to violate therapeutic boundaries than those who have not (Pope and Tabachnick, 1993). Whilst previously therapists had a tendency to blame the client for relating to the therapist in a sexual way, what is now understood is that the same is true of therapists (Margolis 1994; in Maroda 2010).

Overall, as argued by Gabbard (1996) and Maroda (1998), the more in touch we are with what we are feeling, the less chance of acting out on it in all aspects of our therapeutic work, which becomes even more pertinent in the context of boundary violations and sexual acting out.

Finally, whilst violation of boundaries is one of the clear ethical issues which is accounted for in our ethical codes of practice, Eusden (2011) calls for a more nuanced take on what it means to be working ethically. In considering inevitable enactments and raptures, she calls for the need to "mind the gap" between therapeutic intentions and outcomes which requires ongoing attention to therapists' feelings about the client and the therapeutic process. As such, even without the need to consider obvious ethical mistakes (such as in cases of boundary violations), I see the work with the sexual aspects of the therapeutic relationship replete with ethical dilemmas and considerations, thus further substantiating the claim for the importance of understanding therapists' reactions to it.

2. 5. Gender inequalities in prevalence and treatment of mental health issues

Although not directly related to the empirical literature review, I thought it was also important to include data from a recent Government paper (DOH, 2011) which highlighted a marked difference in the prevalence and treatment of mental health problems for women and men. It is the context of these inequalities that I believe lends further support to the potential importance of my research (and any other research which addresses issues which might contribute towards enabling access of therapy to male clients).

For example, as the report suggests, 90% of those living on the streets are male and have high rates of mental illness. Mental health problems are much more common among offenders - 95% of prisoners are male. Similarly, the majority of war veterans are male with almost all those suffering PTSD as a result of experiences in combat being male. Personality disorder occurs more commonly in men (5.4% of men have personality disorders, compared with 3.4% of women). Alcohol and substance misuse are more common in men who are three times more likely to be alcohol dependent and more than twice as likely to misuse Class A drugs. Boys are four times more likely to be diagnosed with a behavioural, emotional or social

difficulty. Socio-economic issues which influence adult mental health in general have a significantly greater effect on men.

However, fewer men tend to seek treatment. Research has found an inverse relationship between conformity to masculine norms (importance of emotional control, dominance, pursuit of status, self-sufficiency, and winning) and willingness to seek help (e. g. Mahalik et al, 2003; in Hammer et al, 2013), and has found that men are especially prone to internalizing public stigma (i.e. the negative views society holds toward those who seek professional help) as self-stigma (i.e. seeing oneself negatively if one seeks help).

Anecdotally, as well as in the literature (Schaverien, 1997) it seems to be the case that men are also likely to end therapy prematurely, thus suggesting the need to understand and work better on how to make therapy more accessible and acceptable to men. Understanding of gender and erotic aspects of the therapeutic relationship, which are likely to challenge or at least activate aspects of the masculine identity in men, is one perspective on that problem.

2.   6. Concluding remarks based on my literature review

In conclusion, it seems to me that the key themes that emerged from the review of the literature suggest that:

a) despite the variety of views on the nature of the phenomena, most contemporary authors agree that the way we conceptualise the role of sexual attraction in psychotherapy is determined by our own reaction towards it. Consequently, our conceptualisation will potentially serve as a defence mechanism or a 'spur' and will determine the direction of the therapeutic endeavour.

b) our reaction towards the erotic material and sexual attraction in therapy will be determined by psychological as well as socio-cultural issues in which we are embedded.

3. Research Design and Methodology

3. 1. Context of my thinking on methodology

The language of qualitative psychology differs. The terms 'methodology', 'method', 'paradigm', 'approach' and their relationship to epistemology, ontology and theory are used and defined slightly differently by different authors. Although there is general agreement that 'method' relates to the techniques and procedures used to gather and analyse data (e. g. Crotty, 2015; Smith, 2006, Silverman, 2017), the use of the term 'methodology' seems to vary. For example, Crotty (2015) refers to 'methodology' as a strategy behind the particular 'method' which is overlaid by the theoretical and epistemological orientation of the research, Creswell (2013) thinks of it as a procedure of the qualitative research, whilst Willig (2013) refers to it as the particular philosophical principles of the research.

Using Willig's (2013) distinction and ordering, I will consider 'methodology' as a higher order term which refers to the philosophical and theoretical considerations of the research as well as the role of the researcher in the research process; 'method' as a term to describe the technique used for elicitation and analysis of data and 'procedure' as a specific set of actions employed in the process of using the method. Graphically, the distinction with which I will be working in this project could be captured as follows:

Methodology
- Ontology
- Epistemology
- Theory
- Role of the researcher

↓

Method
- E. g. Questionnaire, Interviews?

↓

Procedure
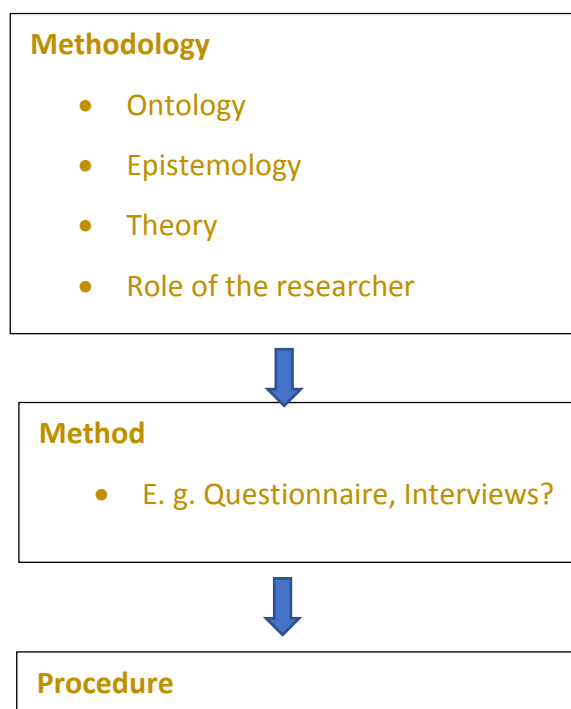
3. 2. Choice of research methodology

This research explored female therapists' experience and ways of working with male clients who are sexually attracted to them. Given the focus on the nature of experience, a qualitative research methodology was deemed more suitable. In considering the most appropriate qualitative approach to my research question, I considered questions of ontology, epistemology and the role of reflexivity (Willig, 2013).

3. 2. 1. Ontological considerations

My ambition for this research was to expand and deepen our knowledge and understanding of female therapists' range of experiences associated with working with male client's sexual attraction whilst fully appreciating the philosophical as well as practical limitations that any one research process would face in:
   a) gathering data which is representative of the phenomenon, especially for such a sensitive topic as sexual attraction;
   b) capturing the fluidity of experience; or
   c) understanding the ways in which the experience might have been constructed by participants or me.

Consequently, ontologically, I started the thinking process about the research methodology from a 'critical-realist position', expecting a diversity and multiplicity of interpretations of my research questions whilst still hoping that some sort of systematisation of knowledge, albeit 'biased', would ultimately be possible.

3. 2. 2. Epistemological considerations

Given the nature of my research questions, I considered whether my research aimed to produce phenomenological knowledge - knowledge of the quality and the texture of the experience.

However, given the sensitivity of my research topic, I was not entirely sure that I would be able to take participants' accounts at face value. Furthermore, as O'Connell-Davidson and Layder (1994) argue, research into the topic of sexuality was subjected to numerous religious and scientific biases which reflected norms and morals of the historic period in which they operated. Given my own experience of feeling like a prostitute when working with a male client who was sexually attracted to me, and my own questions about the role of societal norms in colouring my experience in derogatory terms, I was also interested in the role of the wider sociocultural context within which participants' experience could be situated and which could be used as a way of interpreting participants' accounts, thus potentially considering a social constructivist approach and the role of researcher's reflexivity within it.

Finally, I was influenced by researchers who called for the integration of scientist – practitioner roles (e. g. du Plock, 2016; Giovaziolias, 2005; Goldfried, 2010) and was therefore interested in finding a research methodology which would broaden the epistemological position to include the notions of 'unknown', 'embodied', and 'unconscious' knowledge, perhaps philosophically best captured by Polanyi's (1966) ideas on 'tacit knowledge'. Polanyi argued that we know more than we can tell and that this type of 'tacit knowledge' is an indispensable element of all knowing thus calling for a legitimate role for personal judgement in the scientific pursuit.

Some of Polanyi's ideas were incorporated by writers who developed 'Participatory approaches to research' (e.g. Heron and Reason, 1997, Hiles, 2008) whose proponents not only call for 'extended epistemology' to include 'experiential knowing', 'presentational knowing' and 'practical knowing' in addition to the traditional 'propositional knowing', but also emphasise the importance of collaborative and co-operative enquiry between the researchers and participants in order for those deeper levels of knowing to become more tangible.

Finally, in line with this emphasis on the intersubjective ways of enquiring into what may not be known, I was influenced by researchers who highlighted the need to go beyond an interview as a research tool for investigation of human phenomena in order to incorporate

the notion of the 'interpersonal' in the research process as it had already been done in the psychotherapeutic endeavour (e. g. Zayed, 2008).

Ultimately, I settled on a Psycho-Social Research, a term used to refer to a cluster of methodologies and methods aiming to research 'beneath the surface and beyond the purely discursive' (e. g. Clarke and Hoggett, 2009; Cummins and Williams, 2018) and Hollway and Jefferson's (2008) hybrid method which they termed 'Free association narrative interview'. However, before outlining this methodology and method in more detail, it might be useful to comment on the reasons why other approaches might also have been appropriate but ultimately have not been chosen by me.

3. 3. Consideration of other research methods

As mentioned, in the preliminary stages of thinking about the methodology, the phenomenological nature of my research question initially led me to consider Interpretative Phenomenological Analysis (IPA) (Smith, 2015; Smith, 2007). Given its focus on the interpretative engagement with the text and transcripts, acknowledgement of the role of the researcher's reflexivity in the interpretations and its idiographic approach, this was the methodology which I considered most congruent with the aim of my research.

However, there were several aspects of IPA that concerned me. Given that I was particularly interested in finding a methodology and method which would allow the study of unknown or unwanted aspects of participants' experience, I wondered whether IPA's focus on language as a predominant means by which participants communicate their experience and the presupposition that language provides participants with the necessary tools to capture their experience (Willig, 2013) would make it appropriate for my study which aimed at capturing the less articulated aspects of participants' experience. Further, despite Smith's acknowledgement of Schleiermacher's (1998 in Smith, 2007) thinking about 'psychological interpretations', IPA's lack of explicit theorising about the nature of interpretations as well as reflexivity (Willig, 2013) added to this concern, leaving me to question how would the 'untold but felt' sense of what interviews communicated be captured using IPA. Finally, although

interpretative phenomenology allows for interpretation of data in the context of participants' 'being in the world' (Finlay, 2009), the methodology does not explicitly seek to situate findings in their social context.

Further, the similarity of the research question asked by Luca and Boyden (2014) and my studies made me wonder whether a constructivist version of grounded theory (e. g. Charmaz, 2015) might have been another valid approach to my research. However, given that grounded theory strives to create new theory separate from previous theory and that my aim was to take a more exploratory approach, I did not consider it to be the most appropriate methodology. Interestingly, in retrospect, the fact that a part of my research results (the pictorial summary outlined on pg. 108) bears close resemblance to Luca and Boyden's (2014) theoretical framework, could be used as a means to challenge this conclusion. Nonetheless, given my interest in an idiographic approach, I believed that grounded theory would not have produced as richly descriptive results as I wished for. Most importantly, I was concerned that the focus on the results across cases would decontextualize people's experience (McMahon, Murray and Simpson, 2012 in Twyford, 2013; Clandinin and Connelly, 2000) and reduce their clinical applicability.

Finally, I considered narrative approaches to the research (e. g. Bamberg, 2012; Murray, 2015; Clandinin and Connelly, 2000) which make use of the ways in which people understand their worlds (narratives) and as such, taps into my desire to find a way to integrate the way we work as therapists and as researchers. These approaches further appealed to me for their acknowledgement of complexity and ambiguity in all aspects of the process, from the role of interpretation in defining what constitutes data, to the notion of three dimensionality of the enquiry space (temporal, spatial and personal-social), or the emphasis on the centrality of the relationship between researcher and participants (Clandinin and Connelly, 2000). Furthermore, given that narrative psychologists believe that meaning is fluid; created and negotiated within its social context (e. g. Murray, 2015), it tapped into my desire to find a methodology which allowed investigation of the psychosocial context within which participants' experiences were embedded. I believe that this could have been a valid approach for my study.

Having outlined differences in various methods which as academic researchers, we students are encouraged to search for, and as scientific 'consumers' we are being 'sold', I would also like to point out many overlaps or similarities which are sometimes overlooked.

For example, the acknowledgement of 'implicit' as well as 'explicit' data is recognised by all methods I read about, including Thematic Analysis (Braun and Clarke, 2006) and Grounded Theory (Charmaz, 2015), methods which can sometimes be described as somewhat mechanistic, content driven processes of data reduction. Similarly, the notion of 'reflexivity' has become a prevalent way of thinking about the role of the researcher. Even the notion of 'intersubjectivity' as a way of knowing or interacting with the research is something talked about by IPA (Smith, 2007), FANI (Hollway and Jefferson, 2000), Narrative Case study (Etherington, 2011) and Narrative Inquiry (Clandinin and Connelly, 2000). I believe that it is important to recognise that differences between methods are not as clear cut and that similarities are often not as emphasised in the academic writing, perhaps for the fear of a method losing its distinctiveness or being too closely associated with a negative side of the art-science polarity which implicitly still seem to be a part of current 'evidence / performance based culture' (e. g. Dalal, 2018; Brown, 2016) and consequently of so much of qualitative psychology thinking.

For example, Smith's (2007) writing on the nature of interpretation made me think about the 'undisclosed' similarities between IPA and FANI. In this article, Smith calls an interpretation a 'mystery' and describes its process in ways which for me are indistinguishable from that described by FANI (Hollway and Jefferson, 2000). I wondered whether to evoke the notion of 'unconscious' or intuition would have made IPA's interpretation more of an 'art' rather than 'science'; something which Smith (e. g. 2007) seems to be keen to avoid.

Consequently, I believe that I could have used IPA, Narrative Inquiry as well as FANI to investigate my research questions. However, given the explicitness with which FANI dealt with some of my aims, that was the method I ultimate chose.

In summary, therefore, I chose Psycho-Social Methodology (e. g. Clarke and Hoggett 2009; Cummins and Williams, 2018) and specifically, Free Association Narrative Interview as a research method (Hollway and Jefferson, 2000, 2013) given:

- its extended epistemological position which includes notion of 'unconscious' and its explicit emphasis on working with implicit as well as explicit data which lends itself well to the exploration of the research question which presupposes multiple and not necessarily fully known or owned interpretations;

- the explicit role given to the use of theory and researcher's reflexivity in tapping into what might be unconscious or unsaid in the interviews;

- the explicit psycho-social focus which provides space for investigation of the nature of the internal as well as external contexts (e. g. psychological, social, cultural, professional) in defining different interpretations; and,

- the emphasis on the importance of the 'whole' as part of this fundamentally idiographic approach, allowing contextualisation of the findings.

A further, as argued by Adams (2016) and du Plock (2016), an equally important consideration in choosing a method is its alignment with the therapeutic process. Using FANI enables me the use of the same set of skills that I am developing as a therapist, therefore enabling me to bring the two disciplines of research and practice closer together. Closing the gap between research and practice has been on BPS' agenda at least since the year 2000 when I first graduated as an Occupational Psychologist and is still considered as the future of psychotherapy integration (Goldfried, 2010). I see this research as my way of attempting to contribute to that.

Finally, it is interesting to note that a possible additional, albeit unconscious, reason for choosing this method [see Adams (2014) for discussion on how a therapist's history relates to their theoretical orientation], might be connected to its hybrid nature. Given my personal background of being religiously, ethnically and nationally intermixed and my professional background of being an Integrative Psychotherapist, it may not be surprising to find that my final choice is a hybrid method integrating aspects of narrative tradition [itself an umbrella term used for a variety of approaches revolving around an interest in narrative (Smith, 2006)],

psychoanalytic case study method and the biographical – interpretative method, all of which were in different ways outlined above as appealing to me in the first instance.

3. 3. 1. Suitability of a Psycho-Social Methodology and the FANI Method for the study of sexual attraction and doctoral research

As mentioned in the introduction, the majority of the writing on the topic of sexual attraction has been psychoanalytically informed and based on the experiences of psychotherapists reflecting on their work within the therapeutic practice. More recent research extended the range of research methods to include IPA (Rodgers, 2011), discourse analysis (Penny and Cross, 2014) and grounded theory (Luca and Boyden, 2014; Arcuri and McIlwain, 2014). Although very valuable in broadening the ways of researching and seeing the phenomenon, these more recent studies have not included ways of accounting for the nonverbal and emotional aspects of the research.

Consequently, my aim for this study was to retain the benefits of both approaches - the use of the extended epistemology of the psychodynamic studies as well as greater contextualisation and systematisation of the findings offered by the broader research context, which Psycho-Social Methodology offered.

I was encouraged to find other Doctoral research studies which used Psychoanalytically Informed Interview and FANI Method such as Twyford (2013) and Clompus (2014).

3.   4. Psycho-Social Research Methodology

Psycho – social research aim was to bring psychodynamic insights to the understanding of the social world. It emerged over the last twenty years as a reaction to the more traditional and dominant research paradigm in science which saw researcher subjectivity, emotional and participatory involvement in the world of the researched as a hinderance to the scientific study (Cummings and Williams, 2018; Clarke and Hoggett, 2009; Frosh, 2003). A clear (and I would add, unified) qualitative methodology of psychoanalytic study does not exist (Stamenova and Hinshelwood, 2018). Instead, the study of it is sometimes referred to as a

cluster of methodologies and methods which aim at the study of affect (Clarke and Hoggett, 2009).

Given the different use of terminology employed by different authors and the differentiation I outlined on the pg. 27, I will use the term psycho-social 'methodology' to refer to the philosophical and theoretical basis for a number of different methods which have been applied in varied settings, from social studies, psychology to organisational theory and consultancy (e. g. Menzies, 1959; Jaques 1953, Obholzer and Roberts, 1994). These methods have been developed further by a number of researchers including Hollway and Jefferson's (2000) use of Free Association Narrative Interview to study fear of crime, Wengraf's (2001) use of biographical narrative method to investigate the questions of social policy and Skogstad's (2000, 2018) use of psychoanalytically informed observations to study anxiety within institutions. The task of the Psycho-Social Research proponents was to bring some of these insights and methods into the mainstream of academic research.

3. 4. 1. Psycho-social philosophical underpinnings

Epistemologically, this methodology sits within a socio-constructionist tradition in so far as it holds that participants' personal worlds cannot be understood without knowledge of their experiences of the social world. However, it goes further to incorporate psychoanalytic ideas that the subject's experiences of the outer world cannot be understood without knowledge of the way in which their inner worlds allow them to experience the outer world (Hollway and Jefferson, 2000, 2008, 2013). Within this idea is also a psychoanalytic notion of 'defence mechanisms', a conscious or unconscious desire on the part of individuals to deny or distort reality in order to maintain a socially acceptable image.

Relatedly, the methodology is underpinned by a different ontology of self. In contrast to the rational, constructed and conscious self, the psycho-social concept of self incorporates the idea of psychic depth (Clarke and Hoggett, 2009; Hollway, 2009), found in psychoanalysis as well as many other forms of psychotherapy. Furthermore, the notion of 'unconscious' is not something seen as simply belonging to the individuals but as an ontological basis for all reality,

alongside those aspects that can be more observable and quantifiable (Crociani-Windland, 2018).

Furthermore, the approach is premised on the notion of a double hermeneutics in that it sees the dialogical relationship between the researcher and their participants as an interpretative loop (e.g. Kuhn 1991 in Zayed, 2008). However, in escaping the 'hermeneutical circle' (Denizin, 1989; in Hollway and Jefferson, 2000), it takes a position of 'critical realism' by suggesting that there is a relationship between people's ambiguous representations and their experiences, if the participant is viewed as a psycho-social subject, to be known through another subject, the researcher. Consequently, as will discussed below, FANI conceptualises researcher and respondent as co-producers of meanings (Hollway and Jefferson, 2000, 2008).

3. 4. 2. Theoretical underpinnings for my study

As outlined above, Psycho-Social methodology is informed by the psychodynamic paradigm, particularly the theories of Bion (e. g. 1962, 1967), Winnicott (e. g. 1965, 1969), Klein (e. g. 1945), Freud (e. g. 1915) and more recent work of relational and intersubjectivist theorists such as Mitchell (1988) or Stolorow et al (2002) who emphasised importance of context as a precondition of having an experience at all. The psychoanalytic assumptions underpinning my study are summarised below:

1. Unconscious and conscious processes – many psychological processes occur outside our awareness.
2. Psychic causality – our thoughts, behaviours and emotions do not occur randomly but are indicative of our underlying mental life, including unconscious processes.
3. Anxiety and defence mechanisms – anxiety is inevitable. There are different kinds of anxiety and they are dealt with defensively, through mechanisms such as 'splitting' and 'projection'.
4. Transference - Countertransference Interactions which may include fantasies and behaviours from earlier relationships emerging in later relationships.

3. 5. Method - Free Association Narrative Interview (Hollway and Jefferson, 2008)

This is a hybrid method, the key underpinnings of which are found in the:

- Narrative tradition

- Psychoanalytic case study methodology

- The biographical – interpretative method (Rosenthal, 1993; Schutze, 1992, in Hollway and Jefferson, 2000)

all of which support three fundamental ideas/principles:

1. The idea of the 'reflexive practitioner'.
2. The idea of 'Gestalt' – that the whole is bigger than the sum of its parts, suggesting that the context of the participant's account as a whole might shed meaning on any particular detail within it.
3. The idea of 'defended participants and researchers', for the purposes of which psychoanalytic theory is utilised to explore the unconscious processes in the research process within the participant as well as between the participant and researcher.

3. 5. 1. The 'reflexive practitioner'

According to Bager – Charleson (2014), 'reflexivity' is a way of incorporating implicit and explicit, conscious and unconscious aspects of the research process without losing sight of scientific rigour. In line with the critical realist ontological position outlined above, the reflexiveness of the practitioner involves 'unpacking' the results. It questions what we hold as 'real' (Bager – Charleston, 2014) and what might be the impact we and our context have on the research (Etherington, 2004).

Reflexivity is a core aspect of the FANI method. Reflexivity in this study aims at reflection on the personal and interpersonal psychological and social factors which might be operational within the research process and might be playing a part in influencing the creation as well as interpretation of results. The FANI method relies on the extensive use of field notes to document the emotional impact of the interview encounter and help reflection on what it might say about the relationship with participants or the subject matter (Hollway and

Jefferson, 2013). Consequently, as mentioned above, FANI conceptualises researcher and respondents as co-producers of meanings (Hollway and Jefferson, 2000; Hollway and Jefferson, 2008). A more detailed look at the way I used 'reflexivity' in this study will be outlined in the sections below.

3. 5. 2. The importance of the 'Gestalt' and the understanding of the 'whole'

Although data fragmentation and codification is at the core of most qualitative research approaches, based on the Gestalt notion of the 'whole' being bigger than the sum of its parts, the Free Association Narrative Interview approach, drawing from the narrative (e. g. Murray, 2015) and psychoanalytic traditions (e. g. Kvale, 1999, Cartwright, 2004) stress the importance of using the whole transcript in order to make meaning.

This emphasises the view of knowledge not as information with its 'explicit' and 'implicit' dichotomy but as information imbued with meaning with tacit / explicit duality where tacit and explicit are inextricably intertwined. Polanyi (1966) argued that tacit knowing of a coherent entity relies on our awareness of the particulars of the entity but this cannot be achieved by simply switching our attention to the particulars, because in doing that, the function of the particulars is cancelled and we lose sight of the entity to which we had attended.

This approach is in line with the hermeneutic tradition which stresses that understanding and interpretation occur in an interview dialogue (Gadamer, 1975; Stromme et al 2010; Smith, 2007). From this perspective, understanding and construction of meaning occur within the "hermeneutic circle" in which presuppositions inevitably shape future interpretations. Understanding is circular in the sense that parts are interpreted within the context of the whole and vice versa.

Finally, for Hollway and Jefferson (2000), the focus on the whole addresses the problem of decontextualization of text, which is inherent in the code and retrieve methods of data analysis. The claim for the importance of the 'whole' in analysing the detail is therefore of philosophical as well as operational significance.

3. 5. 3. The idea of defended subjects

The idea of a defended subject is an extension of an observation of the biographical-interpretative tradition which showed that accounts such as those of Nazi soldiers were highly defended ones. Hollway and Jefferson's idea of a 'defended subject' is a way of taking this observation further. Using psychoanalytic theory, which traditionally examined this issue via concept of 'defence mechanism', they emphasised the role of anxiety in the research process. They posited that research material may stir uncomfortable material for both those being interviewed and those doing the interview, producing both 'defended researchers' and 'defended participants'.

Going further, psycho-social researchers are interested in looking at affective dynamics of the research encounter which form a wider part of the notion of defended subjects. They recognise that research encounter is full of different affects (anxiety, boredom, excitement) which may be a product of the relationship that is co-produced or brought to the relationship by one of the research parties. Attention to the ways in which the research process is shaped by these affective and non- discursive ways of communication is therefore an integral part of the research process, for the purposes of which psychoanalytic concepts of 'unconscious intersubjectivity', 'containment', 'projective processes' and 'intersubjectivity', (outlined in the section 3. 4. 2. Theoretical underpinnings for my study) are utilised.

3. 5. 4. The importance of Free Associations

Based on the biographical - narrative tradition, one of the key principles involved in FANI includes the need to elicit the story, in an uninterrupted way and free from the interviewer's impositions in terms of topic or questions (Hollway and Jefferson, 2013; Chamberlayne, 2005; Wengraf, 2001). The researcher does this by utilising unstructured interviews, use of open question and allowing the telling of the story without interruptions. This permits the participants' flow of free associations to take place which enables the researcher to get beneath the surface of the participants' accounts. The use of free association is an innovation in the research. It is based on Freudian's concept of Free Association used in psychoanalytic therapy in which a patient is invited to say the first thing that comes to mind without any

censorship. By allowing the participants to structure the interview and determine the content and direction, there is more opportunity for uncovering unconscious communication (Hollway and Jefferson, 2000, 2013; Cartwright, 2004; Holmes, 2014).

Free association is an equal requirement for the researcher. Notwithstanding Loewenthal's (2007) caution about using Bion's (1967) notion of 'attending to the material free of memory and desire' for research purposes, FANI requires researchers to do exactly that. It urges them to attend to the material with 'negative capability' [the capability of being in uncertainties, mysteries and doubts without reaching after fact and reason (Keats, 1988, pg. 217; in Clarke and Hoggett, 2009)], not dissimilarly to adopting Etherington and Bridges's (2011) 'not knowing and curious' position.

3. 5. 5. Importance of conducting more than one interview

The FANI method involves two interview phases. The first interview aims to interrogate critically what was said, to pick up contradictions, inconsistencies and changes of emotional tone whilst the second interview allows the researcher to follow up and seek further evidence to the initial hunches they might have had. Further, interviewing on more than one occasion gives both parties an opportunity to reflect, helps development of the relationship and trust as well as the development of transference-countertransference interactions. Outside of interview time, the researcher records reflections or emotional responses that occurred in relation to the interview for the purposes of analysis (Holloway and Jefferson, 2000; Holmes, 2014).

3. 6. Criticism of the Psycho-Social Methods

Frosh (2010) questioned whether taking psychoanalysis outside the clinic into research is appropriate. Hollway and Jefferson (2013) responded by suggesting that, similarly to psychoanalysis, a psycho-social interview offers participants the unique opportunity to engage in an uninterrupted flow of talk with an attentive listener (the researcher) whose role is to attempt to understand the listener. They also questioned the notion that the unconscious is only accessible within the clinical encounter and emphasised concepts of

'relational unconscious', 'intra psychic' and 'co-creation', in which a containing interview enables participants to relax defences and 'think new thoughts'. Similarly, Whitehouse-Hart (2012), draws on recent developments in neuroscience demonstrating the presence of affective and nonconscious factors in the conduct of all communicative encounters (e. g. Schore, 2012) to argue for its presence in the research interview.

However, the key to criticisms of a psychoanalytic approach to research is its potential for over-interpretation. Critics (Frosh, 2010; Frosh and Emerson 2016; Thomas, 2018) argue that the usual methods of testing psychoanalytic interpretations rely on close observation of the patient's response to it over an extended period of time, evidence unavailable to the researchers interpreting the text. Hollway and Jefferson's (2013) reply that as in psychoanalysis, 'wild analysis' can be avoided by 'triangulation' as well as through checks on congruency and wholeness of data.

Thomas (2018) goes further to argue that the idea of triangulation resembles psychoanalytic use of clinical supervision, in itself a very significant but not sufficient way of obtaining 'verification' of one's interpretations and points out that in psychoanalysis this happens in the therapeutic encounter. Although longevity of the therapeutic encounter is impossible to replicate in the research which is not in itself a therapy, Hoggett et al (2010) in responding to these criticisms, developed a more dialogical and longitudinal stance to FANI's analytic method (which I partially utilised in my study, the process of which is outlined in Appendix 11) thus creating an opportunity to 'test' the interpretations within the research encounter as they would be within the clinical encounter.

3. **7. Research Design**

This research employed an exploratory, multiple case design utilising the 'Free association narrative interview' method (Hollway and Jefferson, 2000, 2008; Hollway, 2015).

3. 8. Participants (Co-researchers)

3. 8. 1. Selection criteria

The research question necessitated participants' homogeneity in respect of gender.

In addition, given that the study aimed at exploration of implicit as well as explicit data, in order to obtain the requisite depth of data and access the non-conscious parts of it, I decided that participants should be reasonably experienced in working with nonconscious and relational processes within psychotherapeutic work. Five years of post-qualifying experience was deemed long enough to obtain the level of reflectiveness which was important for this study.

Finally, given the potential for 'unknown' knowledge to emerge, I thought it important that participants should also have access to personal therapy and supervision.

3. 8. 2. Sampling method and recruitment of the participants

Several ways of inviting participants were attempted:

- I placed an advert at an internet based advertising boards of BPS and UKCP (see Appendix 3),
- I wrote an email to Metanoia Institute alumni group,
- I asked five colleagues and my own therapist to place my advert on the advertising boards at their work places,
- I asked at least further six friends who were therapists and two supervisors to check with their friends and colleagues who I may not know if they would be interested to take part in my study.

Given the difficulties in recruitment of participants outlined above, an opportunistic, 'word of mouth' method was employed. All participants who expressed interest were included in the study. All participants had a personal relationship with the person who informed them about the research.

I interviewed five female psychotherapists. I judged that five is a large enough sample to allow for the breadth of data to emerge and small enough to be manageable for the purposes of this study, ensuring that complexity and uniqueness of each participants' story is not compromised. This was in line with other Doctoral studies which used FANI method (e. g. Twyford, 2013; Clompus, 2014) which involved double interviews with five and seven participants.

For practical reasons, as well as to guard against the possibility that my potential biases in the selection of participants might overinfluence the result of the study, participants were not selected on the basis of other aspects of their identity, such as their allegiance to a particular school of psychotherapy, age or sexual orientation. The influence of those or any other aspects on participants' experience was explored, at the point of it emerging during the research interview.

3. 8. 2. 1. Participants' age, ethnicity and theoretical orientation

One of my participants refused information on age and ethnicity. Of the other four, two were between 50-60 years of age and the other two were over 60 years of age.

Participants' relative homogeneity in terms of their age is an interesting coincidental outcome of my study, possibly reflecting the 'word of mouth' nature of my sampling method and possibly the nature of my research question. As will be outlined in the section on findings, participants reported greater levels of openness to work with (and by extension, to talk about) sexual dynamics the older and more experienced they became. Therefore, it is perhaps not surprising that it is those therapists who were older in age that agreed to take part in my study.

In terms of their ethnicity, two described themselves as white European, one described herself as Jewish and one as mixed ethnicity – Asian and White European. Although they provided this information, participants did not discuss their ethnicity as part of interviews

(except for participant 4 who briefly mentioned it), as a result of which, my study cannot make any claims about it.

In terms of their professional accreditation and theoretical orientation, three participants were psychoanalytic psychotherapists (one of which was also a Clinical and Forensic Psychologist) whilst the other two were TA psychotherapists, of which one described herself as having an Integrative orientation), thus providing enough variation to allow the results not to be seen as simply a reflection of the psychoanalytic way of thinking. Given my criteria that participants should be experienced in working with nonconscious and relational processes within psychotherapeutic work, as well as the psychanalytic theoretical orientation of my method, it may not be a coincidence that participants who responded to the calls for participation in this study were the ones to whom the underlying principles of my research felt familiar.

3. 9. Procedure

The first step in the study involved a pilot 'self – interview', conducted by a colleague interviewing me. Given the complexity of the research topic, I wished to check how easy it would be to talk about it. Although at the time I did not find this particularly difficult, in retrospect, I realised that I might have been helped by the fact that the interviewer was a good friend and that she was familiar with the issues I discussed in the interview from the training we both attended.

Given the difficulties in recruitment of participants and the fact that I only just found five participants willing to take part in the study, I did not conduct a pilot study with any of the participants, the implication of which will be discussed in section 6. 2. 'Practical and emotional preparation required for the research with the unconscious'.

When getting in touch with participants, initially, I contacted them by phone, informing them about the purpose and process of the study and getting their initial agreement to take part. Further, I sent them 'Participants' information sheet' (see Appendix 2) and arranged the time of our first meeting. We started the first meeting by going through the enclosed information sheet and by signing the consent forms. I met with each of the participants at their home-based consulting room, as chosen by them.

The study involved two interviews with each participant, albeit because of my mistake of not pressing the record button, with participants 1 and 3, I conducted a third interview. All interviews were tape recorded and transcribed (see Appendix 4, 5 and 6 for extracts of interview transcripts and document 2 for the full record of all interview transcripts). Throughout the process, I kept a reflective journal which formed part of the data to be used in the second interview with participants and in the data analysis (see Appendix 7 for an example).

Work with each participant was done subsequently, except for the overlap between the ending of the work with participant 1 and the work with participant 2. Each participant's data was analysed and reported on separately (see Appendix 4 for an extract of my initial interview analysis, Appendix 11 for the outline of the process of analysis employed in this study and Document 2 for the full process of analysis with Participant 1).

After my initial analysis all data was shared with a research buddy (see Appendix 5 and 6 for examples of the research buddy's contribution), who further added to data interpretation. Additionally, I presented part of the data to a research group specialising in psychosocial methodology which provided further input to analysis (see Appendix 8 and 9).

Once all additional feedback was incorporated into the analysis, reports were shared with participants who were invited to comment or add to them. Apart from one participant, who expressed interest and approval of my engagement with her material, no other participants responded to this invitation.

The final step involved analysis of material across participants' accounts. My supervisor was kept in touch with each stage of the process.

The table outlining the research process in presented below.

Table 1. Research process. Each reiteration of the phases outlined below was repeated for each participant. Participants 1 and 3 had an additional interview which for the purposes of simplicity was not included in the table.

Participant	Interview 1	Interim phase	Interview 2	Interim phase	Input from research buddies and supervision	Shared analysis with the participant
1… (Working subsequently with each participant repeating the same steps)	Conducted and recorded interview	Wrote reflective notes on the experience of the interview; Transcribed interview; Wrote reflections on the content of interview and outlined potential questions for the follow up interview	Conducted and recorded interview	Wrote reflective notes on the experience of the interview; Transcribed interview; Wrote reflections on the content of interview Conduced preliminary version of the overall analysis	Incorporated comments into my analysis	Incorporated participant's feedback
2…						
3…						
4…						
5…						

3. 10. The research interview and its process

3. 10. 1. The interview

The interviews explored the following areas:

- Participant's experience with a client where they experienced the sexual dynamic to be central to the therapeutic process; and

- Participant's thoughts on how their experience influenced the psychotherapeutic process.

Interviews were minimally structured, using open ended questions to allow a free flow of participant's associations in describing their experience (see section 3. 5. 'Method - Free Association Narrative Interview' for the rationale behind interview design).

I interviewed each participant at least twice. The first interview established the preliminary story which was analysed for contradictions, avoidance, inconsistencies and changes of emotional tone. The second interview acted as a check, allowing the researcher to test the preliminary interpretations as well as giving the participant time to reflect. In this way, participants were actively engaged in the process of data generation as well as analysis.

On two occasions, with participants 1 and 3, the recording of the interview failed. Consequently, these two participants were each interviewed three times. The exploration of the recording mistake as well as the data which was generated in the unrecorded interviews formed a part of the follow up discussion with those participants.

Each interview lasted between 45 minutes and 1 hour 15 minutes. Each interview was recorded, and transcribed. Transcriptions as well as my preliminary analysis of data were shared with participants for their comments and feedback.

3. 11. My reflexive position

In addition to research interviews, my reflections constituted an integral part of this research (Hollway and Jefferson, 2000; Etherington, 2007, Bager – Charleson, 2014). This meant that I keep a reflective diary, which included my emotional responses throughout the research.   I treated these as being reflective of the phenomena under study, akin to the psychoanalytic notion of countertransference where one acknowledges that one's own responses and reactions are reflective not just of oneself as an individual but of one's relationship with and experience of the other person in the room (Halling, 2005, Whitehouse – Hart, 2012).

Further, in addition to my own experience of the research questions in my clinical practice, outlined in the section 1. 3. 'My relationship with the subject area', I considered the impact of my own personal history, my position in society as well as the power relations within the research process as further ways in which my relationships with the participants and by extension, the data in this study, might have been affected (Rooney, 2005). For example, in the field of psychotherapy - I am a recently qualified psychotherapist which occasionally made me feel as if I had a lower status than the participants in the research, who were very experienced practitioners. On the contrary, however, I was aware that the role of the researcher placed me in a position of power relative to my participants because I asked the questions in the interview and revealed little of myself and I was in a position of analysing their transcripts and writing up the research.

The potential ways in which dynamics with participants were influenced by our structural and representational positions was reflected upon and documented in the individual interview write ups. I was supported in this process by my supervisor and my research buddies. In addition, I attended weekly psychotherapy where on occasions I discussed issues brought about by this research.

Finally, throughout the research process, my intention has been to involve my participants in the research process at all stages. My preliminary thoughts were shared with participants in our second interviews. The final analysis of each individual's interviews was sent to each participant for their comments and feedback. The final copy of the overall analysis and discussion was sent to the participants for their information. I would have liked to have had

more feedback from participants on my final analysis of their accounts, something which was provided only by Participant 4.

3. **12. Data analysis and interpretation**

As mentioned above, whereas traditionally, the analysis of data would be a separate step which would precede data collection, in this study, the collection and analysis of data were partially contained within the interviewing process itself.

In doing this, I was encouraged by the calls for the greater incorporation of inter-subjective processes in research dynamics (Holmes, 2015; Holmes, 2017; Midgley and Holmes, 2018; Frosh 2003), narrative inquiry analysis' stance which positions meaning making as occurring throughout the research process (Etherington, 2011) , the arguments for the use of reflexivity in fostering collaboration and democratisation of vulnerability (Etherington, 2007) as well as Hoggett et al's (2010) extension of the FANI method to include a more dialogically active involvement of participants in the data analysis.

Although this could be seen as an ethically sensitive issue (Holmes, 2014), given the aim of this study and the particular population of this study, I believed the approach was appropriate. Holmes's (2014) major ethical concern with this approach to analysis was that interpretations would be offered when they were not asked for, in a single interview without a chance for future expansion or come back. However, given that I conducted a minimum of two interviews with each participant and that my participants were psychotherapists who were trained and supported by their own therapy and supervision to work with unconscious material and would have therefore been familiar with the process of reflection and 'here and now' interpretations, I felt that *not* to include them in the data analysis would have been more unethical. Furthermore, not to include my participants in the interpretations would have exposed the research to potential criticisms of the researcher's 'wild and inaccurate analyses' (Frosh and Emerson, 2016), leading me to conclude that the collaborative approach for data elicitation and interpretation would be more ethically appropriate and more reliable method to employ in this study.

One of the key implications of this approach to data analysis is the focus on the interview as a whole, rather than on small units of text which would be coded, grouped, labelled and categorised, the point which is discussed below.

3. 12. 1. Analysis as a part of the interviewing process

Operationally, as mentioned above, the interview itself provided the first opportunity for a holistic take on consideration of data because some of the initial formulation of the core themes happened as a part of the interviews.

These initial themes were first introduced by participants in response to the open question of what it felt like to be working with male clients who were sexually attracted to them. They were further developed in the second interview when participants were invited to further elaborate on anything already said.

In line with Hollway and Jefferson's suggestions on the use of psychoanalytic theory (2000, 2008, 2013), Stromme et al (2010) description of interview as a continuous 'hypothesis' testing process, Cathwright's (2004) suggestion of interviews as being not unlike the way one listens to the material in the therapeutic context and Midgley and Holmes (2018) use of reverie and within-interview interpretations, my role in the interviews was to probe into, open up and expand participants' presenting accounts for the purposes of enlarging the phenomena under investigation and tapping into its potential unconscious elements during the interviewing process.

Given my take on the sharing of interpretations as part of the interviewing process mentioned above, my role in the interviews was somewhat more active than the interviewer role Hollway and Jefferson (2008) described. Although I still wished to make use of participants' free associations in order to tap into the potential unconscious interview material, I made greater use of the interpersonal dynamics between the participants and myself to tap into these unspoken aspects of the research process, which necessitated greater involvement in the interviews by sharing and testing of my understanding and experience with participants.

This formed a basis for the analysis of key themes which I further elaborated upon after the interviews were completed.

3. 12. 2. Post interview analysis

The literature shows a variety of processes of analysis employed, according to the author's preference and the nature of the study. Consequently, the precise process of analysis in this study was devised specifically by me for the purpose of this research. I nonetheless drew on technical suggestions offered by other methods, something which the literature acknowledges as not unusual (e. g. Smith and Osborn, 2015).

For the explicit parts of interviews, the post-interview analysis in my study in many ways resembled analysis of any qualitative data as outlined by McLeod (1994) or more specifically described as 'thematic analysis' by Braun and Clarke (2006). This method is applicable to a wide range of research questions and a wide range of theoretical perspectives and was therefore considered methodologically appropriate.

For the interpretative part, on the other hand, I adhered to principles of narrative and psychodynamic theories and an idiographic approach to research, which are not mutually inconsistent. Specifically I drew on:

- psychoanalytic theory with its emphasis on the role of feeling in the process of thinking (e. g. Bion, 1962; Hollway and Frogettt, 2012),
- narrative theory's emphasis on the structure and the tone of the story and the linking elements between its parts (e. g. Murray, 2015, Clandinin and Connelly, 2000; Bamberg, 2010),
- the notion of 'expereince-near' (Hollway, 2009) aspects of data (affect laden data) which I tapped into by listening to recordings of the interviews
- my 'reflexivity' in thinking about the impact of the interpersonal dynamics on the co-construction of the narratives, as well as,
- the use of imagery (e. g. Murray, 2015), free associations (Hollway and Jefferson, 2000) and reverie (Holmes, 2017; Midgley and Holmes, 2018) as ways of tapping into affective aspects of the interviews.

A detailed account of post interview analysis employed in this study is provided in 'Appendix 11' and in 'Document 2 – example of analysis for Participant 1'.

3. 13. Evaluation Criteria and Validity Checks

Concepts of validity in any research are complex and dependent on ontological and epistemological assumptions about the nature of reality and truth.

Polanyi's (1966) views on the role of the "personal" in science and his arguments against the existence of objective externalised knowledge are shared by many contemporary researchers with a constructionist philosophical background. For example, Henwood and Pidgeon (1992) argue for radically different criteria for evaluating qualitative research to the traditional measures of reliability, validity and generalisation. They argue that the researcher can never completely remove their influence from a piece of research and as such impartiality can never be achieved. The corollary of this, they argue, is that criteria for judging the quality of research cannot be reduced to tactics for removing observer bias.

Hollway and Jefferson (2000) argue for the notion of evidence in 'defence' of research knowledge. For them, research work needs to be recorded and evidenced so that it can be studied by others. This does not rule out the possibility of alternative explanations but these too can be tested against the available data.

Lincoln and Guba's (1985; in Ballinger, 2006) criteria of "trustworthiness" of research include strategies for 'thick description' (where extensive detail about both the context and participants is included), 'audit trail' (in which the researcher demonstrates how their work and thinking progressed throughout the project) and for 'triangulation' (a way of using different methods to elicit information about the same phenomenon and to compare resulting data to check concurrence).

My research process was guided by these considerations, as outlined below.

3. 13. 1. Using triangulation

In order to build trustworthiness, two forms of triangulation were employed – sharing of materials with a research buddy and with participants. After the initial analysis, all available data was shared with a research buddy – transcripts, researcher's reflective notes and the researcher's initial analysis. The buddy commented on the aspects of data which were omitted or aspects of the analysis which may not have been supported by the data, thus acting as a check on the researcher's unconscious defences or blind spots.

On one occasion, I had an opportunity to work with the data with a group of psychosocial researchers who engaged in a structured process called the 'Dubrovnik Method' (Hollway and Volmerg, 2010) contributing their views on how to see or interpret it (see Appendix 10 for an outline of the 'Dubrovnik Method' and Appendix 9 for an outline of group's input into analysis of data).

After the incorporation of the buddy's and research group comments, my analysis was further shared with participants who were invited to comment, reject or add to it, with the aim of keeping the analysis relevant to the intersubjective field of the research dyad.

Although not directly inputting into research data, my weekly therapy occasionally dealt with material which was evoked by the research process and as such served as an additional indirect means of considering my unconscious processes.

At this stage, the analysis was deemed to be sufficiently ready to be reported for the purposes of this study. Although I would agree with Ballinger (2006) that having a convincing and relevant interpretation is a question of personal judgement, I hope that with the help of the process of triangulation, explicitness in relation to my own personal biases and clarity in the linking of interpretations with relevant examples in the data and theory, I have managed to produce a convincing account.

It goes without saying that the analysis presented in this study is by no means a complete analysis, representing "the truth" about any one of the participants or what it means to work with male clients. Instead, the analysis is an attempt to capture some of the complexity of working with male clients who were sexually attracted to their female therapists, contributing to it by adding information which was elicited in the particular context of this research.

3. 14. Ethical Considerations

In conducting my research, I abided by the BPS and UKCP codes of ethics.

In advance of the project, I informed potential participants of the purpose of my research and the confidentiality of their accounts (see Appendix 2 for participants' information sheet and consent form). I reiterated this at the opening of the research and checked that all participants were still willing to participate. I mentioned the possibility that the interview may bring out uncomfortable material and checked that participants felt able to contact an appropriate therapist or supervisor should there be any need for it.

Participants' confidentiality was respected at all times - I made sure that at no point could participants or anyone mentioned by them be identifiable in transcripts and my written notes. Participant's interview recordings were labelled by number rather than participant name and all data, including interview recordings, transcripts, and other research material, was stored securely.

In line with relational research ethics (e. g. Finlay 2016; Josselson, 2007; Etherington, 2007) my primary concern was to safeguard the dignity, privacy and well-being of my participants and their clients. I was careful to ask for only basic identity information as and when the need for it emerged during the interview process. In addition, according with psychoanalytically informed ethical principles (Hollway, 2016), I used supervision, support of the research buddy and my own psychotherapy to ensure that my understanding of participants was supported by my reflective work to guard against confusing the ownership of different feelings.

At the end of each interview, I checked again to ensure that participants were willing for me to use all of their account or whether there were any aspects of it that they wanted to withdraw. Following the transcription of interviews, I sent them a copy of the transcript, allowing them further opportunity to amend or withdraw all or parts of it.

Given the interpretative nature of my study, the analysis of the results inevitably reflected my own subjectivity and as such could have been seen as biased. Josselson (2007) identifies this as a particularly sensitive aspect of the research process when participants can feel as if they are being talked about behind their backs. Given that I conducted two or more interviews

with each participant, I used each interview to test some of my preliminary ways of understanding their experience. The final analysis was also sent to participants, asking for their reactions. However, the final analysis was ultimately based on my own sense-making of participants' accounts.

In line with notions of 'implicit contract' (Josselson, 2007), 'relational responsibility' (Clandinin and Connelly (2000) and 'ethics of care rather than rights (Giligan, 1982; in Josselson, 2007), ethical issues were assessed throughout the process of research and writing up, which I felt was important for this methodology which heavily relied on the therapeutic method but was not actually therapy. For example, a specific supervisory consultation was sought at a point when Participant 3 disagreed with the researcher's interpretations. I wished to clarify whether this constituted a simple difference of opinion or an ethically sensitive situation in which the participant might have been confronted too abruptly with her unconsciously defensive material. The supervisor helped in differentiating between therapeutic and research work, itself an ethically sensitive issue (Finlay, 2016) and suggested ways of reporting both opinions. In the event, this issue resolved itself in our third interview when the participant came to understand and own my interpretation (e. g. Document 2, Participant 3, 3rd interview transcript: line 53) thus showing the importance of the ethical imperatives of 'containing participants' experience' (Hollway, 2000, 2015, 2016), 'staying in the relationship' and being transparent in our meaning making with participants (Josselson, 2007, 2016).

4. Findings

4. 1. Analysis of Participant 1

The work with this participant was initially overshadowed by my anxiety in starting the project and using a new methodology. Interestingly, although I was not totally inexperienced as a researcher nor as a therapist, I felt like a complete novice in relation to this particular research because, in my mind, I expected that using FANI method would be an altogether different interviewing experience. Armed with the textbook guidelines on what to do, I did not know exactly what to expect, except that it should produce 'rich and meaningful' data.

In reality, perhaps because of having such high expectations, the actual interview felt exceedingly ordinary and the content somewhat unsatisfactory. The participant did not react in a 'textbook manner' (i.e. she waited for me to ask her questions rather than offering her free-flowing story) and I was left with what seemed sketchy rather than 'rich' data. Given that the participant reported feeling comfortable in the process, I attributed this failure to get more detail from her to my own incompetence. The second interview was therefore imbued with an even greater level of anxiety, due to my need to be more competent (whatever that meant) as well as having the task of discussing the mismatch in our experiences of the first interview.

Perhaps not surprisingly given the level of anxiety, when it came to the second interview, I unwittingly made the mistake of not pressing the record button which I only realised at the end of the interview. Consequently, instead of feeling reassured that I had managed a difficult session in which I admitted my disappointment with the first interview (the participant acknowledging some of the points I raised and recognising that the conversation might have been more difficult than she originally thought) I was left feeling even more devastated about my incompetency as a researcher – one who could not even operate her equipment.

Partially due to feeling ashamed and uncertain of the consequences of my mistake for the research process, and partially due to other pressures on my time, I decided to take some time away from the research. It was over a year until I finally met with this participant again, for the third time, and on that occasion we managed to have a very thoughtful, rich discussion

about our work together, drawing some parallels between what happened to me, between us and what happens in the work with male clients.

4. 1. 1. Not knowing what to do and how to speak about sexual dynamics

Drawing on her client as well as supervisory experience, this participant highlighted the difficulty in knowing how to address the sexual dynamics as one of the key problems in the work with the erotic transference.

'I was playing with the idea of what has happened between us and what that means in terms of working with erotic transference and actually, in some ways, certainly in supervising others… I really hear and get the impression that people would rather keep it quiet, thank you very much, we don't want to… rock the boat, we don't want to make it open because of the difficulty of knowing how to work with it or how to pay attention to it…' (3rd int: 106).

The participant specifically focused on the difficulty of finding the right words to talk about sexuality, words which would be '*sensitive but straight'* (1st int: 247).

Similar difficulty in talking about sexual matters could be seen in our work. The overall feel of the first interview was somewhat strained. The participant urged me to be curious and to prompt her (1st int: 6) and I wished for the participant to tell me 'more', each easing our way into finding the sexual language appropriate to the occasion.

In addition to the more generalised sense of awkwardness stemming from the lack of practice and opportunity to use this vocabulary, as the interviews progressed a number of deeper and more complex processes presented themselves as potential ways of understanding the caution with the language and work with sexual dynamics.

4. 1. 2. Sexual dynamics are a core part of one's identity

Talking about the way the participant felt about the break in the research process provided a way into seeing sexual attraction as a part of one's identity. She reported thinking that 'I gave up on her' and being 'disgruntled' with me for not being in touch after I made a mistake, not because of the loss of her time but because of how much she shared and gave of herself to

me (3rd int: 12b). I was particularly interested in this notion of giving yourself to the other in talking about your sexuality and the pain of not being responded to, the notion to which we returned in a somewhat different guise when discussing the client work. We discussed the difficulty in responding to the client in an authentic way when his feelings are not shared by you, or when you feel disgusted:

> *'How do you say to somebody you disgust me and… when I know that actually behind of all of this is potentially a very vulnerable child.'*

<div align="right">(1st int: 249);</div>

or indifferent:

> *'… Sense of… yes I have sex but not with you'* (3rd int: 52), *'… [a sense of]… rejecting.'*

<div align="right">(3rd int: 53b)</div>

thus differentiating between working with client's sexual attraction as opposed to some other aspect of their character (such as anger) because of the potential of rejection being so much more present with sexual dynamics. This provided a way of seeing sexual dynamics as forming a much deeper, core part of the self.

> *'I think that aggression perhaps is something that somebody can do more about […] [sexual dynamics] go much deeper because […] a part of this is about the original relationship with mother […], so that actually it goes deeper, its far deeper, it goes to a core place.'*

<div align="right">(3rd int: 54)</div>

Linking this way of looking at sexual desire and attraction – as a part of one's core identity, with the way the participant talked about the ending with the first client which she described as 'unthinking' and 'blunt', causing it to be very shaming (1st int: 51, 57) – suggested ways of understanding the caution with language discussed above, as a potential defence against the possibility of causing or receiving a deep narcissistic wound.

I wondered whether this fear of the narcissistic wound could act as a pull towards dualistic thinking disabling the therapist from being able to take up a 'third' position. It seemed as if the participant's own discomfort with her own feelings and fear of hurting the client

prevented her from finding a way of translating her feelings into a comment about the therapeutic dynamic.

In retrospect, she recognised that '*something normal, very ordinary became abnormal, out of order, [], wrong.*' (1st int: 63) and concluded that nowadays, she would do something very different – talk about, understand it and normalise it.

4. 1. 3. Conflict of roles and the impact on the therapist's authority

Another predominant theme within the content as well as the process of interviews was the issue of authority and 'being in charge'.

In terms of our process, at the beginning of our work there was a mismatch in the expectations we had of each other whereby we each expected the other to be 'in charge' (reflective notes after 2nd int: 3; post 1st int. reflection: 1b). Given my understanding of my research method as well as my perception of the participant's authority as an older and much more experienced practitioner, I expected her to lead by providing her experience. She, on the other hand, driven by her own understanding of the research process, expected me to provide specific questions to which she could respond. Consequently, we were each relying on the other to be in charge and move things forward.

Although at the time of the interviews I justified my difficulty in taking up authority (i.e. methodological stipulation, the first interview of the study, participant being an experienced practitioner known to my supervisor), in retrospect, I wondered about the significance of us both being women and the possibility that in the moment when there was a confusion of roles, we both ended up unconsciously acting out that which would have been a more stereotypical, 'passive' role for a woman.

After consulting with my research buddy who reflected on our use of language (e.g. I described myself as fumbling for words with which to probe the participant), as well as the sense of the dynamic between us (the participant waiting to be prompted) and who described us as 'two virgins, having sex for the first time', I realised that for me, there were definitely elements of the interview process which could be read in sexual terms and which could potentially be used to understand the dynamics in the therapeutic context too. For example,

I struggled to find the appropriate language – whether to be quite polite (as in asking, 'How was sexual arousal manifested?') or quite explicit (in referring to an 'erection') (1st int: 13, 15); I felt uncomfortable probing too much for the fear of being a bore to her (1st int: 123–136) and ultimately felt quite disappointed after the first interview, wishing for something hard to chew on (post 1st int, notes: 3). Seen in sexual terms, I was caught out performing a 'leading' role which as a relatively traditional heterosexual woman I did not know much about. Whilst I did not feel particularly responded to and ended up quite unsatisfied, my partner did not seem to be particularly animated or dissatisfied.

When, in the second interview, I needed to take responsibility for the research process and address this difference between us, as mentioned in the introduction, I made the unconscious mistake of not pressing the record button, thus further de-skilling and de-authorising myself as a researcher. What I took from this experience was my difficulty in taking up authority and feeling comfortable enough with it (to have it recorded) in the context of not feeling knowledgeable or fully supported by the other. With this participant, it took a year for me finally to manage the process within myself and have a third interview, during which time I finally managed to record, take charge of, and also enjoy the experience of our third conversation which felt much more mutual.

I outline this mini-process because of the links with participant's ability to take charge of the situation with her clients. For example, with her first client, although she felt personally responsible for causing the client to feel sexually aroused by her without quite knowing what she did to do that, or precisely because of that, she abdicated responsibility for the situation and simply did what she was told to (1st int: 51: '*I just did what my supervisor told me to which is to end.*').

In talking about the second client with whom she worked successfully, one of the first things she mentioned was that it was him who named the sexual dynamic, '*letting her off the hook*' and freeing her from being the only one managing the relationship. (1st int: 78, 80)

Finally, she described the work with her third client as successful but difficult, partly because it involved a battle about who was going to be in charge, and a conflict between stereotypical male–female roles with the roles they had within the therapeutic relationship.

'He was trying to assert himself with me and that was coming through in terms of sexuality.' (3rd int: 38) *'He wanted to live up to stereotype of what masculinity is about, being in charge, being top-dog, you know all of that sort of thing…'* (3rd int: 40)

The chronological context of the work with these three clients, in which the first client came quite early on in her career whilst the third was the most recent, added a number of additional factors further impacting the participant's ability to take up authority in working with sexual attraction, namely her sense of being at fault (a dynamic which will be discussed below) as well as her difficulty in maintaining a therapeutic role when it was felt to be in conflict with the societal role of being a 'woman'.

For example, whilst discussing the first client, the participant recalled that when younger, not only did she think that it was wrong that the client should be aroused in the session (*'this should not be happening"* (1st int: 26)) but also that it was her fault that it did happen (1st int: 29) and that talking about it might have been seen as making a sexual invitation (3rd int: 61); with the third client, she did not feel the conflict of the roles, despite being made to feel withholding, rejecting and cruel, finding him disgusting and hating him for being snotty, sniffly, whimpish and whiny (1st int: 193). Given her professional experience at this stage of her career, she was able to link the way she felt about the client with what he brought into therapy from his past (1st int: 194), withstand being made to feel uncomfortable and ultimately able to find a way to speak about the dynamic and its effect on the therapeutic relationship (1st int: 239).

This led to a discussion about the potential difficulty in taking up one's authority in the role of therapist when it is felt to co-exist with a more stereotypical or traditional view of the role for a woman, which as discussed with this participant, sexual attraction can sometime evoke (3rd int: 42). We concluded that it is precisely this ability not to feel conflicted between what you are made to feel by the client and how you think about yourself that is of key importance in one's ability to maintain the therapeutic relationship (3rd int: 92–95), highlighting the importance of experience, one's own therapy and age as well as supervision in the resolution of this potential conflict (1st int: 111–113).

4. 1. 4. Reluctance to own the material

As part of the analysis, I wondered about the possibility that the participant's and my reluctance to take charge of the interviewing process might have been an expression of our respective reluctance to own the sexual material. The participant's desire to be probed and asked around the topic, made me think about her wish to tell me things which were of interest to *me* which could be seen as a way of creating a level of distance from the content. Equally, my desire to elicit participants' stories, although methodologically justifiable, could be seen as a way of me reporting on the *participants*' rather than *my* experience.

4. 1. 5. Different clients and the context of the relationship provoke different reactions

Given that this participant talked about three different clients, it was interesting to notice the different reactions that each client provoked in her. For example, in response to the first and third clients pushing therapeutic boundaries, she felt angry, whilst in response to the second client, she felt amusement and enjoyment (1st int: 93, 94). Similarly, because she felt the first client's young age and vulnerability, she was more preoccupied about restrictions on her own sexual desire, either from society (1st int: 39) or the supervisor ['*I felt blamed for being attractive'* (3rd int: 96)], whilst with the second client, who she described as adult, smart, near in age to her, full of resources and somebody who she could not harm (1st int: 101, 102), she felt the freedom to feel and work with her own sexual attraction.

In relation to the third client, she linked her own difficulty in responding to him with his difficulties with his own sexuality and masculinity (3rd int: 77), thus linking the extent to which sexual experiences were a problem for the client in his everyday life to the extent that it became difficult to work with, within the therapy itself (3rd int: 81–85).

Therefore, we noticed that the ease with which she worked with the sexual dynamics of the therapeutic relationship depended partly on what the client brought into the therapy with regards to his own erotic feelings, and partially on the way the relationship as a whole developed between them. It seemed easier to work with sexual dynamics in the context of a relationship with a client which was more loving and mutual, as with her second client. In the relationships with the first and third clients, which were characterised by power imbalance

and negative feelings towards the clients, work with sexual dynamics was more difficult (3rd int: 77–78).

4.   1. 6. Sexual dynamics link with 'shame' and the 'sense of being at fault'

As mentioned above, at the beginning of her career, she recalled a generalised fear that client's sexual attraction was somehow her fault (1st int: 29) as well as the fear of been misunderstood – that by wanting to talk about it, she might be seen as inviting a sexual relationship (3rd int: 71, 72). Further, she feared that the client would deny her observations (3rd int: 63) and accuse her of having made a presumption about him. Finally, she described the way in which she handled it with the first client (i.e. she finished the therapeutic relationship) as shaming and suggested that nowadays she would do something completely different (1st int: 57).

In wondering about reasons about feeling this way, she recognised a residue of societal norms influencing her judgement ('*There is some residue in society about messages that women caused men to have sexual relationships*' (1st int: 39)).

Further, prompted by my research buddy, I came to understand her reluctance to elaborate on her experience in the interview with me as a further manifestation of her shame associated with this piece of work, which I briefly picked up in my comment that she seemed as though she was in '*no-win situation as a therapist*'. Whilst working with him, she felt as if she was doing something wrong to cause him to feel sexually attracted to her, whilst when ending it, she also felt she wasn't doing the right thing (1st int: 69).

4.   1. 7. The crucial role of supervision, age and experience

The role of supervisor was particularly highlighted in relation to a negative experience whilst working with the first client. The participant reflected on the role the supervisor had in making her feel uncomfortable about the fact that the client expressed sexual attraction towards her, feeling blamed for it and at fault, because of being told to end the therapy.

"And errr… my supervisor at the time told me to stop working with him. And now, looking back, I am not sure that was the right thing to do. Because I think it made him feel really ashamed of... of his sexual arousal" (1st int: 12b).

The role of the supervision was not explicitly discussed in relation to the more successful work with the two other clients.

4. 2. Participant 2

Given the recording mistake and the delay of the 3rd interview with Participant 1, Participant 2 ended up being the first participant whose data I analysed. Intentionally, the format of this section has been left as it was conceived at this stage of the research process to allow a comparison with further analyses and to evidence the evolution in my thinking about my role as a researcher (from being a 'reporter' to becoming a reflexive researcher) and with regard to my conceptualisation of the relationship between the content and process of the interviews.

4. 2. 1. Themes which arose from the content of the interviews

4. 2. 1. 1. Difficulties in working with sexual dynamics because of their links with our sense of self

Being seen as sexually attractive was described by the participant as:

- her 'currency'
  (1st int: 101) '*My currency – it's like, you know, I guess when I was younger, I mean I started doing this work when I was in my mid-thirties and now I am 52 so there is something about… how I was then in my mid-thirties. I had gone from the airline industry when there was perhaps an emphasis on what you looked, how you looked and all the rest of it*');

- an aspect of her which was attractive as opposed to other aspect of her looks such as race which was felt to produce mixed reactions:
  '*I was also thinking about my colour and my race which is immediately visible… and how that would be another thing that would define me, but it is wrapped up with my looks […] my colour could be a point of attraction as well as a point of hatred*';

- a constraint which, when lost as a result of ageing, gave her a new-found freedom from being defined by the way she looked:

(1ˢᵗ int: 99) *'… Maybe also knowing, in a strange way, losing my looks is giving me a bit more freedom… you know… that sense of getting older and seeing myself get older, although there is loss involved in that, I am also more free as a woman'*

Therefore, it seemed to me that having sexual attractiveness as a part of self identity made it more difficult for this participant to openly explore, share and work with sexual attraction in therapy. The bigger it felt in terms of her self definition, the more difficult it was to bring it into the relationship with the client because of the consequent vulnerability. Conversely, losing sexual attractiveness as part of self description created a greater sense of freedom for this participant and allowed a more reflective attitude towards it.

This might have been one reason the participant found it difficult to put herself into the frame of her client's difficulties:

'I was happy, I think, at the time to leave the problem being out there and me being the helpful person that was helping him with the difficulties that he was having in his life, rather than me contemplating the fact that actually I was part of the problem for him' (1ˢᵗ int: 83).

If being sexually attractive is a part of self-definition, to explore it would require a considerate desire for, and an ability, to question who you are. The participant acknowledged that this capacity to question oneself was something she has developed since the time she worked with this client:

'Partly because I am ten years further on in my therapy, ten years on further in my supervision and… maybe more comfortable in my authority, yeah… and maybe also knowing, in a strange way, losing my looks is giving me a bit more freedom…'(1ˢᵗ int: 99).

Furthermore, sexual attraction was seen as a threat to relationships, which is elaborated upon in the following theme.

4. 2. 1. 2. Being sexually desired causes mixed feelings of vulnerability and power

On the one hand, we discussed ways in which male's client's vulnerability and exposure of his attraction towards her gave her a sense of power over him :

(1st int: 25) *'I just felt that he would feel even more vulnerable but it would make me even more powerful in relation to him somehow and… I was very touched, you know, by his willingness to disclose that but at the same time… I don't know, I felt some concern that he wasn't protecting himself or something like that and I don't know what.'*

… and given the therapeutic role which provides safety and authority:

(2nd int: 41) *'I mean, you know, I think sitting in a therapy chair you always have that comfort of that safety... and of the taboo which… [ ] um… that authority, that safety and that role I guess… um...'.*

On the other hand, it also created a sense of vulnerability for the participant herself. Whilst I felt that implicitly we discussed sexual attraction in relation to the fear of being pulled out of the therapeutic frame and into the triangular relationship between the client and his wife (see below discussion on the 'breakdown of the therapeutic frame'), when asked about it explicitly (2nd int: 31) the participant denied that such carefulness was related to herself. However, in the second interview, missing the triangular dynamic between her, the client and his wife was mentioned as the most impactful aspect of the first interview (2nd int: 12), linking it with the personal history of her parents' marriage which taught her that men's sexual desire is dangerous and destructive because of the pain it causes.

Coupled with her descriptions of herself as a young, good-looking women at the receiving end of male sexual desire which used to frighten her and made her feel like prey, (e. g. (1st int: 101), it would suggest that to recognise the triangular dynamic would have required her either to get in touch with being at the receiving end of male sexual desire which she described as a scary and a vulnerable place to be, or to own her own sexual feelings which would have potentially put her in a position of being the 'threatening other'.

(2nd int: 23) *'[sexuality] has been connected with infidelity, as dangerous infidelity which really hurts people… ';* '*Then I become a "threatening other"'.* (2nd int: 29)

Seen in this light, the protectiveness she expressed in relation to the client, might also have had links with her desire to protect herself from either becoming prey or predator, neither of which felt good.

4. 2. 1. 3. Sexual aspects of relationship pose a threat to the therapeutic relationship

One reason for difficulty in the expression of sexual feelings for this participant related to her disbelief in the possibility of such feelings being safe.

In describing her therapeutic work, she oscillated between not implicating herself in the relationship with the client (1st int: 67) and feeling completely implicated in his life, responsible for the deteriorating relationship with his wife and the decision to end therapy prematurely (1st int: 63: *'It felt like someone had to go… then I guess the sense of responsibility… I might not even have been conscious of it then – that it was better that it was me than her [the wife] – almost like, you know, that I had been in the affair that he had had or something like that, you know, if I look at it from this lens.'*).

At the point when sexual feelings surfaced in the work, she did not question the necessity of ending the relationship, thus showing a form of splitting between the 'therapeutic' and the 'sexual' way of being with the client.

'The therapist in me and the woman in me kind of almost had an encounter, I think, and it was like – what to do with that?' (1st int: 36).

When asked explicitly what was the nature of that encounter (1st int: 37), she was unable to articulate it (*'… I had it a minute ago but I've lost it now… it was a little bit of conflict between those two parts of me'* (1st int: 38)).

Although she found it difficult to articulate the dynamic in relation to herself, she talked about the 'splitting' in relation to the client's view of herself and his wife, something she was unaware of at the time (1st int: 75*).

To summarise, for a number of reasons, including personal process issues as well as the specific dynamic of the work with the client, the participant seemed to split 'sexual' from 'caring / empathetic' aspects of her role, which resulted in a split between the 'real' and

'symbolic' aspects of the therapeutic relationship. It seemed as if the felt sense of the reality of the sexual attraction took over the therapeutic aspect of the relationship, preventing an exploration of the meaning of the sexual attraction, or of its context or of the potential transferential, representational and symbolic elements of it.

4. 2. 1. 4. Authority and Sexual dynamics

I felt a sense of a link between the sexual dynamic within therapy and sense of authority. For example, in the first interview, when we discussed the participant's desire to keep herself out of the triangular relationship between the client, his wife and herself, and I asked what being a part of that dynamic would have caused her to feel like, she responded:

'[It] would have caused me to take account of myself, of the impact I had, I think, that would have been quite unnerving, because at the time, as I say, to contemplate that I was having that much of an impact would have been quite daunting for me… maybe a bit frightening… but… it would also have given me a bit more… been a bit more empowering for me to work with it.' (1st int: 85)

Later on, she made a link between learning to work with sexual dynamics through supervision, therapy and being more comfortable with her own authority (1st int: 99) and suggested that her capacity to be assertive and in touch with her own aggression is also related to her sense of sexuality: '… as the comfort in one increases, the comfort in the other increases, I guess' (2nd int: 64). Ultimately, she concluded that, with the growth of her sense of authority, she feels less like prey and at men's mercy and more capable of having an equal and enjoyable sexual relationship (2nd int: 69, 71 and my summary 72).

4. 2. 1. 5. Supervision

The participant did not report supervision as playing an important part in the work with this client, mainly because supervision was not concerned with relational aspects of the work between the client and herself.

However, in a slightly different context, the participant mentioned experiential learning from working with a male supervisor who was sexually attracted to her. From the way he handled the situation, she learnt the importance of boundaries and the therapist's ownership of the dynamic.

'Basically what he said was: if at any time I did anything that crossed a boundary, I want you to go straight to your head of department and report me. It was kind of his way of saying - I am not going to do that, that's not going to happen.' (2nd int: 45)

4. 2. 2. Links between the process and content of interviews

Overall, from the opening statements, I noted the participant's desire to be helpful and provide *what I wanted or needed* for my research (which may or may not be what she is preoccupied by e. g. she mentioned a broader area of 'erotic' vs my focus on 'sexual' as well as my desire to focus on men vs thinking more broadly about the erotic in relation to women too (see 1st int: 8)). In addition, I felt that at the outset of the interview she made several links with what I asked her to think about as if to contextualise or justify talking about the male client's sexual attraction to her (1st int: 10, 12). Whilst initially, I wondered whether this might be a sign of misalignment between what each of us wished to focus on, at the end of the interview, given the depth of the participant's reflection and involvement during the interview, I was left with the impression that her questions about female clients and general erotic dynamics might have been a sign of an initial discomfort about talking about male clients and sexual dynamics in particular.

4. 2. 2. 1. Interview as an emergent process

At the start of the interview, the participant expressed curiosity and anxiety which paralleled my own feelings, thus creating a way of 'being together' from the beginning. I also link this with the sense of potency and creativity which I felt at the end of the first interview (see doc. 'post 1st interview thoughts', ref 3), when a way of seeing sexual dynamics as a part of the participant's identity presented itself as a result of us building on each other's ideas. In our anxiety and curiosity, the interview felt like a truly emergent process.

4. 2. 2. 2. Parallels in terms of their emotional feel as well as the process of learning from it

The second interview started with the participant reflecting on her realisation about the incompleteness of her understanding of the client, and the never-ending potential for seeing things differently, even after the passing of many years (2nd int: 4). This lament about what was missed was followed by the acknowledgement of the practical reality of working as a psychotherapist, with its time constraints impinging on the ability to reflect as well as the psychological reality of 'sexuality' being a difficult topic to grapple with, despite all the therapy and supervision (2nd int: 10).

There were two aspects of this sentiment which I thought linked with the research process. The first, the difficulty of talking about sexual matters and secondly, the regret about the incompleteness of our understanding of the relational processes, which made me think about the inevitability of the incompleteness of this research process. I was in touch with its practical and academic constraints (time limitations and the nature of the participant's voluntary involvement) and expected the analysis of these interviews also to reflect the same sense of incompleteness. The participant's surprise about it in relation to her work almost served as a reminder of it for me.

4. 2. 2. 3. End of interviews – a confirmation of and a desire for incompleteness

The end of the second interview was somewhat odd and confusing. The participant brought up a different client who she contrasted with the client she originally talked about – almost as an example of 'things that she isn't' any more.

Thinking back to the beginning of the second interview which started with her surprise about how much there is to learn, the end seems like a confirmation of it – like 'unfinished business' – an opening of something more for which we will not have time, thus a confirmation that there is certainly more to the topic and to her.

4. 3. Participant 3

My overwhelming feelings associated with the analysis of the interviews with this participant are a sense of confusion, hard work and a desire to give it up, alternating with a feeling of incompetence due to an inability to articulate my thoughts and a fear of being seen as omnipotent for suggesting ways of seeing things which go beyond what was said in the actual interviews. In particular, it is this fear of 'going above myself' which has paralysed me in going forward, fearing that the participant will reject my analysis and decide to pull out of the research process.

In a recent conversation with a friend, who enquired about the progress of my research, I responded that I needed 'to man up' to it and she retorted that maybe what I needed is to accept a 'rejection'. Hearing our words made me think of parallels with my study, the bravery which is required to expose one's vulnerabilities and the risks associated with being rejected. I also saw the parallels between what I was experiencing in relation to the analysis of these interviews (fear of incompetence mixed up with fear of omnipotence) and the content of what I discussed with this participant. However, before outlining these in detail, I will take a brief moment to capture additional aspects of the research process which were unique to the work with this participant.

First, my tape recorder stopped working halfway through the first interview because of the lack of storage space. I wondered about my own workload which might have prevented me from checking this before the interview as well as the nature of the content of the material which the participant shared. Interviews with this participant concerned work with a client with whom she worked as a trainee and which she described as very difficult. Consequently, I wondered whether some of the intensity, anxiety and shame associated with my mistake in the recording might also have been related to her feelings of shame of having had her difficult work witnessed and recorded. Furthermore, the confusion I experienced in analysing the material as well as fear of sharing the analysis with her might be related to the fact that some of this material might have been confusing to the participant herself, and may not have been fully processed in her work with the client, thus adding to my fear of either being incompetent

in not being able to see what was being said or in going above myself in claiming to see things which were not being said.

Given the amount of material collected in the interview and reflections with this participant, I will be using the parallels in our feelings to guide me in reporting the main themes within it.

4. 3. 1. To do the work is to continue, as a mother

Throughout the interviews, there was a theme of working hard to keep the work going, without attending to the underlying feelings, which if attended to might have resulted in work being aborted.

For example, in relation to the research, in addition to my own feeling of wanting to give up on the analysis of interviews prematurely (see 'reflection document', ref. 1) the participant also struggled with her participation in the interviews. The desire to protect the client against 'the mess' of my recording mistake made her want to abort the research participation. At the same time, she felt the sense of responsibility towards the 'work', which entailed consideration and understanding of that 'mess' (2nd int: 16). Therefore, her protectiveness towards the client seemed to be at odds with her participation in research.

In the therapeutic context, in order to keep the work going, the participant looked for ways of explaining away her difficult feelings towards the client because acknowledging them posed a risk of her not being able to or not wanting to continue working with him. For example, she saw her sense of failure, inadequacy and confusion as a reflection of what the client might have felt about himself (2nd int: 30), suppressed the acknowledgement of the sexual dynamics (see below, section 4. 3. 2), and actively searched for other aspects of the client's identity, such as the 'child within him' (2nd int: 3, 105) or being an ill person to explain his 'sickliness' (2nd int: 36), in order to feel more empathetic, engaged and understanding of him. In the process, she said she made herself omnipotent, enduring whatever came her way in order not to feel that she could not cope with it, thus avoiding the risk of terminating the work.

(2nd int: 26a) *'… it [the work] appealed to my omnipotence that I can hold such a patient and I can work with such material and maybe all that made me underestimate the huge impact it would have on me which resulted in me chopping my hair off.'*

Although on some level, these were not unusual psychotherapeutic methods (e.g. the use of 'countertransference' in understanding the client's feeling) or unexpected self-protection mechanisms, nonetheless, I felt that the participant was unusually invested and anxious in keeping the work going at all costs.

As the interview progressed, the participant got in touch with what she described as an even greater fear – of getting in touch with the 'client's wound of losing his mother' - the loss that she was not ready to face: *'… It would have been more frightening'* (facing the wound of losing his mother) (2nd int: 52); *'And I think that with this patient, who maybe I don't think I was ready for that, I don't think I could handle that'* (2nd int: 54).

Seen in this light, her fear of 'dying on him by giving him up' (2nd int: 38) summed up the character of the work in which she worked relentlessly, needing to prove to herself that she could hold on to him (2nd int: 30), fearing that otherwise she would damage him (2nd int: 38), perhaps, in order not to repeat the premature end of the therapeutic life like the client's mother ended her life prematurely through her suicide.

I have come to think of her words '*where on earth was the maternal transference because I kept losing touch with it because, you know, his mother committed suicide aggressively, she threw herself from the top of a tall building…* ' (2nd int: 42) as the summary of the work as whole – as a relentless search for the maternal feelings in the face of the risk of losing them or giving up.

It seems that her own identification with him as a lost child (2nd int: 105, 109) and her own 'psychopathology' of fearing the loss of her own mother (3rd int: 20) foregrounded the search for the maternal feelings and in this way coloured all other ways of relating which were subsequently seen as either a help or a hindrance to her ability to continue the work as a 'mother'.

4. 3. 2. Denial and obliteration of sexual dynamics

The participant's reaction to her client's sexual desire was difficult to get hold of. Initially, I took it as a sign of her discomfort and a reflection of it being a relatively unexplored area of work, thus making it somewhat inarticulate and more difficult to share with a stranger.

For example, in our first meeting, a significant amount of time passed before we talked about her reactions to the client, and his sexual desire in particular. The participant was very focused on getting the chronology of the work correct, as if sexual aspects of her work needed to be properly contextualised. In fact, the first mention of sexual dynamics was with reference to her denial of it, when first confronted by her supervisor.

'She [the second supervisor] just stopped and said, "Do you think there is an erotic transference here?" and I was "noooooo" – that was my reaction' (2nd int: 72).

Ways in which we discussed this 'blind spot' varied over the process of our interviews but ultimately for me, it crystallised around a theme of keeping in control any feelings which might have made it difficult for her to continue working with the client. Client's sexual attraction towards her was one of those dynamics, causing her to feel fear for her own safety, discomfort of her sexuality being used in ways which contradicted other aspects of her female identity (mothering) and fear of her own attraction to the client, all of which on some level presented a threat to her ability to continue working with this client.

4. 3. 2. 1. Blind spot as a result of lack of feeling safe

One of the early ways of accounting for her blindness in thinking about sexual attraction was the lack of safety in working with this client because he was quite unpredictable and behaved outside the recognisable boundaries of what is commonly acceptable behaviour. In terms of therapeutic work, this meant that he would sometimes stand up in the middle of the session, walk and lean on the wall or go to the toilet only to come back saying that he could not be bothered to wait for his turn (1st int: 14). The material he discussed also pointed out that some of the boundaries within which he operated at home were unusual and somewhat surprising. To me, the most disturbing aspect mentioned by the participant included her question over the possibility of him having paedophiliac intentions towards his daughter (1st int: 24).

Although, in the third interview, participant talked about her supervisor helping her reframe the client's paedophiliac intentions as a manifestation of his difficulty in accepting the loss of his daughter (3rd int: 99), given the time it took to come to it in our interviews and presumably in her work, I was left wondering whether there was a period of time in which this was a genuine question for her. Given this level of doubt and risk for the safety of the client's daughter and ultimately, the responsibility that a therapist in such a situation would have had, it would not be surprising if the participant unwittingly might have wished to 'block' anything to do with the client's sexual desire. Further, by turning a blind eye to his sexual desire, she might have been protecting herself from the fear of what that would have meant for her own safety and subsequent feelings of needing to abort the work with him (2nd int: 34).

4. 3. 2. 2. 'Blind spot' as a protection against negative identifications

Initially, in the first interview, albeit this was not recorded, we discussed ways in which including herself in the context of the client's sexual desire would have been uncomfortable. For example, given that the client's sexual phantasies were fuelled by porn movies and prostitutes, we discussed whether part of the reason for turning 'a blind eye' to the sexual aspect of their relationship might have been related to her desire to dissociate herself from his erotic phantasies, which she described as 'sordid' and 'seedy'. However, when I attempted to recapture some of these thoughts, in the third interview, she denied ever feeling associated with prostitutes or feeling 'disgusted' by his phantasies (3rd int: 110, 112). Although it is perfectly possible that I misunderstood her in the first interview, subsequently, I have noticed two related aspects of this dynamic which might explain her denial of my memory: firstly, the splitting of the negative experiences of the client from the thinking about him, and second, her fear of her own attraction towards him.

4. 3. 3. Splitting of negative feelings towards the client

The splitting of negative feelings towards the client from the thinking about him manifested itself in a number of different ways. One of the striking examples in which I found it difficult to understand her was the above mentioned question of what she might have felt about the

client when she talked about his 'seedy' and 'sordid' phantasies. She objected to my suggestion that she might have felt 'disgust' and 'shame' (3rd int: 46), arguing that to feel that way would have meant '*personal* revulsion'. Instead, she said she could see his 'sickliness', and to illustrate this point, demonstrated the type of behaviour he would engage in - rolling and flicking his finger inside his mouth, which only confirmed my feeling of discomfort and disgust. In further elaboration of her response to that behaviour, she highlighted the importance of not allowing feelings to become personal in order that she could continue working with him (3rd int: 48, 49). It is in this context that I came to understand her use of the word 'sickly' rather than 'disgusting' as a way of protecting herself from being repulsed by him, which might ultimately have prevented her from being able to continue the work.

In further elaboration of the feelings which she might not have allowed herself to experience, she got in touch with a conflict, '*a tug of war*', between considering feelings that the client was evoking in her and thinking about the client analytically (3rd int: 59, 60). Moreover, when considering the disgust, she remembered the resident supervisor who openly expressed disgust towards the client, saying, '*It is so sick, he is sick, disgusting, I can't wait until you have finished with him*' (3rd int: 60), and subsequently, reported the way she had split two supervisors to help minimise the effect of difficult feelings on her ability to work with the client. The resident supervisor represented the visceral response to the client whilst the second supervisor provided an analytic understanding of him.

'*And so yes, maybe she [the resident supervisor] carried my disgusted feelings for me. I let her carry them and I disowned them in order to hold on to my analytic mind and the only way I could do it was to see another supervisor who could bear this more than she could and would keep my disgust contained in order for me to work with him, not to damage or abandon him and also for my childlike [?] not to feel abandoned together with him.*' (3rd int: 63)

A similar reaction was provoked when I enquired about shame or her associations with being identified with prostitutes. Initially, she denied being made to feel like this (3rd int: 112) but when I pressed the question, trying to remind her of our conversation from the first interview, she used hypothetical depersonalisation which I understood as a way of fending off her feelings: '*No, because in that case I could be any woman – I am not a particular woman who would feel ashamed... what I understood about that is that I could be just any woman.*' (3rd int: 110)

However, again, it was her resident supervisor who she remembered in that moment, who provided a more visceral response and similarly to myself, suggested an association with prostitutes: '… *he is coming here just to get off on you…* ' (3rd int: 129).

A little bit further on, when I enquired about the difficulty in feeling and thinking at the same time (3rd int: 135), and potential fears of being submerged by whatever was being evoked if she allowed the thought of him getting off on her (3rd int: 137), she responded affirmatively: '*Yes, I am working with him and I am working with me at the same time – I am battling my own feelings at the same time*' (3rd int: 138), thus providing some support for my sense that her own feelings were too difficult to acknowledge because of the threat they posed to her ability to continue the work with the client and that consequently they needed to be either depersonalised, split off or supressed.

4. 3. 4. Fear of her own sexual attraction towards the client and the potential fear of love

Although for most of the time I explored the possibility that personal feelings which needed to be kept in check were negative and difficult to bear, it was only at the end of the third interview that a different possibility of understanding this presented itself – that keeping the feelings as impersonal was related to her feelings of attraction rather than repulsion towards the client. In response to my question about the feelings which might prevent her from being able to think and maintain her therapeutic stance (3rd int: 143), she finally replied that those were the fears of giving in to her *sexual instincts, flirting with him rather than talking to him sanely and losing herself, like being pulled into a quagmire* (3rd int: 144).

Given how late in our meetings she expressed this fear, I questioned whether some of the other ways of reacting, like feeling discomfort and noticing his sickliness might have been safer reactions to have. Ultimately, therefore, I wondered whether it was her own attraction towards him which might have been 'the hidden elephant in the room', messing things up and causing her 'blindness' towards his sexual desire, perhaps because to see it might have caused it to become too scary, personal and risky.

Although this aspect was not emphasised or explored enough in the interviews, the participant did talk about the deep sense of human connection which happened at a moment

of her bringing the erotic into the work, at the moment when 'the truth' was confronted by her and not denied by him, and the subsequent sense of safety and the sense of wellbeing which resulted from it (2nd int: 70). I further felt this sense of connectedness between them at the end of the 2nd interview when she reflected on how much she cared about him, emphasising the uniqueness of her experience with him and gratitude for it (2nd int: 101). Given that she followed on to describe him as a 'lost boy' who touched a part of her which wanted to become a therapist, at the time, I took it as an example of deeply felt maternal love towards him. However, putting this feeling in the context of the third interview, in which she acknowledged her attraction towards him, makes me wonder whether the feeling she had for him was less to do with (or in addition to) 'maternal love', but simply 'love'; which might have felt safer and more containable in the context of thinking about him as a 'lost boy' and more scary and uncontainable in the context of him being a 57-year-old man. Perhaps to feel love as well as sexual attraction just felt too difficult to contain and the two needed to be separated.

Consequently, I am wondering whether it is this potential sense of love between them which, if true, was not fully acknowledged in this research and by extension may not have been fully acknowledged or worked through in their work together, which could provide a clue to the theme I discuss below, that of betrayal, which I found difficult to understand.

4. 3. 5. Faithfulness / betrayal / confidentiality

There was something unusual about the strength of the feeling of betrayal as caused by breaches in confidentiality with which the participant was preoccupied that puzzled me.

Before we started, the participant asked specifically about the anonymity and confidentiality of the research process and told me about her discomfort of having consulted two supervisors in relation to this client. Further, at the beginning of the second interview, after the recording mistake in the first interview, she wondered whether to abort her participation because she worried about 'playing with the patient' and 'not being faithful to the work'. During the third interview, she made reference to the client's concern about confidentiality in their work (3rd int: 170) and we finished the third interview by her expressing discomfort around a number of breaches of confidentially which happened in relation to this client (3rd int: 165–174).

Initially, I took her concern as an expected part of the need to build trust with research participants but given the number of references and the strength of feeling associated with various breaches of confidentiality, I became more perplexed by it. Although there were understandable reasons for her discomfort (e. g. in relation to my recording mistake), on the whole, her concerns did not fully make sense to me. For example, I did not fully understand her discomfort in having had two supervisors because in most of my placements, I have had two supervisors, one as part of my placement setting and the other as part of my university setting. I was left wondering whether the rules surrounding her training might have been different but also whether it is possible that it was the content of the interviews which made her particularly uneasy.

Ultimately, I came to wonder whether it was her own attraction toward the client (mentioned above), which almost 'leaked out' in our third interview, which might have been causing the discomfort. Although this is pure speculation, I am left wondering whether it might be her own sexual desire which needed to be kept confidential. As if somehow to admit to it, to let it be known, might have felt too risky and therefore, to subsequently discuss it with a third party, would amount to a betrayal of the client.

Finally, to me, thinking about betrayal makes most sense in the context of thinking about the potential love she might have felt towards the client. Her realisation that he wasn't 'just a patient' but a patient who touched a core desire in her wanting to become a therapist (2nd int: 109), in relation to whom she not only felt a sense of deep connection but also a sense of sexual desire and with whom these dynamics may not have been fully worked through could mean that to talk about it with a stranger might have felt like betraying him.

4. 3. 6. Incompetency and omnipotence

The preoccupation with incompetency as well as the need for more adequate help featured quite prominently in the account of this participant. She talked about continually worrying whether she was being effective, whether she was doing the therapeutic work (e.g. 2nd int: 26b), not knowing what to say, feeling lost, confused and inadequate (2nd int: 30).

On some level, these could simply be seen as a reflection of her being a trainee and having to work with a client whose presentation was unfamiliar to her. Although undoubtedly there was some truth in this, I wondered whether there was more to the sense of incompetence

that was aroused with this client and whether the particular nature of their relationship contributed further to her sense of inadequacy.

I was further struck by the fact that in parallel with feeling inadequate, the participant also reported feeling omnipotent, minimising the effect the client had on her and making sure that there was no risk in her terminating the relationship. Trying to understand this dynamic, I reflected on my own mistake with the recording, which occurred as a result of being overwhelmed in my role as a researcher, I recalled feeling devastated for having done something to the participant – of having 'lost her' by making a mistake. This paralleled the participant's account which featured an always-present possibility of a devastating end, of having to terminate the work as a result of her incompetence (e. g. 3rd int: 12). Interestingly, even now as I write the analysis, I am aware of my fear of sending it back to the participant, the fear that at best, it might be seen as *incompetent,* and at worst, as *presumptuous*, and in either case, as something which is not an adequate reflection of the participant, to which she might react by wanting to terminate her involvement in the research.

The parallels in our fears of our 'incompetency' and the 'omnipotence' / 'presumption', with their sense of potential damage are palpable. Although at the time of conducting this analysis I could not fully understand or make sense of this dynamic, in the overall analysis, given that the theme was repeated in various guises by other participants, I wondered whether 'incompetence' and 'omnipotence' are fears associated with being in a more powerful position via a vis a male client which leads to a devastating end of the relationship.

4. 3. 7. Clash between being a 'woman' and a 'therapist'

It is important to highlight that in addition to her sense of incompetency stemming from the fear of the damage to the client discussed above, the participant also felt incompetent because of the difficulty in managing the 'clash' (2nd int: 31b) between parts of her own identity, as a 'woman' and as a 'therapist'. The pull to respond to her own bodily instincts, as a woman, was making it difficult to hold on to her therapeutic position, most clearly articulated in the third interview when she talked about her fear of giving in to her own sexual instincts (3rd int: 144) and the damage it would do to the therapeutic work (3rd int: 153). Consequently, I am left wondering whether sexual desire is a particularly challenging aspect

of therapeutic work not only because it seems so closely linked with the person's sense of identity which would therefore needed to be responded to very carefully, perhaps even without mistakes, but also because it seem it can be very difficult to find a way of responding to it in a validating way, which for this participant manifested as a worry about giving into it.

4. 3. 8. Crucial role of supervision

The participant's (as well as my) answer to the feelings of incompetency and inexperience was an extensive use of supervision. She felt that without the supervisor, the work with this client would not have been possible. The supervisor was not only helping her work with the sexual dynamics but was instrumental in identifying the defences which prevented her from identifying this in the first place (2 nd int: 72).

The key to a successful supervisory relationship was finding somebody who was able to contain the feelings she had for the client by putting them into the context and service of the therapeutic relationship rather than simply expressing them. The participant described the role of a supervisor as someone who was there to come between her and the client, in order to protect her from her own omnipotent feelings, realise the impact the client was having on her and ultimately bring it back into the therapeutic framework by addressing it with the client (2nd int: 74, 76).

'You need several minds to think about one mind.' (2nd int: 74)

'You see, I was afraid and I needed somebody to let me know that it is ok to have these feelings, talk to me about them, don't be afraid because we are going to think about them and we are going to think about how you are going to work with them, not park them... (3rd int: 161)

4. 4. Analysis of Participant 4

In advance of the meetings with this participant, I was anxious, not wanting to make a mistake or in some way disappoint, particularly after the recording mistake with participant 3. Given this participant's eminence, I was also worried that she might wish to provide me with her theories about sexuality rather than talk about her experience. As a result, I prepared myself for the possibility of needing to be quite bold in asking for what I needed for the research.

In reality, the interviews felt like the most straightforward conversations I could possibly have had. They had a matter-of-fact feel to them in which the participant was simply there to impart her experience and her thoughts to me. The process did not feel cold – I was welcomed and made to feel comfortable, but without a huge amount of emotion. I have attributed this 'matter of fact-ness' to the participant's own clarity of mind, due to her experience and years of therapy and supervision to which she referred to later on in her interviews.

However, in addition to her experience which might have made her feel at ease participating in the research, I am also aware that there is a possibility that the participant's eminence might have blinded me from seeing things which I might otherwise have questioned or challenged, thus potentially making the interview process 'smoother'.

One such occasion can be seen right at the beginning of the first interview, which started with the participant saying that my research question was not answerable. Instead of feeling put off by that or criticised, I felt excited. I responded by saying 'brilliant start' (1st int: 7) and urged her to tell me more, thus showing my desire to be liked by her and my willingness to accept whatever came my way.

Ultimately, I am also aware that in many respects, my views on the topic are very much alike with this participant's views and that this might also have had an impact on my relationship with her. Before starting the interviews, I had some knowledge of the participant's views from her writing which I read. During the interviews, she articulated a number of aspects of the topic upon which I privately pondered. Consequently, I am aware that I started and ended the work with this participant on a positive note.

Because of this, I took an extra opportunity to present the result of the analysis at a research seminar in order to gain a group's view on our relationship as well as aspects of the transcript I found puzzling. I paid particular attention to the views of my research buddy who looked through all of the materials and I scrutinised transcripts for aspects of 'smoothing' which happened particularly in relation to the question of 'seduction vs rejection' as manifested in my confusion, lack of clarity and the 'general' nature of my questions (e.g. 2nd int: 42, 45). The potential implications will be discussed as part of the themes discussed below.

4. 4. 1. Uniqueness of working with each patient

One of the first things that the participant told me was the impossibility of answering my research question in a generalised way because working with each client feels different (1st int: 4). The interviews also ended with the participant remarking that the participation in this research reminded her that working with sexual matters is always a completely new experience.

'*However experienced I am, when talking about sexual matters, every time it's a completely new experience and I would hope that goes on until I retire and finish work – not "Sex – oh yes, I know all about that!"'* (2nd int: 63)

In the process of talking about two different clients who produced very different responses in her, she highlighted several different factors which made each relationship unique, including her sense of the client's motivation behind his sexual presentation [e.g. client A not being interested in her but instead desiring her as an object to conquer (1st int: 18), the client's personality and presentation in the world (1st int: 82) as well as the client's history (1st int: 50)], each provoking a different reaction in her. In this way, she made sure I understood that there wasn't a simple answer to my research question and that in her view, the way one feels about the client's sexual attraction will be influenced by a combination of what each party brings to the relationship.

4. 4. 2. Importance of the reciprocity of feelings between the therapist and the client

In comparing and contrasting her experience of working with two different patients who were sexually attracted to her, one of the key aspects which stood out for me was the difference in her ability to reciprocate the client's feelings.

With the first client, client A, she felt maternal and sensitive (1st int: 50). She said that she liked him and looked forward to seeing him but felt that he was immature, as a result of which he sexualised his infantile feelings (1st int: 50). She described him as being in 'lust with her', as someone without a real desire for her, seeing her as a sexual object to be conquered (1st int: 18), suggesting doing the therapy in his bedroom and fantasising about ways of making love together (1st int: 12). Because he was so 'in her face', she could never feel turned on by him, which made her feel sad because she felt that the ability to feel the therapist's response was something important for clients (1st int: 16).

'He must have known that he wasn't going to seduce me which must have been disappointing but safe.' (1st int: 58)

On the contrary, she described client B as being 'in love' with her, as full of desire (1st int: 80) which was not all based on conquest or sexual desire but also on the concern he had for others (1st int: 84) and a capacity to be much more of a man in the world (1st int: 82). Given this, his interest in her felt personal and gratifying (1st int: 96).

Whilst she did not feel sexually attracted towards either of them and never managed to get sexually excited by the first client, she did come to appreciate the second client as a potential lover (1st int: 74).

I was struck by this difference in reciprocity of feelings in relation to the two clients and the way she thought about its effect on the therapeutic work. With the second client, she attributed the success of the therapy to the reciprocity she could feel in relation to him (1st int: 76), whereas with the first client, albeit indirectly, through a vignette, she described a situation in which her failure to return the hug which the client wished to give her at the end of the therapy (which I took as a metaphor for the mismatch of their feelings of physical attraction more generally) resulted in an acrimonious and unsatisfactory end (1st int: 14).

'I think a therapist needs to be able not just to love their patient but maybe by the end of therapy to be able to see their patient as a potential lover. And that is why I think it was a much more successful… I know it was a much more successful therapy.' (1st int: 76)

Further, the way she described the ending with the first client struck me because of her sense of responsibility and feeling of being 'at fault' in how she responded: *'In hindsight, I should have anticipated the wish for a hug and if I had, we could have talked about it and maybe it wouldn't have all happened in the last couple of minutes of the session.'* (1st int: 14)

Whilst overall, she had a sense of having done satisfactory work (1st int: 28), this short-lived comment (*'In hindsight'*) made me wonder whether it is possible that despite all experience, extensive supervision and self-analysis, on some level, however short-lived, there exists a worry over not reciprocating a client's feeling and the sense that when it happens, we are left with the feeling of having done something wrong. Although I can see that as therapists we would and should have a sense of responsibility for managing a client's feelings, what made this situation particularly poignant for me was the fact that this sense of responsibility was born out of the therapist not reciprocating the client's desire and her sense of fault about that.

This notion of being rejecting was further elaborated on in a slightly different guise, outlined below.

4. 4. 3. Seduction and rejection – a power play

I was curious about the number of references to and the exciting energy in talking about various supervisory and collegial comments which questioned or teased her about the possibility of being seductive with her clients (e.g. 1st int: 90; 1st int: 30; 1st int: 34). Without wanting to take away the importance of talking about this aspect of the relationship, I was nonetheless struck by how comparatively little was said about the participant's 'rejecting' side. Two ways of thinking about this occurred to me. Firstly, given my own somewhat voyeuristic curiosity about the content of the participant's sexual conversations with her clients (see reflective column 1st int: 14), I wondered whether the supervisory and collegial focus on seduction might have been related to the excitement of finding a 'legitimate' way of

witnessing a process of two individuals coming together. But also, whether in some way it was either emotionally more charged, more pleasant or simply easier to work with the question of a female therapist becoming too seductive than it was of her becoming rejecting.

My attempt to explore this question with the participant did not bear any definitive answers. Although, in the second interview, the participant acknowledged and accepted the notion of being rejecting as an inherent part of therapy (2nd int: 40), she talked about it in a generalisable and intellectualised manner. It also seemed that she intermittently talked about *being* rejecting, and being *experienced* as rejecting, thus equating the subjective experience of being rejecting with the client's perception of rejection, and as such, losing out on the differentiation between the client's and her own feelings. When I attempted to make the question more specific, relating it to the first client (e.g. 2nd int: 41), she did not address the rejection *per se* but focused on the flip side of it – what she described as a 'compensation for rejection' – affirmation of the client in some way possible, even if not in relation to his sexual phantasies (2nd int: 42). In retrospect, reading the transcripts made me wonder about my own thinking at this point in the interview, because I failed to follow up this notion of 'compensation' and instead asked a very generalised question about whether it might feel more difficult for the female therapist to work with the idea of being rejecting than the idea of being seductive (2nd int: 45). The participant responded in an equally generalised way, pointing out that the answer would depend on a number of factors relating to a particular patient and the particular analyst. In this way, I lost an opportunity to enquire into a subjective experience of whether it might have felt easier to discuss seduction rather than rejection with her supervisor in relation to client A. I see this as an example of a moment in which my desire to 'please' the participant or a fear of being too indiscreet might have prevented me from teasing out very specific information.

Ultimately, even though the question and the response were very general, I take the fact that, in her response, the participant focused on the benefits of seduction (2nd int: 46) without making a specific reference to rejection as another small example in which talking about seduction took over. Therefore, based on the content as well as the process of these exchanges, I have indeed noticed that in our conversation, rejection was a more difficult aspect to address and talk about.

Finally, an interesting point about 'rejection' and 'seduction' was contained in an example in which the participant talked about the difficulty of knowing whether the therapist's intentions were experienced as such by the client. Citing a situation in which her comment to a client was experienced by her supervisor as seductive, she remembered that the client actually reported feeling 'checkmated' by it (2nd int: 46). This made me wonder about 'the game' that was being played in the client's mind, potentially a power play in which both parties were making sure they didn't lose and end up being rejected.

It is in this context that I reflected on a dynamic between the participant and myself when, in the second interview, I asked her to tell me about any thoughts or feelings which might have been provoked by our first interview and she told me that she did not have any. In the first instance, I felt slightly 'put down'. Feeling somewhat hurt and in need of protecting my dignity (2nd int: 37, reflective column; 2nd int: group reflections) I fought against feeling insignificant by hiding my feelings (2nd int: 37) and 'retaliating' by indirectly turning the tables and suggesting in the follow up comment that it might have been her rather than me who might be disappointed (2nd int: 37). In thinking about the 'game' that we might have played out here, I thought about the inequality of power we each held, my feeling of being put down and the need to hide and protect myself, all of which made me wonder whether it is this sense of vulnerability and dependency on the other to fulfil your desire which makes the sexual dynamic a potential game of power play.

I wondered whether the zero-sum nature of the game makes rejection particularly difficult to manage. Whereas seduction implies an element of reciprocity or at least an openness to the possibility of feelings being reciprocated, rejection has a finality in which the person who is rejected has 'lost the game'. If desire is openly expressed, any dependency is clearly visible and the rejection feels devastating, perhaps because of the inequality and subsequent loneliness it exposes. Equally though, the winning for the person who rejected comes with the price tag of having done something to the other, such as the participant's sense that she had 'injured' the client by not returning his hug (1st int: 14).

However, from my own experience with this participant, it is interesting to reflect that it was her frankness and clarity in her rejection of me (e.g. '*I would love to say yes but because it was a while ago and because I have talked about it and written about it so much, there is nothing new...*' (2nd int: 36)) which is what ultimately helped me accept my 'smallness' and

our 'incompatibility' (years of analysis, supervision and client work vs one interview), 'survive it' and move on from it into other ways of relating. Although nothing can be said about the male–female dynamic from our example, my experience with her could be seen as confirmation of the value of a powerful person being at ease with her own power, enabling the rejection to be seen in a wider context of that power, depersonalising it and making it less painful. Whether this ability to be at ease with one's own power is affected by working with male clients for female therapists was unfortunately not adequately explored with this participant and still remains a question to be elaborated further in the discussion.

4. 4. 4. Sensitivity and confidentiality

Protection of anonymity and confidentiality was very much part of my work with this participant. Initially, our attention focused on managing the transcript in a way that the participant's anonymity would be maintained but soon after, the participant became worried about her clients' confidentiality and in particular, client B's anonymity.

'*Hmmm. I almost don't care about me. In a sense. But I care hugely about client B*.' (2nd int: 6)

I was somewhat puzzled that she should be more worried about client B's anonymity than about client A's anonymity, to which she responded by saying that client B was more likely to come across a piece of research than was client A.

Notwithstanding this explanation, given what she said about the strength of their relationship and given the number of instances in which she highlighted that we didn't discuss anything that she didn't discuss with him before (e.g. 2nd int: 10; 2nd int: 14; 2nd int: 32), I was left feeling that her concern was broader than the possibility of clients being identifiable. I felt as if it was related to the discomfort of breaching the boundary of their relationship, not dissimilar to a worry about betraying him. For a short while, she considered whether to contact client B in order to let him know about her participation in the research. The way she put it, almost reassuring herself that she had done nothing wrong (*'Unless I contact him and say, "I've talked about you to the researcher" nothing that we did not talk about before*.' (2nd int: 10)) made me smile because it sounded like she was considering whether we were having an affair behind client's B back.

I was reminded of participant 3, who also felt uncomfortable about breaching her client's confidentiality in talking about him to me, and I wondered whether this might be one of the reasons why sexual attraction may not be discussed or written about as openly and freely. In situations in which the relationship between the therapist and the client is so strong as to encompass sexual feelings and love, it feels like a betrayal to discuss it with 'outsiders'. This of course, precludes it from being discussed professionally. Ultimately though, this participant decided that professionally, it was actually more sound not to contact the client and instead she decided to pay extra attention to making sure that the client was not identifiable. However, the process of the thinking and the similarity to that of participant 3 made me wonder whether sexual attraction in the therapeutic relationship is one of those areas of work in which the personal and professional sides of a therapist are equally engaged, requiring very careful attention to professional and personal issues at stake, so that the reasoning behind any one decision can be clearly articulated and appropriately responded to.

4. 4. 5. Importance of one's theoretical position to how one thinks about and works with sexual attraction in therapy

Although theory was not a focus of our interviews, there were a number of instances in which the participant implicitly communicated her theoretical position. For example, when describing an occasion on which she responded to the client's challenge that she would rather be with her family by alerting him to the fact that the light was left for him (1st int: 100), she explained how, despite it being seductive, the comment was also factually correct. Similarly, on a different occasion in response to the client saying that he is very good at hugging, she responded that she knows this because she feels as if he hugs her with his words (1st int:70). On both occasions, to me, she demonstrated that in addition to working with phantasy, she also acknowledged the 'real' relationship between the client and herself, working with its impact and questioning the part she plays in it.

I was particularly interested in this point partially because it showed a different therapeutic position to the one described by participant 5, who described her theoretical framework as defined by the notion of 'transference' and specifically differentiated it from a theoretical framework which encompasses the notion of a 'real relationship'. I saw this as a

demonstration of one way in which the therapist's theoretical position plays a part in how she feels and works with therapeutic dynamics.

In addition, it struck me that in taking up a more 'relational' stance, participant 4 managed the boundary between 'reality' and 'phantasy' without having to split them, something participant 3 particularly struggled with. As discussed above, participant 3 found it difficult to hold on to the 'phantasy' and feared that the acknowledgement of 'real' aspects of the relationship would ruin the therapeutic work.

4. 4. 6. Language

The participant highlighted the importance of finding a way of naming the therapeutic issues of a sexual nature (e.g. naming the client's excitement at times of his erection (1st int: 40)) and mentioned that she used to be a sex therapist which in her mind helped her talk to people about their sexuality (1st int: 42).

4. 4. 7. Importance of supervision, training and self-analysis

There were several references highlighting the importance of supervision, from helping the participant consider very specific questions of how to deal with the client's erection (1st int: 30) to helping her think about the overall value of her work in the context of being made to feel as rejecting (1st int: 28).

The participant also commented about being a supervisor to a trainee in America, suggesting that it is not always easy to find supervision of this sort (1st int: 42). She recalled a student who shuddered with fear at the idea of bringing anything sexual into the room with her clients, blaming inadequate teaching on the training courses (1st int: 120).

Finally, on a number of occasions, in relation to her own thinking about the subject matter, she referred to the importance of self-analysis as a means of becoming self-aware and therefore more in touch with and able to work with sexual issues which as an ordinary person, i.e. client, you may wish to avoid (1st int: 30; 2nd int: 46).

4. 5. Analysis of Participant 5

The overall feel of the interviews with this participant was as a process of differentiation between us. For example, in the first instance, possibly as a reaction to what I said about my training at Metanoia Institute, which in the participant's mind was not associated with a psychodynamic way of thinking, she spent considerable effort in describing the psychodynamic therapeutic process, drawing attention to its differences with other therapeutic modalities. Further, she differentiated her way of looking at 'sexualities' with my way of looking at 'sexuality', arguing against its assumed one-dimensionality as well as against my focus on gender. There was a brief moment when she questioned whether she was being disingenuous in arguing the irrelevance of gender configurations on sexual attraction (1st int: 9) at a point when she considered the political, power dimension of male–female relating (1st int: 11), but quickly concluded that to talk about that would belong to a different project.

The participant made a case for broadening the notion of sexual attraction, from thinking about it as a 'genital thing, linked with orgasm' (1st int: 27, 29) to something which belongs to the mother–infant realm, and emphasised the uniqueness of the psychoanalytic process as a place where exploration of these infantile sexual feelings can be done.

Her conclusion was that hers was a different starting point to mine (1st int: 9) and the effect was that, on the whole, we talked about sexuality in its earliest manifestations, which psychoanalytically would be to place it within the realm of 'maternal transference'.

Although I could see and probably agree with most of the points she made (e.g. that sexual attraction can manifest itself in many different forms, regardless of gender), these clarifications missed the point of my research question which was to ask about the nature of her experience when sexuality does manifest in the form of male clients' sexual attraction towards her.

Her numerous clarifications made me think that she was drawing the boundary of the field within which she was willing to 'play' with me. It seemed to me that the question of male clients' sexual attraction towards her was not part of that field.

My understanding of what seemed like the participant's reluctance to talk about 'adult sexuality' changed during the process of interviews. Although it feels difficult to admit, I

started off by considering her own question of whether she was being disingenuous (1st int: 9). I further looked at this in the light of her theoretical orientation but concluded that theoretical orientation could only be a partial explanation, thus needing to search for different ways of understanding her account. This process is outlined below.

4. 5. 1. The importance of the theoretical conceptualisation on one's experience of the client

One of the predominant aspects in the interviews with this participant was her focus on describing and explaining the psychoanalytic therapeutic theory and process. As mentioned above, although I considered the possibility that this might have been a way of avoiding discussion of her own experience, I also tried to understand it as a way of answering my research question. I wondered whether, by outlining the theoretical premises, she might have wished to communicate that the way one feels in relation to the client may be related to the way one conceptualises the relationship with that client.

In particular, when outlining differences in different theoretical positions, the participant was specifically drawing my attention to the notion of 'transference' as a key differentiator between psychoanalytic psychotherapy and other modalities which consider therapist–client relationships as something based in reality (1st int: 9).

'When sexual attraction comes up, and inevitably it does, my first port of call is always to understand it in a transference and actually my second port of call and my third port of call is always to understand it in transference…' (1st int: 9).

Her focus on the concept of 'transference' made me think of it as a lens through which she looks at the dynamic between the client and herself, seeing herself as a vehicle through which she can get to know the client's earlier experiences e. g. *'You are an object on which that [the dynamic] can be worked with'* (1st int: 43). As she put it, her responsibility is to put her bodily experience together with her thoughts and conceptions of the thoughts that she is not having into the context of what the client brings to the discussion (1st int: 33), not to disclose it or articulate it as it is (1st int: 49).

Therefore, the way I understood the participant's focus on the theoretical framework in the context of my research was to think about it as playing a part in defining the parameters of how she feels about what is evoked in her. As such, I understood that her personal experience is only one aspect of the relationship which needs to be attended to in the overall context of what the client brings to therapy. More specifically, the client's sexual attraction towards her would appear less important than the context in which it is being evoked, in the transference (1st int: 41).

She further added a notion of 'neutrality' in the therapeutic frame, by providing an analogy with the topic of religion to illustrate the importance of guarding against one's personal views in the work with clients. It was this notion of 'neutrality' in particular which made me think of a difference between the therapist as a 'blank screen' vs the therapist as a 'co-creator' of the dynamic, and I wondered whether I could understand my experience of the participant (as non-disclosing of herself) as an embodiment of her professional 'stance' which contains and guards her personal views in pursuit of neutrality.

However, given my subsequent observations on the difference in her responses in relation to other types of transference, as well as her subsequent elaborations on confidentiality (to be discussed below in the section 4. 5. 3), I have ultimately concluded that her particular theoretical orientation cannot completely explain her 'conceptual' rather than 'experiential' response to my interview question.

4. 5. 2. Different forms of transference and different responses to it

First, as mentioned, I noticed that in addition to her predominant focus on an early mother–child transference, she acknowledged the existence of a different type of sexual transference, which she described as more adult or adolescent (1st int: 17). However, she did not elaborate on this and only when pressed by me on several occasions responded to it in conceptual terms by wondering whether to call it a sexual experience, phantasy or relational experience (1st int: 41). She concluded that it was impossible to respond to it as a sexual experience without expanding on that view and providing any personal response she might have had in relation to it.

In a slightly different context, at the point of explaining her view of sexuality as existing in a homo-hetero spectrum and manifesting itself in a wide diversity of expressions (e.g. between siblings, or homosexual patients having sexual transference towards female therapists (1st int: 43)), and me probing for what might be her affective responses to those different manifestations of sexuality, she mentioned her difficulty in working with men who use sexual expression in an aggressive way, which she saw as undermining of the therapeutic capacity within a relationship (1st int: 45). Although she elaborated on how she would deal with them therapeutically (e.g. confront / name / question the dynamic early in the assessment stage to ascertain the client's capacity to work psychodynamically), and when probed, said that she would not have any sexual feelings in response to them, she did not elaborate much on her own experience. Instead, she said that she would feel like a strict schoolteacher holding the boundary of what constitutes therapy by making sure that they were willing to work on an understanding of the dynamic (1st int: 53).

In the second interview, when I tried to follow up this point by inviting her to tell me more about the situations in which she described herself as reacting as a schoolteacher (2nd int: 32), her initial response was to correct me to say that she hoped she had said that they [the clients] might have *experienced* her as a schoolteacher, not that she behaved as a schoolteacher. Although her correction was technically correct (she did not talk about behaving as a schoolteacher), she nonetheless did say that in those situations she had *felt* like a schoolteacher (1st int: 54). In this context, I took her response as a way of distancing herself from her experience and as a means of placing the focus onto the client. When I pressed for more, she explained about the notion of 'neutrality', mentioned above.

Although again this could be seen as a manifestation of her theoretical position which relegates the importance of her experience in favour of her understanding of her client's position in relation to it, I was struck by the fact that she talked about needing to maintain neutrality in the context of talking about patients who she described as difficult. In this context, I was also reminded of a small, almost 'throwaway' comment she made in the context of describing how she brings the whole of herself to the work, when she corrected herself to say that actually, she leaves the intolerable parts of herself behind (1st int: 37). Both instances made me wonder whether there is an element of censoring which happens in relation to what she 'allows' herself to feel in relation to the clients (or is willing to talk about),

particularly when I compare my experience of her answers relating to 'adult sexual transference' and 'mother–child transference'. Whilst she gave very little of herself in relation to 'adult sexual transference', when describing an early, mother–child relationship she talked more freely about its bodily sensuousness and deep levels of intimacy which, when happening in the transferential relationship with the client, can be most moving and profound (1st int: 15).

This made me wonder whether, in addition to her theoretical position, there might be an element of personal preference determining what she was willing to discuss, and that her theoretical conceptualisation might be used to justify those preferences. Consequently, I have come to see one's theoretical position not only as a possible way of defining the focus and an emotional response towards the therapeutic relationship, but also as a potential way of avoiding aspects of the work which the therapist may not find as interesting or emotionally rewarding.

4. 5. 3. Confidentiality

As mentioned above, in my attempts to understand the relative lack of experiential focus in our interviews, our exchanges around the notion of confidentiality have ultimately made me think that the participant's focus on her particular theoretical framework was only a partial explanation of what might have been going on in our interviews.

To illustrate, I will describe a process in which confidentiality was discussed and the consequent changes in my feeling and thinking about the interviews.

At the end of the first interview, I reflected on the lack of specificity in her accounts and enquired whether there was something about me and my background which might have made her wary about being more specific in relating her experiences. She responded with what in retrospect seem like mixed messages but which at the time I took to mean that her way of talking to me wasn't anything to do with me.

'*No, no, I don't know, I mean this is a small world anyway, I wouldn't, who knows who you know, what your trajectory would be, what mine is, I don't think it has changed how I would have presented to you.*' (1st int: 63)

Notwithstanding, once I pressed the stop button on my recorder, I felt compelled to reassure her, to reiterate the confidentiality of the study and say that regardless of my private relationships, in this context, my primary loyalty was towards my profession.

Although this was not recorded, I remember her responding to say that confidentiality is a much more complex issue and that as researchers we might try to separate 'personal' and 'professional' but as clinicians we know how complex this process is.

I was taken aback on two accounts – first by the possibility that her responses might have been influenced by her relative lack of trust in me, but also by the fact that her answer in relation to confidentiality precisely encapsulated my research question, something which I felt she spent the whole interview trying to redefine. When I put this to her in the second interview (2nd int: 60), she responded that she had explored her personal experiences in her personal therapy and supervision (2nd int: 61) without giving any examples of it, as if to say that research was not a context in which to do that.

And then, in the context of hearing about the richness of her supervision and therapy, her focus on theoretical framework and her reluctance to talk about 'pure' experience, and just as I was, as a result, starting to formulate a way of understanding this in the context of my research question, thinking that it might be the case that within her theoretical framework, experience is not at the forefront of what she focuses on, she added an elaboration of her thoughts about the complexity of confidentiality (2nd int: 64, 65) which she first mentioned at the end of the first interview, and which, to me, cast an altogether different light on my experience of talking to her.

'Yeah, I think there is also something about confidentiality there, […] but the idea that somehow we can keep confidentiality is a naive assumption, […] actually we need a much more nuanced kind of, a reality-based idea of what that is, because […], I don't think we are as honest about it as we should be.

'But in that sense, maybe, it also means that I am more circumspect because I, you know, in a sense, may be a bit more circumspect in how I was speaking to you because once you leave you have a transcript and that's yours to use because I have given permission for that, but actually you will do with it what you will do with it and that would be different to what I would do with it, and so it goes outside my control and so, on some levels, I probably come with a

certain kind of boundary-ness in relation to knowing that is inevitably what will happen as well and should happen.' (2nd int: 64, 65)

Consequently, this comment about confidentiality made me wonder whether the issue of not talking about experience is in fact much simpler – that there is a reluctance or difficulty in talking about it because it is private, to be shared only with those whom you trust, such as supervisors and therapists.

Although I could completely understand this point, it still made me feel somewhat sad and disappointed. So even though I could easily depersonalise the situation (by concentrating on the facts that the participant did not know anything about me or my professionalism, trustworthiness or competency) there was an element which nonetheless felt personal: that she might have felt exposed given that I knew her friend who asked her to participate in the research as well as me being a remote part of a professional context to which she belonged. On some level, I felt hurt, as if my integrity as well as competency were being questioned.

In this experiential way, the issue of confidentiality communicated the importance of trust when considering dynamics associated with sexuality. Further, it underlined a difficulty in teaching and learning about the topic. A number of participants have commented how little was taught on this subject and this participant draw attention to the difficulties associated with it. There needs to be a trusting context to be able to talk about sexual dynamics – a message of equal importance for the therapeutic work as well as for any other context which tackles these issues, be it research, teaching or writing.

4. 5. 4. Power struggle

Having ended up feeling somewhat disappointed about the interviews with this participant, in retrospect I also realise how hard I worked within the interviews to avoid these feelings.

For example, the participant's response that the first interview produced 'surprisingly little' in terms of reflections, thoughts or feelings (2nd int: 11), or her response to my observation that the first interview felt very general (2nd int: 15) saying that she was as much talking to herself as she was to me (2nd int: 19), could have been worked on more directly by me. However, the sting of hearing her reply suggesting my insignificance, together with my fear

of getting into a personal confrontation, made me look for ways of depersonalising the situation. Using a theory or a role as a formulation could be seen as a way of explaining the dynamic without needing to implicate us as people in it.

In some way, by 'depersonalising' the situation, I was equalising it in terms of the emotional power which existed between us. Theoretical differences were a way of pursuing a conversation in a collegial, equal-ish sort of relationship between us. Feeling deflated in response to her comments about confidentiality, was in some way a recognition of this inequality in which she was the more powerful one.

I am also reminded of the instance in which the participant talked about patients which she finds difficult to work with. She described them as exerting power through sexualisation of their presentation and in the process losing a sense of human integrity and capacity to relate meaningfully. Her therapeutic response was to establish the boundaries of their roles and test their capacity to work within it. I wondered whether I might have done something which mobilised a similar response in the participant, creating a power dynamic to which she responded by drawing the boundaries of the territory. Or alternatively, whether I might have represented something in relation to which she wanted to dissociate herself. What comes to my mind is the possibility of my research question making me seem naïve, parochial or conservative in her mind. I certainly remember thinking that I needed to stay firm in relation to the boundary of my research question, which only occasionally overlapped with the boundary of what the participant was interested in talking about.

However, instead of openly discussing whether we wanted to work with each other, given the differences in the way we thought about the research topic, we pursued the process whilst our differences found a way of manifesting themselves in a number of power dynamics outlined below.

4. 5. 4. 1. Power play through the use of language

One of the initial ways in which a power struggle manifested itself was around the question of who defines the parameters of the research and, further, in relation to the

type of language we each used. We 'nit-picked' each other's words and guarded against the possible criticism of using a wrong word.

Although precision of language is crucial in delineating various conceptual differences [as in our conversation about whether the concept of transference *defines* or *confines* one's experience (see below or 1st int: 56–60)] and was something which was of particular importance to the participant (2nd int: 12), there were times when the focus on language felt like a battleground in which we were thrashing out our differences (1st int: 56–60), taking away the point of the conversation. For example, the participant's correction of my recollection of what she said about either being experienced or behaving like a schoolteacher (2nd int: 33) detracted from my invitation to her to elaborate on her experience when working with difficult clients.

4. 5. 4. 2. Student–teacher hierarchy

In the context of thinking about the participant's preoccupation with theoretical conceptualisations, I wondered whether me being a student might have 'tapped' into an aspect of her professional identity linked with teaching (1st int: 33). Although on most occasions I enjoyed her theoretical expositions and tried to understand them in the context of the research question, there were occasions when I felt like I was being 'lectured', wondering why she might be talking to me as if I were a complete novice (e.g. see reflective column, 1st int: 33). I wondered about how I might have contributed towards this dynamic and wondered whether there was a part of me that took the role of being a student as protection against the anxiety of being seen as presumptuous.

As mentioned elsewhere, I was worried that the participants might find me presumptuous because they might be surprised, shocked, exposed or misrepresented by my interpretations. My anxiety was even stronger with this participant because she expressed her own discomfort about not being in control of the analysis of her material (2nd int: 65).

Consequently, in fearing my own power of analysis, which I felt needed to be 'given back' to the participants, I took the position of being a student which was a position of lesser power. In this way not only did I protect myself from the negative consequences of owning power but also from any judgement, hoping that the verdict towards a student would be gentler.

4. 5. 4. 3. Power of exposure

Given my experience of this participant's reluctance to expose herself to me, it occurred to me that my whole research could be construed in terms of 'exposure' – that it was an exercise in 'exposing' other people's experience, to which this participant might have had a particularly strong reaction. Relating this to some other instances with other participants (which made me think about ways of seeing my role as a researcher as defensively distant) put me in touch with the sense of vulnerability associated with the exposure of our sexual desire, especially present in one-directional relationships such as research or therapy. I was aware of how much of myself I gave to this participant in my introduction to her as well as at the end of interviews when I outlined my anxieties related to the process of research (2nd int: 76), perhaps as a way of redressing some of this imbalance.

Finally, this thought is particularly important for therapeutic practice. Regardless of one's therapeutic stance, whether as a blank screen or co-creator, the therapist is always a more powerful and lesser-known party. Consequently, I wondered whether for a client to express desire and not to have it responded to in a way which feels gratifying, might feel even more devastating because of this inherent power inequality and potential sensitivity about always being the one who is being exposed.

4. 5. 5. Intimacy, vulnerability and the therapist's responsibility

Although I have spent the majority of the analysis of the interviews with this participant outlining somewhat difficult aspects of our interaction, I am also aware that I have not said much related to an aspect about which the participant spoke more freely – her experience of

maternal transference. In addition to outlining this for its own sake, I now realise that its significance further lies in the parallels between what the participant highlighted in talking about this experience and what I already outlined as missing in our relating, namely the trust and subsequent willingness to expose vulnerability.

When talking about the profundity of her experience of working with patients at a point when she manages to catch the emotional tone of what they are speaking about and make them feel genuinely heard, she described this as a naked experience in which something viscerally physical gets evoked, creating an 'out-of-self experience', similar to that involved in the mother–baby merger (1st int: 13). She described this experience as profound and moving, partially because of the deep trust that allows the vulnerability to be exposed and be met in the other (1st int: 15).

Although the participant saw this experience as part of early sexuality and separated it from 'adult sexuality', I was left wondering whether this distinction necessarily needs to exist.

One way of looking at what this participant said about the difference between the two is to think that when the trust and the sense of connection is established, when we find a way of responding to the client in ways which validate him, then this experience belongs to the early maternal transference. In situations when there is not enough trust in the relationship, where this sense of connection is not established and the relationship appears to be more about the power struggle between the therapist and the client, we place this in the realm of 'adult sexuality'. Why though? Isn't the mother–baby relationship also subject to miscommunication, misattunement, dependency, counterdependancy and envy as much as is adult sexuality capable of being intimate, vulnerable and trusting? What purpose would this splitting serve?

Although some of the answers will be explored in discussion of the context of previous literature, the experience with this participant has left me wondering whether part of the reason is related to the possibility that it is simply easier and less conflicting to allow ourselves to respond in ways which create this profound state of union with our clients when we think of them as expressing something which belongs to their early experiences and ourselves as representing mothers. To respond in adult terms requires much greater commitment to the

sophisticated interpersonal work, something which in various guises had not been sufficiently addressed in these interviews.

4. 6. My experience of the research process

As mentioned in the methodological section, in line with thinking about the researcher's own feelings being reflective of the phenomena under study (Halling, 2005; Hollway and Jefferson's, 2010) I kept a reflective diary which included my emotional responses throughout the research process. My experiences, which had resonance with the participants' accounts, are outlined below.

4. 6. 1. Avoidance of the ownership of the material

Although initially I did not see anything unusual about my preoccupation that this research should reflect the participants' stories, over time and particularly in relation to analysis, the concern to 'properly' represent my participants' stories became somewhat paralysing. Reading about it in the literature (e. g. Josselsson, 2007; Etherington, 2017; Clandinin and Connelly, 2000) encouraged me to consider ways in which this could be seen as a reflection of the phenomenon under study and/or my personal defence.

Consequently, I came to see my initial stance of being a 'reporter' (as exemplified in the analysis of participant 2) as partially defensively motivated. It kept me at a safe distance from needing to disclose my own private and potentially embarrassing thoughts and as such mirrored a widespread anxiety expressed by my participants to do with the discomfort of talking about sexual matters.

4. 6. 2. Fear of being judged as either incompetent or presumptuous

As analysis progressed, I became daunted by the responsibility towards honouring and representing participants' accounts and the fear of misunderstanding, misinterpreting or exposing participants for which I would be judged as either incompetent or presumptuous. This responsibility and fear prevented me from giving myself freedom and authority for my

own associative and interpretative work thus creating a tension between working with myself and honouring my participants in this process. It is as if I feared my own power - the power of interpretation - which had the potential to be misused to hurt others. Consequently, I worked very slowly, sometimes painfully slowly, staying very close to the materials and producing longer than necessary summaries of my thinking, in order that they would be understood and justified.

In retrospect, I was struck by Etherington's (2017) reflections on her own experience of working reflexively and Josselson's (2007, 2016) writing on the ethics of relational research which captured my experience so well. For example, Josselson (2007) writes about the researchers' challenge of occupying a dual role and the tension inherent in the moment of writing up the research findings, when the researcher is turning away from participants and turning towards scholarly peers. She highlighted the challenge of finding a balance in our estimation of power in the research and emphasised the need for balance. If we underestimate our power, she says, we may harm. If we overestimate it, we risk paralysis or the cessation of the narrative researcher. Finding this balance and developing my interpretative authority were some of my key challenges as a researcher.

Interestingly, I cannot help but to notice the parallels between this challenge which I encountered in the research and the participants' challenge in their psychotherapeutic roles - the need for care and sensitivity in their work with clients, discomfort with being in a powerful position and the development of their authoritative stance over time.

4. 6. 3. Lack of pleasure

Finally, in my attempt to meticulously represent everything participants said as well as explicate and justify my thinking around it, I found myself feeling drained, tired and somewhat bored by the work involved. Although this has shifted in the later stages of analysis, a metaphor of research as a long, painful and heavy labour (of duty rather than love) came to mind describing this earlier stage of the process. When reflecting on the irony of having made the process so painful to myself, I wondered whether 'the choice' I made about how to approach the task was significant for the research topic. I reflected on the fact that the

majority of what participants reported in this research was related to the difficulties of working with sexual dynamics.

Participant 2 and Participant 3 explicitly talked about the conflict they experienced when feeling the excitement of attraction and desire towards the client and I wondered whether my reaction was somewhat similar in that I might also have felt a conflict between personally enjoying the work with sexual dynamics and fearing being professionally unsound. Making the analysis boring and arduous meant that there was no personal pleasure to be gained from it, thus ensuring its 'squeaky-clean' quality of professionalism.

In contrast, the later stages of the analysis in which I gave myself freedom to 'play' with what was being said in the interviews, embracing my 'power' in the analysis and interpretation of the material, exposing more of myself in the process and risking the 'rejection' from the participants felt more 'dangerous' but also more exciting. Whilst my checks on 'professionalism' did not stop – they were ensured through conversations with research buddies and supervisors, this greater freedom to express my own involvement in the material enabled the expression of a more personal side of myself without losing my professionalism. I see this as a parallel process with what many participants expressed – that it took them time in terms of age, years of experience, own therapy and supervision to come to the point of feeling comfortable integrating 'personal' and 'professional' sides of themselves in working with male client's sexual attraction.

4. 6. 4. Sense of being a voyeur

This fear of gaining pleasure and enjoyment from working on this topic, my fear of exposing participants and my occasional discomfort when probing participants about what they said, all point towards a dynamic which occasionally surfaced in the work - the sense of being a voyeur. I noticed it most strongly in relation to Participant 4 when I felt torn between wanting to understand more detail about her work with the client and feeling that to probe would be somewhat inappropriate. My research buddy picked it up at a time when probing Participant 1 about the impact of confidence on her sense of sexuality (1st int: 110) and questioned whether my mistake in not recording the second interview was partially motivated by not wanting a 'third' party in the process between the participant and me.

As mentioned by Hunt (1989) I raise this issue here because it points towards one of the difficulties of being a researcher on this topic, in which being a 'third' person can feel somewhat 'wrong', and in which a 'legitimate' / 'scientific' curiosity and a curiosity which might be motivated by a personal excitement need to be kept in check. The implications of this discomfort are clearly seen in relation to the role of supervision but can further be considered in relation to the relative lack of public discussion of the topic, its impact on teaching or publishing. Given that the topic touches such private parts of ourselves, it may not always be easy to disclose them to others and even less to have them published by someone else to the world out-there.

4. 7. Summary of key themes across participants' accounts

Once all of the individual participants' data was analysed on its own merit, I looked at data across participants' accounts. In a similar way to the process outlined in relation to the individual participants, this analysis involved a combination of work with the explicit and implicit content.

Overall outline of the findings across participants accounts

In the first instance, I listed all themes which were identified in the individual analyses, made a note of the participants to whom they referred and considered ways in which they could be grouped. I looked for the ways in which different themes interacted with each other and what the similarities and differences were saying about them (see Appendix 12 for the table outlining links between the individual and overall themes reported across participants).

This marked a higher level of analysis of data, of looking at the data as a whole, enabling two new observations. First, by looking at the differences in individual participant's accounts I noticed that the therapists' experience differed depending on whether they felt a reciprocal desire towards clients or not. This provided a basis for organising my data in relation to the first research question.

In relation to the second research question, I noticed that the extent to which participants reported using the experience in their work depended on the extent to which they managed their sense of personal – professional conflict that working with male clients' sexual attraction potentially created. This formed a second organising principle for the reporting of my findings.

Although ideally, the results would be presented in a three-dimensional way to show the interaction between these two observations and individual themes reported by participants, I have tried to capture them using a pictorial diagram, outlined below.

Figure 2. Pictorial representation of the findings.

Findings
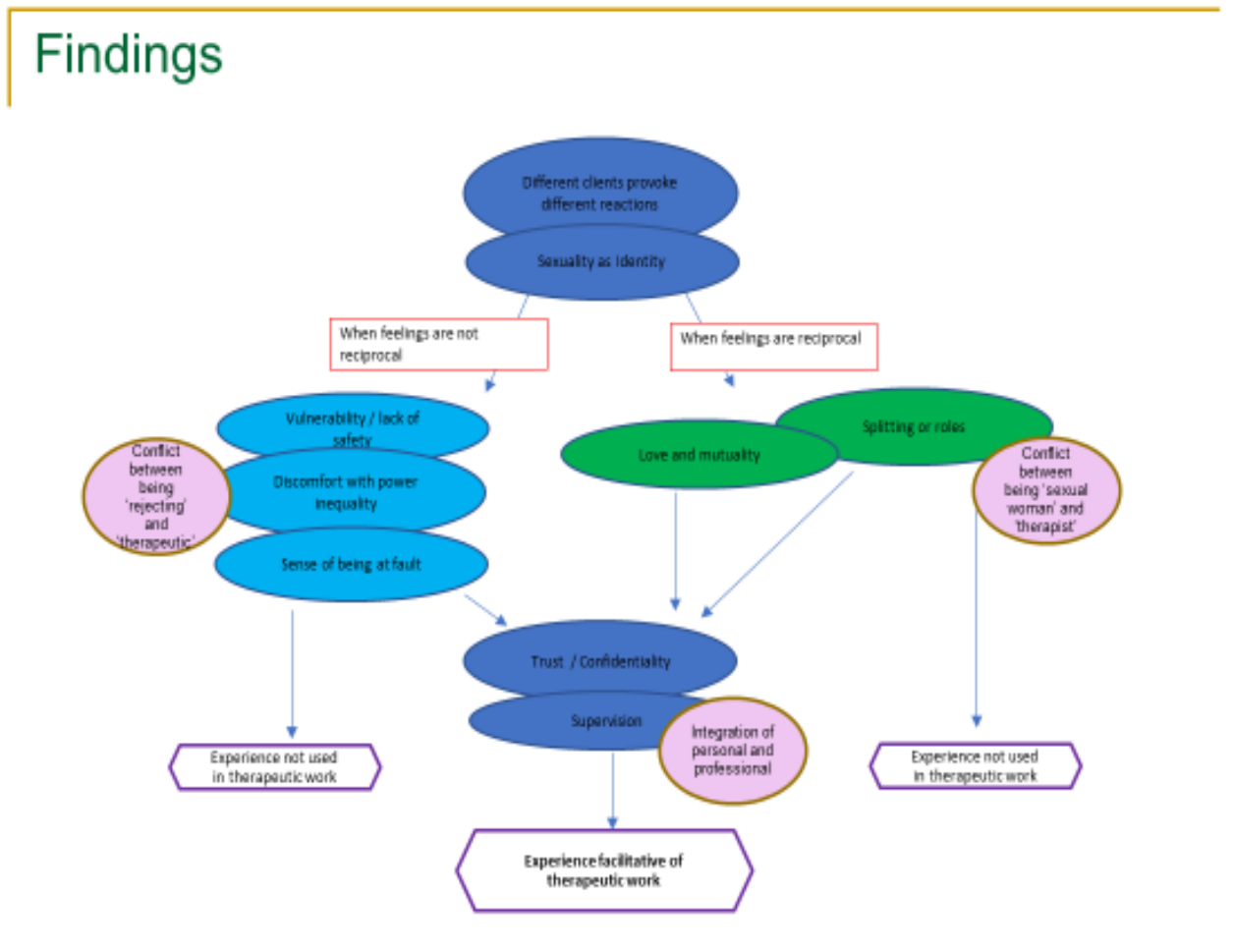
As can be seen in the figure above, overall, **in terms of therapists' accounts of their experience**, I found four themes which were similar across participants' accounts and which were coloured in blue and are outlined in the middle of the diagram:

- Different clients provoke different reactions
- 'Sexual dynamics as Identity' making it a particularly sensitive area of work
- Importance of the confidentiality and trust in the work
- Importance of supervision

In addition, there were several themes which were mentioned only by some of the participants and which I grouped according to whether therapists felt reciprocally towards the clients or not. In the situation when therapists did not report feeling attracted towards their clients, their experience was described within the themes of

- Vulnerability / lack of safety
- Discomfort with power inequality
- Sense of being at fault

In the situation when therapists reported feeling sexually attracted to their clients, their experience is summarised under the following themes:

- Splitting of roles
- Love and mutuality

In terms of therapists' ability to use their experience in the work, the ability to do so was reported within both categories of their responses, albeit it seems that this was easier done in the context of a therapeutic relationship which was described as 'mutual and loving'.

The difference in whether or not the experience was used in the work appears to be the perceived conflict between therapists' personal and professional selves, for the purposes of which the trusting context between the client and themselves, as well as of supervision and personal therapy, seems to be crucial.

Below is the description of each 'master theme', including the way in which different participants' accounts contributed to it. The order in which I present them is as follows:

- First, I will outline the themes outlining similarities across all participants (coloured in purple in the diagram above).

- Secondly, themes which were associated with therapists and clients not having reciprocal feelings.

- Thirdly, themes which were associated with the therapists and clients having reciprocal feelings of sexual attraction.

- I will finish by outlying a superordinate theme of 'Conflict between professional and personal selves' which is a result of the summary of the overall findings.

Themes summarising similarities across all participants

4. 7. 1. Different clients provide different reactions

One of the key messages that came across in this research was that the experience of being at the receiving end of a male client's sexual desire is not something that is possible to describe in a generalised way because the experience varies with each different client.

For example, whilst participants 1 and 4 actively provided examples of different ways in which they responded by reflecting on their work with several different clients, participants 2 and 3 focused on the work with one client but commented on the changing nature of their experience due to their experience, age or use of therapy and supervision. In relation to participant 5, the message surfaced indirectly, in relation to a question of what it feels like to work with 'difficult' clients, the nature of which was described differently to the experiences described in the main bulk of the interviews.

'… my response is that there can't be a general response like that. How did it feel with client A is totally different to how it felt with client B or client C' (pt 4, 1st int: 4).

This finding suggests that to work with adult male sexual attraction is a changing dynamic, dependent on the context and the interaction of experiences of sexuality that the therapist and the client bring into the relationship.

4. 7. 2. 'Sexual attraction as identity' making it a difficult area of work

That sexual attraction is a sensitive area which taps into the core of who we are was mentioned in various forms by all of my participants.

This was beautifully captured by participant 1 who reported being 'disgruntled' with me for taking a break in the research process after making a recording mistake, because of feeling exposed and vulnerable given how much she felt she *gave of herself* to me in the interview (pt 1, 3rd int: 12b).

Whilst all participants acknowledged difficulties and responsibilities towards clients when working with such a sensitive area (the importance of which I don't want to take away and to which I will return), I was particularly struck by what was discussed less directly, namely that in being such a fundamental aspect of identity, erotic experience and sexual attraction as one of its manifestations might be a more difficult area of work because of our own (rather than our client's) reluctance to put it to the test, to challenge or change it.

This difficulty in considering the impact of the client's sexual feelings on the therapist was most clearly articulated by participant 2. First, she acknowledged that she avoided considering herself as a part of the triangular relationship between the client, his wife and herself, and when I enquired about the potential feelings which this would have evoked, she responded that to implicate herself would have been quite daunting and frightening (pt 2, 1st int. 85).

Further, she reflected on the importance of her physical appearance to the way she felt about herself as a younger woman and the affirming effect the male sexual desire had on her. However, she also described that losing her looks through the process of ageing made her feel freer. When considering this sense of freedom in the context of her identity, we discussed the possibility that losing the need to be sexually attractive as a part of her identity might have created a greater sense of freedom in thinking about herself. This enabled her to have a more reflective attitude and a greater capacity to work with male sexual attraction.

4. 7. 3. Importance of confidentiality and trust in the work with sexual dynamics

With the exception of Participant 1 who seemed least concerned with it, confidentiality was a part of my work with all other participants. It formed an unusually strong part of the work with Participants 3 and 5 and to some extent with Participant 4.

For example, Participant 3 was initially concerned to keep her own anonymity and became very preoccupied by the breaches of confidentiality in relation to her client, feeling unfaithful towards him and feeling uncomfortable about her participation in the study. Not to the same extent, but similarly, Participant 4 also felt somewhat uncomfortable talking to me about her client and wondered about obtaining his permission. Participant 5 felt so sceptical about the whole notion of confidentiality that she revealed very little personal information in her interviews with me.

Although I believe that this preoccupation with confidentiality was particularly pronounced in the situations when participants described clients with whom they felt a strong and loving connection, thus linking it to the sense of client betrayal, Participant 5 drew my attention to confidentiality's underlying dimension of trust and its importance in the work with sexuality. Without trust, no work was being done. Consequently, this research suggested the importance of a trusting environment to be able to talk about the topic of sexual attraction, equally applicable to the context of research as well as clinical supervision discussed below.

4. 7. 4. Importance of supervision

Each participant explicitly commented on the role of supervision in their work. Participant 1 highlighted her negative experience of it when recalling her supervisor's advice to terminate the work with the client who had expressed sexual attraction toward her. Participant 2 provided an example of positive experiential learning from working with a male supervisor who was sexually attracted to her. Other participants described a positive role of supervision in terms of it helping them recognise the dynamic, to find ways of verbalising it, recognise ways in which they might be implicated in it (i.e. by being seductive) and ultimately to help them be less defensive so that the dynamic becomes more available for examination and

work with the client. This research also showed that the importance of and the need for this 'third' person remains throughout one's career, regardless of one's age or experience.

Themes associated with therapist and client not having reciprocal feelings

4. 7. 6. Vulnerability and safety

One of the reactions participants mentioned in response to their male client's sexual attraction towards them was the sense of vulnerability related to the possibility of the client deciding to act on that desire. Different participants referred to it in different ways. For example, participant 3 felt particularly unnerved because of her client's lack of boundaries and occasionally erratic behaviour in therapy which, when put in the context of his sexual desire, was seen as a risk of him transgressing the therapeutic boundary. Participant 2 described a more elusive sense of vulnerability and fear of male sexual aggression, describing herself feeling like 'prey', despite never having been threatened by any men. Finally, participant 1 described her fear of the client making an unwanted advance, not in a violent sense given that she felt protected by working within a service where she was surrounded by other therapists, but more as a confirmation of her fear that something which should not be happening was happening (pt 1; 1st int: 24–27).

Consequently, it would appear that the sense of vulnerability in relation to one's safety plays a part in working with male sexual desire, albeit that the threat might reside in a 'socio-psychological' context rather than necessarily in the concrete, physical realm of our existence.

4. 7. 7. Person – role incongruence and its effect on one's sense of authority

In contrast to some of the themes which emerged as a result of all participants saying very similar things, this theme is a product of slightly different things being said by different participants, each bearing on the other and contributing to the overall feel of the topic. Therefore, this theme is my response to a mixture of reported experiences or thoughts which were related to the participant's ability to hold on to their authority in the therapeutic role.

Overall, it appears that the context in which the client feels sexually attracted towards the therapist puts the therapist in a very powerful position which is not always easy to experience.

Participant 2 spoke about this most directly by highlighting how unnerving it would have been to have contemplated that she had so much of an impact on the client. (pt 2, 1st int: 85).

Further, subsumed within the context of not having reciprocal feelings towards the client, was an aspect which was related to the conflict between how participants felt and what they thought they should feel in their role as therapists. This was discussed most directly by participants 1 and 4, both of whom talked about it in the context of being 'rejecting'. Whilst intellectually, participant 4 seemed to be accepting of her role as therapist as partially rejecting (pt 4, 2nd int: 40), experientially when discussing client A who ended therapy feeling rejected, she showed considerable preoccupation and discomfort with that situation, wondering what she should have done differently to prevent it from happening (pt 4. 1st int: 14).

Participant 1 provided a more emotional response by describing her struggle to find a way of reconciling her feelings (of disgust) with her role as the therapist. She wondered how to find an authentic and empathetic way of responding to the client when there was a stark contrast between the client's and her own feelings of sexual desire:

'How do you say to somebody you disgust me… ' (pt 1, 1st int: 249)

or:

'… sense of "Yes, I have sex but not with you", … [a sense of] rejecting.' (pt 1, 3rd int: 52)

With participants 5 and 3, the discussion of role and power was done in a less direct way, although perhaps participant 5's 'throw away' comment that she leaves behind irritable and intolerable parts of herself when working with clients (1st int: 37) could also be seen in this context to suggest difficulty when our own feelings are not congruent with our conception of what as a therapist we should or need to feel.

In relation to participant 3, I noticed that her predominant lack of confidence and fear of incompetence was accompanied by the sense of omnipotence resulting from being able to withstand whatever was evoked in her and being able to hold on to the client without needing to terminate the relationship. As if in order to redress the imbalance of power, it oscillated from one extreme to the other. Although the impact of this was not directly discussed, and participant 3's account was of a client in relation to whom she ultimately felt sexually

attracted, it might be important to note that these oscillations in experience of power were reported in the context of her questioning her ability to maintain the therapeutic relationship with the client thus suggesting a link between her sense of power and sense of her own authority in the role.

In relation to the research process, inequality in power between my participants and me was something which was occasionally felt but was not discussed. As I outlined in relation to participants 4 and 5, there were moments during the interviews when I felt very insignificant and somewhat powerless. On the contrary, particularly in the process of analysis, I experienced quite a significant discomfort in having a power which resulted in a fear of being ridiculed for either being incompetent or presumptuous. The fact that I found it difficult to discuss this in person (albeit I stated it in writing when I shared my analyses with participants) is a manifestation of my own uneasiness with power inequality and consequent difficulty in making use of it in my role.

On the whole, participants in this study suggested that being at the receiving end of another person's desire, perhaps because it evokes feelings of being in a powerful position and / or because it stirs up parts of ourselves which are not congruent with our sense of ourselves in the therapeutic role (e. g. being rejecting) is not easy, posing a risk of feeling 'blind' or incompetent in relation to the sexual dynamics. A related theme of 'being at fault or fearing making a mistake' discussed below, could be seen as a further subset of this dynamic, almost like a special manifestation of the therapist's sense of incompetence.

4. 7. 8. 'Being at fault or fearing making a mistake'

One of the most striking findings, possibly because it felt quite inexplicable, was the participants' experience of fear of making a mistake, or the sense of being at fault, which I found to be particularly pronounced in situations when the participants did not feel sexually attracted towards the male clients who sexually desired them.

On its simplest level, this sense of incompetency was linked with the sense of not knowing how to talk about sexual matters. For example, participant 1 mentioned difficulty in finding the right words which would be sensitive but straight (pt 1, 1st int: 239). Participant 4 also

highlighted the importance of finding ways to name sexual issues and attributed her comfort with it to having been a sex therapist in the past (pt 4, 1st int: 42).

However, in addition to the somewhat behavioural tasks of learning and practising the language with which to speak, there were further issues which were highlighted as a part of this dynamic.

Participant 1 talked about this dynamic in a most direct way by recalling a time when she was a relatively inexperienced therapist when, without quite knowing what she might have done, she had a generalised fear that her client's sexual attraction towards her was somehow her fault (pt 1, 1st int: 29).

Participant 3's overall account was subsumed by her recollection of her own fear of being inadequate which was rounded off by my own recording mistake adding to the participant's feeling of 'messing' with the client.

When outlining her own sense of responsibility towards clients, participant 5 outlined her anxiety associated with the possibility of making a mistake in which a client would end up feeling exposed and embarrassed (pt 5, 1st int: 19, 23).

Most surprisingly, perhaps, even participant 4, who came across as the most confident in her ability to work with sexual dynamics, described a moment when she doubted herself and wondered whether she had made a mistake by not anticipating a client's desire for a hug and then not being able to prevent it.

These observations, coupled with my own preoccupations about mistakes which I either made or anticipated making, as well as my fear that I would somehow fail participants with my own interpretations which would be insensitive and exposing, might suggest a link between the research topic and the sense of responsibility which is so strong that it leads to a belief that somehow one will 'mess up'.

I have also noticed that this sense of responsibility was accompanied by participants' anxiety about exposing or naming the dynamic of male client's attraction towards themselves, fearing that it could potentially be experienced as shaming for the client. Although, at the time of the interviews I simply accepted this explanation, therefore revealing something that is

unconsciously understood between us, in retrospect, I started to wonder why the exposition of male sexual desire would necessarily be experienced as shaming.

The fact that the participants feared being put down by the clients in some way suggests that power inequality plays a significant part in this dynamic. For example, participants feared either being made to feel 'silly' by the client who would deny his sexual attraction, or presumptuous by being made to feel that they gave themselves more credit than they deserved.

As will be elaborated further in the discussion section, linking these findings with the literature which talks about the capacity to provide or withhold sexual availability as being very powerful, and thus very dangerous (Mitchell, 1988), I have come to see this sense of responsibility as well as the fear of being at fault as a sub-section of a wider dynamic of 'discomfort with having power'.

Themes associated with therapists and clients experiencing reciprocal sexual attraction

4. 7. 9. Conflict of roles and the need to split

In the context of therapists feeling reciprocal sexual attraction towards their clients, the difficulty in maintaining the therapeutic role appeared as a form of conflict between their sense of themselves as a sexual women and as therapists, thus playing into their sense of competence and authority in a slightly different way.

For example, participant 1 discussed her difficulty as a young therapist in taking up her authority in the context of the sexual dynamic exerting pressure on her to respond in a traditional, more passive way as a woman (pt 1 , 3rd int: 42). She talked about her reluctance to 'take charge' working with sexual dynamics and feeling 'let off the hook' when the client himself named the dynamic. With age, growing older, her own therapy and experience, she grew her capacity not to feel conflicted in her different roles, and as such in her capacity to maintain the therapeutic relationship (pt 1, 1st int: 111–113).

Participant 2 and participant 3 described the experience of their roles as women and therapists as 'clashing' (pt 3, 2nd int: 31b), or being in 'conflict' (pt 2, 1st int: 38). One way in which both participants 2 and 3 dealt with this difficulty was to split their thinking about one

of their roles, by either trying to completely remove the sexual desire from their considerations of themselves, or to feel that it was all encompassing, leading to fears about having to terminate the therapeutic relationship.

Similarly, participant 3's account started off by her lack of consideration and disbelief about sexual dynamics and finished at a point of her reflecting on her fear of being completely subsumed by it – 'like being pulled under a quagmire', and fearing 'the consequences', presumably referring to the possibility of sexual acting out (pt 3, 3rd int: 148). Given her preoccupation with not abandoning the client, participant 3 struggled through everything which might have caused her to terminate the relationship, dealing with it by searching for her therapeutic 'neutrality', denying, censoring her feelings or placing them in the safer realm of 'maternal countertransference'.

Therefore, it seems that to experience sexual attraction towards the client can feel very dangerous. The mistrust in one's abilities to resist acting out on an impulse which might lead to sexual acting out can result in denying the dynamic or in terminating the relationship, neither of which are therapeutically sound outcomes. As discussed with participant 1, this can lead to a feeling of a 'no-win situation', affecting one's sense of confidence and competence as a therapist. In her example, she explained how she felt bad about herself because of feeling that it was her fault that she had caused the clients to feel sexually attracted towards her and afterwards, after terminating the relationship on the advice of her supervisor, she ended up feeling bad because she felt that she had made a therapeutic mistake in terminating the therapy prematurely.

In the context of this need to split the roles, I have further wondered whether participant 3 and 5's focus on 'transference' and in particular 'the maternal transference' in the context of early infantile sexuality, might be a form of splitting of the therapeutic experience in the service of managing the therapist's personal feelings towards the clients. I wondered whether by focusing on the transference, the therapist is minimising the impact she might be having on a dynamic, and by focusing on the maternal transference she is focusing on aspects of the relationship which are clearly aligned with her role of being a therapist.

Interestingly, participant 4 and participant 1 provided counterexamples in which their reactions towards the clients did not take away from their sense of identity, either as a woman

or a therapist, enabling those reactions to become a part of the work, available for examination and sense making. Participant 4 talked about her attraction towards the client without experiencing this as conflicting with her therapeutic role, whilst participant 1 talked about feeling disgust towards the client but withstanding the tendency to feel rejecting or cruel as a result of it. It would seem that the fact that they did not need to defend against their reactions towards the clients enabled the clients' expression of their feelings and made the related therapeutic work possible.

4. 7. 10. Mutuality and love

Not all examples discussed by participants were characterised by difficult or defensive behaviour. Participant 1 and participant 4 described work with clients with whom sexual attraction was mutual and the work was felt to be successful.

Reflecting back on what might have enabled this, participant 1 highlighted her sense of shared responsibility for the maintenance of the therapeutic relationship (pt 1, int: 82). She recalled the client being the first one to name the sexual attraction between them which created a sense of mutuality in which they could enjoy the relationship, knowing the boundaries and being able to work at a deep and intimate level. What ensued was a 'relationship of equals which was very affectionate, enjoyable and productive' (pt 1, 1st int: 78).

Both participants described these clients with reference to the strength of their adult 'self'. Participant 1 recalled her client as an 'adult who was bright, smart, had a lot of resources and was able to hold his own' (pt 1, 1st int: 102), whilst participant 4 described her client as somebody with the capacity to be a man in the world and whom she could respect as a potential adult male lover (pt 4, 1st int: 74). Participant 4 went as far as to conclude that it was this ability not only to love but to see her client as a potential lover which was the reason for the success of his therapy (pt 4, 1st int: 76).

4. 8. Superordinate theme of 'conflict between professional and personal selves'

Overall, when considering resultant themes in relation to the research questions, it appeared that in many participants' accounts, described as a challenge, was the sense of the conflict between how participants found themselves feeling and what they thought was an appropriate way of feeling as a therapist.

In situations when therapists did not feel sexually attracted to the client the challenge revolved around the question of how to work therapeutically with negative feelings towards the client and the consequent sense of themselves as 'rejecting'. In situations when they felt reciprocal sexual attraction towards clients, the conflict manifested itself in relation to their sense of self as sexual women and their role as therapists. When re-reading the transcripts with this thought in mind, I realised that this sense of conflict was contained under a number of different individual codes and themes.

For example, in relation to Participant's 1 data, the theme 'different clients and the context of the relationship provide different reactions' as well as 'conflict of roles and the impact on the therapist's authority' contained numerous examples of this participant's difficult feelings towards her clients such as:

- her 'hatred' of the 3rd client (1st int: 189, 192) and consequent difficulty in her own feeling of herself as rejecting (3rd int: 53b),
- references to the relative ease of working with sexual feelings if sexual attraction is mutual (as in with her 2nd client) compared to situations when the mutuality is not present and when she felt a sense of being made to feel cruel and withholding (contained in the code 'reciprocity of feelings Vs incongruence') and
- her sense of sexual dynamics being experienced as an attack on therapy (1st int: 177, 179).

In relation to the second client, the theme 'sexual aspects of relationship pose a threat to the therapeutic relationship' directly discussed this participant's sense of conflict between herself as a sexual women and a therapist, whereas participant 3 discussed various ways in which she defended against her feelings of sexual attraction towards the client, most directly discussed within the themes 'denial and obliteration of sexual dynamics', 'clash between being a

'woman' and a therapist' and 'fear of sexual attraction towards the client' because of her sense that it would overtake and destroy the therapeutic relationship.

Participant 5's preoccupation with 'transference' (contained in the theme 'different forms of transference and different responses to it'), her 'neutral' (professional) therapeutic stance which kept her personal feelings impersonal, as well as the difficulties in our relationship (described within the theme of 'confidentiality'), experientially communicated the sense of danger associated with the exposition of the personal.

It is also interesting to note the reports of participants 1 and 4 who felt the sense of mutuality and trust with their clients did not contain this sense of conflict, thus providing me with counterexamples through which to look at other participants' accounts.

The ways in which participants reported overcoming this sense of conflict (albeit they did not explicitly name it as conflict), were by having personal therapy and supervision, using their theoretical conceptualisation or simply gaining more experience and growing in age as discussed above.

4. 9. Overall summary of the results

The study clearly showed that working with sexuality is a dynamic process, the shape and meaning of which is dependent on the combination and interaction of client, therapist and contextual factors, for the purposes of which there is a need for ongoing supervision, reflection and personal development work.

From looking across cases, it seems to me that one of the key challenges encountered by therapists in working with male clients who were sexually attracted to them was the conflict between how they found themselves feeling and what they thought was an appropriate way of feeling as a therapist.

Ways of dealing with this conflict involved the splitting of one of those roles (either denying their sexual feelings or terminating the therapeutic relationship), work without regards to the sexual dynamics or work which involved over focusing on the notion of 'maternal transference' which enabled expression of some of the feelings towards the client in a way which was felt to be congruent with the role as a therapist

Although participants reported using their experience in the therapeutic work regardless of it involving reciprocal sexual desire or not, overall the work with sexual component of the therapeutic relationship appears to be easier in the context of a therapeutic relationship which is mutual and loving. In addition, the extent to which therapists made use of the supervision, therapy and other ways of dealing with the above mentioned conflict seemed to have played an important role in their ability to bring the sexual dynamics into the therapeutic work.

Potential implications in relation to therapist's sense of power, authority, role, training and development as well as theory are discussed in the next section.

5. Discussion of research findings

Overall, I found many parallels between the findings of my study and the current literature. I found it particularly interesting to compare my study with the results of Luca and Boyden's (2014) study because of the recency of their study and similarity of our research questions. Even though Luca and Boyden's study left me wishing for more detail, including the differences between male and female participants (if there were any), I found it fascinating to find such similarities of views expressed between our studies, even at the level of participants' quotes. For example, in relation to the negative reactions to sexual attraction, Luca and Boyden (2014) report therapists feeling thrown off balance, in a way that other types of difficult client presentations, such as anger, would not have made them feel. The exact same feeling including the comparison with anger was discussed with Participant 1 (3rd int: 33) and Participant 2 (1st int: 102) in my study.

Furthermore, fear of being found to be or seen as seductive, of behaving unethically or having the power to hurt the client's unrequited feelings, as well as the use of deflection, denial or going 'professional' as defensive ways of dealing with sexual attraction reported in Luca and Boyden's (2014) study were also found by my research. Similarly, I was interested in their finding that sexual attraction helped therapists grow personally and professionally, which I wished to understand in greater depth in order to make a comparison with my finding relating to the need for integration of personal and professional roles. I wondered whether this could be one example of the growth reported by Luca and Boyden (2014).

Given our differences of methodology, reporting of results differed between our studies. My aim was to make the results of my study more contextualised, and to report them as intra or inter personal dynamics which require deeper levels of reflection on the meaning they have for any one therapist.

A detailed breakdown of the clinical, theoretical and practical implications related to the themes found in my study are reported below.

5. 1. Different clients provide different reactions – implications for theory, training, supervision and ethics

The significance of this finding is manifold, permeating all contexts of therapeutic endeavour.

Initially, from the theoretical point of view, the finding supports a relational perspective which stresses the uniqueness of each therapeutic dyad in which a therapeutic relationship is seen as co-created in the interaction of what the therapists and the clients bring to it (e. g. Mitchell, 1988; Stolorow et all, 2002).

From the point of view of training, although participants note the relative lack of teaching on the subject, echoing similar views expressed in the literature (Rodgers, 2011; Bodenheimer, 2010) ultimately, this research suggests that working with being at the receiving end of the client's sexual attraction is not a unified or concrete phenomenon to be 'mastered' and learnt. Therefore, the findings suggest that there is a benefit in having spaces where the dynamic can be explored reflectively and reflexively.

From a clinical point of view, this research strongly highlights the importance of supervision, not only because each participant explicitly commented on the role of supervision in their work or because of the above-mentioned need for continued reflexivity but also because it seems that sexual dynamics in the therapeutic relationship can be experienced as merging the gap between the 'personal' and 'professional' parts of the therapist's identity, something which needs close attention in order that both the therapist as well as the work can be protected (Adams, 2014; Henderson, 2003).

The importance of supervision in the work with sexual attraction was something highlighted by a majority of authors writing on this subject, regardless of their theoretical orientation. For example, Worrell (2014) discusses the role of supervision in helping therapists' reflection, Smith-Pickard (2014) in helping therapists avoid the temptation of making themselves the focus of clients' sexual interest and Luca and Soskice (2014) go as far as to suggest that work with sexual attraction might be a test of one's trust in the supervisor.

Similarly, in the study investigating supervisors' views on the work with the dynamics of sexual attraction with their supervisees, Luca, Markovic, Lecbych and Kolarik (2017) report that

supervisors saw their role in providing constructive challenge, containment and normalisation of sexual attraction in the aid of learning. Interestingly, in this study, trust was mentioned as the key factor in creating a supervisory alliance necessary for disclosure and discussion of sexual attraction, something which also came through in my study and will be discussed in more detail in the section 5.2 below.

Finally, this finding has implications for the way we think about ethics in therapeutic work.

Whilst ethical codes of professional bodies prohibit sexual involvement between therapists and clients and the majority of the literature which deals with ethical considerations in the context of sexual dynamics highlights the dangers of sexual transgression (e.g. Maroda, 2010; Gabbard 1996), this research highlights a slightly different ethical concern, of 'premature endings', not so much as at the client's instigation, as discussed by Schaverien (1997), but as a result of therapists' difficulties in working with the dynamic.

As such, it supports Eusden's (2011) and Berry's (2014) claim for a more nuanced view of what it takes to work ethically. Eusden (2011) emphasizes the nature and necessity of risk in the therapeutic relationship which are often not well accounted for in ethics codes and suggests that ethical practice involves "minding the gap" between intention and outcome, which requires ongoing attention to transference – countertransference interactions. Berry (2014) warns that ethical 'rules' that purport to determine ethical action *a priori* can obscure the inevitability of the personal choice. He suggests that the question of whether to discuss sexual attraction with the client is ethical or not cannot be known in advance but can only be determined *in vivo.* Consequently, as my study suggests, to work with sexual dynamics requires ongoing reflection of the impact the client is having on us to help us think through the question of whether interventions are serving our own defensive purposes rather than benefiting the client.

5. 2. Confidentiality and trust

The participants' preoccupation and difficulties with confidentiality (either because of feeling unfaithful towards the clients or mistrust towards themselves or me) showed the importance of a trusting environment in our ability to talk about sexuality and underlined the difficulty in learning from others about this topic.

In thinking about what else I could have done to build trust with my participants, jokingly, participant 1 said she wished for more 'foreplay' before commencing the research. Having follow-up interviews was partially aimed at building rapport and trust with participants and it seems, it partially achieved this purpose.

It is interesting to note that not many studies specifically highlight this aspect of the relationship as particularly important for the work with sexual dynamics. The importance of it seems to be more implied, through references related to the longevity of the work or strength of the working alliance.

One of the rare instances in which it is discussed explicitly is by Luca et al (2017) who highlighted the importance of trust as one of the content as well as the research process findings. In this study on supervision of sexual attraction, they found that the participants' responses were generalised, focused on principles of good practice and not on disclosures of sexual attraction transgressions, suggesting that either therapists (supervisees) do not disclose crossing of the boundaries to their supervisors or that supervisors did not disclose therapist's disclosures to the researchers. The fact that the participants in their study reported trust to be one of the key factors determining disclosure of sexual attraction would suggest that perhaps the issue of trust was also playing a part in the supervisor's openness with the researchers.

Whilst methodological research issues related to trust will be discussed in section 6. 1, in terms of clinical and supervisory relationships, my findings highlight the need for greater emphasis on trust, as one of the factors which might play a part in the therapist's ability to tackle the sensitive work involved in sexual attraction. The understanding of the meaning of trust as well as requisite factors contributing to it would also be an area rich for further research.

5. 3. 'Sexual dynamics as identity' making it a difficult area of work

Although the discussion of theory was not something directly discussed in our interviews, the way all participants linked sexual feelings with a person's sense of identity made me think about both psychodynamic as well as existential theoretical writings on the topic.

For example, I could see participants' caution in working with sexual attraction as an implicit acknowledgment of the significance of our sexual attraction in existential terms (Smith-Pickard, 2014, 2014b). Discussing his concept of 'existential sexuality', Smith-Pickard drew our attention to the fragility of the self in the context of the powerful feelings evoked by sexual attraction, the importance of being sexually responded to and the consequent potential to feel annihilated in the absence of it.

Equally, the participants' link between the sense of self and the feelings of their sexual desire made me think about relational theory's view on the role of sexuality in formation of our identity (Lichtenstein 1961, in Mitchell 1988) and most specifically in relation to sexuality's role in formation of gender identity (Stoller, in Mitchell, 1988). For the relational-model theorists, sexuality is a realm in which relational configurations are expressed or defended against, thus supporting the participants' experience of sexual attraction as a sensitive area to work with, not only for the client's sake, but also because in therapy it is the therapist in relation to whom this dynamic gets to be played upon, thus calling to the fore the therapist's own sense of identity. As Flax and White (1998) state in relation to gender identity: the way in which we are constructed as gendered subjects in our society limits our sensitivity to the various identifications in the therapeutic room, which by extension would mean that our ability to be sensitive and tolerant of various identifications in the therapeutic room must depend on our willingness and ability to challenge our primary gender role identity.

The personal implication of this finding was beautifully captured by participant 2. She reflected on the impact of her own therapy, supervision and process of aging in diminishing the impact of her sexual attractiveness on her sense of self, enabling her to work with male sexual attraction in a freer way. One of the clinical implications of this finding is the need for the willingness and commitment of therapists towards personal therapy or other ways in which they would continue to grow and challenge their own sense of identity in order to be open to ways of working with it with clients.

5. 4. Vulnerability and safety

The finding that the sense of vulnerability in relation to one's safety plays a part in working with male sexual desire is something discussed in the previously published literature. Schaverien (1997) talks about male fear of being seen as a rapist and consequent anxiety about expression of their sexual impulses in therapy. She warns the female therapists about the need to resist the unconscious pressure to collude with the male patient who at this point may find a reason to terminate the therapy whilst the therapist may be unconsciously relieved to let him go.

Although discussed in a slightly different context of stalking, situations in which client's sexual attraction is expressed through 'obsessive relational intrusion' (ORI), Luca (2014) draws our attention to a subset of clients who will not be content with living their relationship with the therapists within the confines of the therapeutic frame but will look for ways of including themselves in their therapists' private lives in any possible way. She warns that this can have a profound impact on therapists, including a sense of fear, hypervigilance, distrust, loss of control and even post-traumatic stress disorder (Pathe et al, 2001; in Luca 2014). Similarly, in a different paper, Luca (2002) discusses ways in which supervisory concern over supervisees' safety led to what she called 'structural intervention' which involved changing sessions from night time to morning. This in turn changed the nature of the transference, enabling the client to get in touch with his despair and depression instead of excitement.

Consequently, in line with Luca's (2014) recommendations, as well as Schaverien's (1997) warning, one way of thinking about the implications of my findings would be to say that attention needs to be paid to the physical location and/or structural framework of the therapeutic setting in order to secure the practical safety of the therapist. Once this is assured, more psychological, reflective work can be done around one's perception of safety, its dynamic meaning in the context of the work and the implication of it for the work with any one particular client. If the physical security is not present, there might be a risk of the therapist confusing the 'real' and 'felt' sense of threat, leading her (or her supervisor) to make therapeutic decisions on the wrong basis.

5. 5. Sexual language

In addition to highlighting the need for the complex dynamic work required for work with sexual dynamics, my study also suggested a need for the more specific behavioural task of finding the language with which to work with sexual issues, the importance of which has also been mentioned in the literature. For example, in making a similar point, Luca (2014) quotes Lichtenberg (2008) who stressed that therapists lack the language to engage with sexual material and consequently risk the premature end of the therapy. Annon (1976, in Parkin 2009) stressed the importance of the therapist's comfort in talking about sexual matters and suggested that the therapist's willingness and ability to discuss sexual matters without embarrassment is in itself permission giving for the client to be sexual and talk about them. Interestingly, whilst Annon and Parkin wrote in the context of sex therapy, participant 4 also linked her ability to speak about sex with her training as a sex therapist. This made me wonder whether for all of us there might be a lesson to be learnt from sex therapists. Whilst sex therapists' specialisation will have forced them to find ways of talking about sexual matters, for therapists who do not exclusively work within this arena, there is the job of learning how to speak about those issues more freely and professionally.

5. 6. Power struggle

My study suggested participants' difficulty in maintaining a sense of authority in their role when working with male sexual attraction which I linked with their discomfort of being in a more powerful position vis a vis them.   Consequently, my findings are related to the research which shows that psychotherapists' experience of power is central to the psychotherapeutic relationship (Day, 2010; Totton, 2009; Pilgrim, 1997).

Most fundamentally, the psychotherapeutic relationship is inherently unequal (Pilgrim, 1997) because of the different roles the therapist and the client occupy within it. It is the psychotherapist who sets the frame for the work and any negotiation of it is undertaken from a position of power. When clients enter therapy, they place themselves in a position of vulnerability relative to the therapists which in addition to therapists' relative anonymity further contributes to the power of the therapist's role. In addition to role differences, there might be other structural differences between the therapist and the client (of class, ethnicity

and age for example) each exerting pressure in terms of the power relations between them (Totton, 2009). My study has suggested that gender configuration might also be one of those relevant differences.

The way in which the power is experienced is found to be a product of a complex interplay of factors residing in the structural context of the therapeutic role and the intersubjective encounter of the therapist and the client (Day, 2010). Furthermore, given the complexity of the phenomenon, in any one situation there is potential for the experience of it to be conflicting and confusing (Day, 2010). I see my study as providing one of the therapeutic examples in which the intersection of the role power, the dynamics of the work and structural relations combine to make the experience of power particularly complex and potentially conflicting for female therapists.

In addition to holding the ordinary power of the role, female therapists working with male clients' sexual desire find themselves in a position to provide or withhold sexual availability which is in itself very powerful and therefore dangerous (Mitchell, 1988). However, given the deeply rooted meaning of sexuality in our culture as an expression of male dominance, the aforementioned power of the female therapist may be experienced as being in conflict with the male client's power, when viewed through the structural lenses of our society. As suggested by Russ (1993), our social convention says that for women, sexuality is often equated with being the object of desire, whilst to be powerful means rejecting the receptive position and refusing to be regarded as a sexual object. Going further, Russ (1993) and Gornick (1986) suggest that male patient's shame might be associated with being in a passive position *vis-à-vis* a woman and that the erotic transference of the male patient towards their female therapists can serve to 'turn the tables', functioning as a defence against feelings of humiliation evoked by the therapeutic situation, or against threats to masculinity spurred by the regressive pull of the pre-Oedipal transference (Gornick, 1986).

Seen in this light, the examples provided by my study (namely participants' preoccupations with potential shaming of the client, their tendency to blame themselves or experience themselves as incompetent, as well as denying or turning a blind eye to the sexual dynamic) could potentially be seen as manifestations of this underlying conflict about their own sense of role and power and as attempts to redress, rather than work through, the sense of this conflict. For example, participant 1's difficulty in 'taking charge' in the context of feeling

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sexually attracted towards her male client, could be seen as a manifestation of her conformity towards the societally prescribed female way of being, as opposed to her taking up a professional role which would have necessitated a more authoritative stance.

Similarly, participant 1's suggestion that societal messages play a part in her feeling of 'being at fault' is in line with Guttman (1984) and Schaverien's (1997) suggestion that therapists' difficulties of admitting their arousal are linked with some sort of unspecified guilt, perhaps to do with fear of being blamed for causing arousal in men or being seen as needy and seductive like the female patients in early analysis.

A more recent research study by Penny and Cross (2014) reported fascinating results relating to this finding in my study. They explored the influence of the hegemonic societal norms of masculinity on male therapists working with female clients. Male therapists who were interviewed in this study talked about their female clients' sexual attraction as something which is pre-existing, something that they bring with themselves into the room and assault the men / therapists with. Whilst the female client is seen as an agent of the attraction, the man is a passive recipient of it. Furthermore, the hegemonic masculine norms require men to take back the agency and engage with this attraction. This means either acting on the sexual attraction or, as is the case with male psychotherapists who are ethically obliged not to act, reframing it. One of the ways in which this reframing can be done, as shown by Penny and Cross (2014) is to find a flaw in the female object or reframe her into a figure of ridicule. I found this finding fascinating because of its potential to explain my participants' sense of 'being at fault'. Looking through the lenses of this research, the societal norms could be seen as not only playing a part in accounting for my participants' sense that they were to blame for having done something wrong to cause the men's arousal, but perhaps also for the less concrete sense of their incompetency and inadequacy, which in my study was particularly pronounced in the situations when they did not feel reciprocal sexual attraction towards the clients. According to Penny and Cross (2014) this would be the exact situation which would require the man to reframe the situation and denigrate the woman in some way, thus potentially explaining my participants' sense of inadequacy.

Furthermore, my study supports Kolarik et al (2016) findings which suggest that especially in their early careers, female supervisors and therapists, in response to finding their clients attractive, experience a sense of failure or not knowing how to handle it, suggesting that

women carry a sense of self-blame related to their sexuality. They refer to Lester (1985) who proposes that female therapists do not explore sexual issues with male clients due to fear of appearing seductive or vulnerable to seduction, finding emerging from my study as well as a wider body of literature (e. g. Luca and Boyden, 2014).

Interestingly, above cited research by Penny and Cross (2014) can also potentially shed some light on this fear of being seen or found to be seductive, because as they suggest, if found to be sexually unavailable, a woman will be 'reframed' in a denigrating way. Consequently, it would be of no surprise that women would not wish to be in position of receiving sexual attention which they cannot reciprocate.

Finally, that this feeling of being at fault for attracting male sexual desire is deeply ingrained in our culture can be seen though a number of myths which depict its female characters as abusers of their power over men. For example, the myth of Medusa, a beautiful woman raped and consequently punished for her beauty by Poseidon, illustrates how the dominance of the male is violently reasserted against the illegitimate power of women (Beard, 2017). Similarly, Simkin (2014) in his book on cultural constructions of the Femme Fatale, compares Pandora, the first woman created by Zeus to punish Prometheus and bestow torment on humankind, with 'Femme Fatale', a more contemporary role for women in films, in which a beautiful woman lures a male hero into a dangerous situation by overpowering his will with her irresistible sexuality. In doing so, Simkin (2014) is illustrating how an ideological construction of women, such as the femme fatale, the Medea-like murderous mother or the Medusa-like monster, are very often and swiftly mobilised against women who are seen to transgress cultural norms.

These myths illustrate the weight of the cultural sanction for women who transgress the cultural norms relating to male and female sexual relatedness and the norms by which female therapists working with male clients who are sexually attracted to them may be influenced. Or as Penny and Cross (2014) state, these are the discourses (in this instance, cultural) which cause the conflict in individuals' identities and which need to be challenged. Rather than falling into the trap of resolving them along the lines of individual deficit (which could be seen as contained in participants' sense of being in wrong), the attention and challenge needs to be directed towards the discourses that form the conflict in the first instance.

Links between the therapeutic context, culture as a whole and female ambivalence to own her power is also discussed by Benjamin (1998) and Flax and White (1998). Flax and White (1998) showed that female therapists have ambivalent feelings towards power by expressing the phantasy of a 'Wish to Be Powerful and Autonomous' at the same time as an unwillingness to be seen as a powerful, phallic mother. Benjamin (1998) linked this dynamic with the culture as a whole, in which male children may defend against the power of the pre-Oedipal mother by devaluing the qualities that evoke her power. She further suggests that the same dynamic may play a part in male clients' wish to 'turn the tables' with their female therapists. Because of the woman analyst's emphasis on the connection, in an attempt to maintain the connection to the male, she may actually disown her own power and sacrifice her own needs for autonomy which in turn may preclude the male patient's ability to integrate a view of her as an autonomous, powerful being.

Dhillon-Stevens's (2005) multidimensional, dynamic model of power provides one way of capturing the complexity of power relations. It highlights our multiplicity and simultaneous membership of a number of different 'majority' and 'minority' groups and sub-groups. It draws our attention to the potential to be simultaneously oppressed and oppressing and argues that an understanding and negotiation of power in the therapeutic relationship requires commitment to the continuous intra and interpersonal work to understand the complex interplay of any potential differences which at any one point in time may be activated in, and in interaction, with others.

My study therefore suggests that working with sexual dynamics is one of the therapeutic contexts in which female therapists need to be aware of their and their client's multiple roles, and have commitment to the complex work required for understanding and negotiation of their resultant roles and power relations. The role of training and clinical support for therapists in applying the learning from this finding cannot be underestimated. Therapists require institutional support, training and clinical support to enable them to see, question and act against the prevalent norms which might be contradictory or confusing and therefore interfering with their ability to work within their professional, therapeutic roles.

5. 7. Conflict between our sense of self and our sense of the role

In addition to the potential impact of the sexual dynamic on the therapist's overwhelming or conflicted sense of power, this study also shows its impact on their sense of self *vis a vis* their role as a therapist. Most specifically, the research suggested participants' difficulty in reconciling feeling rejecting or sexually attracted towards the client with their role of being a therapist thus posing the question of what it is appropriate to feel as a therapist.

Consequently, in addition to the need to direct our attention and challenge socio-cultural discourses constructing the nature of sexual relating (Penny and Cross, 2014) discussed above, there is also a need to question the norms associated with psychotherapy practice.

There is a variety of literature which questions the normative notions of what it means to be a therapist and shows the need for therapists to be able to feel and process a wider range of positive and negative emotions. For example, drawing on Faucault (1988; in Hedges 2010) who warned against acceptance of 'grand narratives' about ourselves or our professional and cultural pre-suppositions, highlighting the narrowing effect they have on our thinking and interacting with ourselves and others, Hedges (2010) warned that particular conceptions of what it means to be a therapist inadvertently narrow rather than expand available roles for clients. For example, he suggested that 'Wounded Therapist' produces a child-like client whilst 'Missionary Therapist' creates an incompetent client (Hedges, 2010).

The research on the importance of the therapist's therapy (e.g. McWilliams, 2013; Adams, 2014) further highlights the need for therapists to integrate negative feeling and withstand being made to feel 'distorted' in the service of the client's need to process intense negative feelings.

Finally, neuro-psychological research which stresses the importance of implicit right-hand brain communication in affect regulation, highlights the therapist's role in amplifying and resonating the client's affect (Schore, 2012) and in taking risks to respond authentically when our affective worlds collide (Stern, 1985; Lichtenberg at al, 1996; in Schore, 2012).   These examples show the need for therapists not only to enter the client's affective world, but also to be prepared to be shaped by it in ways for which professionally therapists may not be prepared, but for which they will have a way of responding on a human level, thus suggesting

the need for greater integration of the notions of the person and the profession of the therapist.

More specifically, my research has made me wonder whether the qualities of a therapist's warmth, empathy and love have become therapeutic imperatives – the therapist's straight jacket which prevents them from allowing themselves to be human. Equally, it strikes me that these are the very qualities we associate with being a mother, making me wonder whether the current dominance of the relational school in psychotherapy with its focus on early mother-child relatedness, might have defined the qualities we currently value in therapists.

In this context, it is interesting to reflect on the research showing that sexuality within the mothering context is taboo in most cultures (Kulish, 1986; in Schaverien, 1996) and also, to recall research mentioned in the introduction (Lester, 1985; Schaverien, 1996, Gornick, 1987) as well as my suggestion in relation to participants 3 and 5, that female therapists' focus on 'transference' and 'maternal transference' could be seen as a form of splitting of their therapeutic experience in the service of achieving this therapeutic ideal.

The de-sexualisation and feminisation of psychotherapy and the emphasis on the mother-baby relations as a proto-type for the therapist-client relatedness has been commented upon and criticised by a number of authors (e. g. Lemma and Lynch, 2015; Budd, 2001, Renn, 2012). Whilst some of the authors call for greater reintegration of Freudian and Lacanian ideas, most notably, an acceptance of desire and genital sexuality (e. g. Budd, 2001), others are extending it through different theoretical concepts.

For example, Target (2015) using the notions of 'mirroring' and 'mentalisation', explains that sexual feelings do not become mentalised to the same extent as other affects in childhood, because of the maternal failure to mirror them adequately. As a result, she proposes a way for therapy in integrating aspects of the parental and aspects of sexual relationships. By being similar to a sexual relationship, she sees therapy as providing recognition of sexual feelings without rejection whilst by being like a parental relationship, therapy helps clients develop and represent feelings without satisfying the desire for action.

Contemporary existential writing provides us with a different metaphor to symbolise the therapeutic relationship and as such helps us create different levels of openness towards the sexuality of our clients. For example, Smith – Pickard (2014; 2014b) uses the metaphor of 'lovers' and 'lover's gaze' to depict relatedness through psychological proximity and sexual feelings in the consulting room. As he highlights, this relatedness involves whole body responsiveness in an attempt to reach into a non-verbal realm and of embodied inter-experience and construction of meaning. Not so much to bring sexual into therapy but to acknowledge the ever-present background of existential sexuality which allows us to become metaphorically naked and vulnerable, like lovers do (Smith-Pickard, 2014).

To finish, it might be important to highlight the counter examples provided by this research, of occasions when participants did not feel conflicted in their roles and which had a positive effect on their therapeutic work. For example, participant 4 talked about her attraction towards the client without experiencing this as conflicting with her therapeutic role, whilst participant 1 talked about feeling disgust towards the client and her ability to withstand being made to feel as rejecting or cruel without it impacting on the way she felt about herself. The fact that they did not need to defend against their reactions towards their clients enabled those clients' expression of their feelings and made the related therapeutic work possible.

I am aware that these are complex clinical issues (e. g. see Schore, 2012 for discussion on therapeutic enactments) and that thinking about them will depend on one's conception of therapy and the role of the therapist. I do not wish to argue against any one modality or research which highlights the importance of the therapist's personal qualities on the therapeutic outcomes but instead wish to raise the possibility that our conception of what we 'should be like' might prevent us from considering what 'we are like' which consequently takes away our and the client's individual as well as joint interpersonal understanding and development.

Ultimately, if we accept that the development of the capacity for communication of emotions is at the core of the therapeutic process, the development of the therapist's own ability to do that, regardless of what the emotion is, must be the first step. In line with already cited research as well as Henderson's (2003) thinking on the importance of integration of difficult feelings in developing a secure psychological identity, it would seem that one's capacity to

incorporate different aspects of one's sense of self together with the conception of the therapeutic role is crucial in the ability to work with the sexual dynamic.

5. **8. Mutuality and love**

With the exception of participant 1 who mentioned successful work with sexual dynamics in the context of feeling disgusted by the client, the successful work described in this study was predominantly placed in the context of an otherwise loving relationship with the client, thus substantiating my impression from the literature review that sexual attraction seems to be more easily considered or worked with in the wider context of love.

From the examples in this study provided by participants 1 and 4, it appears as if the loving context enabled integration of maternal and sexual feelings. It seems that in their relationships with clients there existed a mutual appreciation of multiple roles and states that they both occupied. Whilst clients seemed to be able to see and respect my participants / their therapists as sexual beings as well as therapists without needing to take away their professional role from them, the participants / therapists were able to see and work with their client's child-like vulnerabilities as well as recognising and admiring their adult strengths, including that of being a potential lover.

This finding is very much in line with the most recent writing in the psychanalytic tradition as exemplified by Gerrard (2010), as well as with the existentialist writing of Smith-Pickard (2014, 2014b) mentioned above, all of whom in their own ways call for consideration of clients' post-oedipal / adult sexuality and consider the role of the therapist in its exploration.

Gerrard (2010) argues for the importance of the analyst participating symbolically in patients' seduction, thus allowing the patient the moments of oedipal victory. In addition to her original writing about the need for the patient to arouse our deepest loving feelings (Gerrard, 1996), she thus adds the need for clients to find that their therapist found him/her desirable.

Despite using very different language, I find Smith-Pickard's (2014, 2014b) notion of 'existential sexuality' similar in encapsulating the notion that sexuality is an embodied interpersonal phenomenon through which we seek existential validation by claiming some

significance in the lives of others. Part of the role of the therapist is to open him/herself up to receive this unique otherness, somewhat like lovers would.

Finally, these findings have reminded me of the literature mentioned in the introduction which stressed the importance of sexual feelings as an accomplishment, not as a defence – sexuality as an accomplishment in the effort to sustain somatic and erotic liveliness (Cornell, 2001), so very rarely talked about in those terms.

6. Discussion of methodological issues and limitations of my study

6. 1. Difficulties in recruitment and subsequent difficulties with trust and confidentiality

As already mentioned, one of the initial difficulties I encountered in the research process was the recruitment of participants. Ultimately, all participants who took part were introduced to the research by somebody they knew (either my supervisor or my colleagues).

Once I started the research, the difficulties experienced in the recruitment manifested themselves as difficulties in ensuring confidentiality. Although participants highlighted the importance of the personal connection in accepting participation in the study, during the interviews, there were occasions when I felt as if I was being experienced as somebody 'a bit too close for comfort', either because of having a close connection with somebody they knew or perhaps simply because of being a therapist myself.

Whilst in my previous experience of research, confidentiality featured as an important but almost 'taken for granted' type of issue, in this research it was something which was worked with more actively. As if my professionalism as a researcher was not something which was necessarily to be taken for granted. Although this could have been a reflection of me being a student, I also wondered whether it was a reflection of the research topic.

I found it interesting to notice how my experience contrasted with Etherington and Bridges (2011) experience of their participants' trust which they found very helpful for the research process. It is a shame that they do not discuss the potential reasons for this emergent trust and openness.

Midgley and Holmes's (2018) discussion of the similarities and differences between research and clinical interviews made me wonder whether a reason for the heightened concern over confidentiality in my research might be related to my research method which blurred the line between therapy and research. As they suggest, the more 'clinically seeming' the interview, the more 'successful' it will be in facilitating latent emotional expression. However, equally, they warn that the more clinical the interview is, the greater difficulty there might be for the participants as well as the researcher to fulfil the research aims of disseminating knowledge

rather than keeping it for the benefit of the participating individuals (as would be done in therapy).

Finally, Luca et al's (2017) discussion of the issue of trust in their study on supervision of sexual attraction is not dissimilar to my experience. This potentially suggests that the topic itself might be problematic. They found that participants' responses were generalised and non-disclosing. As a result, Luca et al (2017) suggested a use of an anonymous, survey - type study. Alternatively, I wondered whether instead of bypassing the issue of trust through a method which would be more anonymous, perhaps there could be a way of designing a longer-term research study which would allow the trust between participants and researchers to be built over time.

As mentioned before in relation to the question of what else I could have done to build trust with my participants (see section 5. 2) my current thinking is that perhaps a different, less direct type of method, such as the 'Visual Matrix Method' (Frogett et al, 2015) would have been a gentler way to work with such a sensitive topic.

In addition to its potential to elicit affects in a less direct way, I also wondered about the visual matrix method in the context of Murray's (2015) suggestion that a focus group approach to eliciting narratives provided a greater sense of control and confidence in participants. Being a group-based method, I wondered whether the visual matrix method could therefore provide opportunities to open up issues in a less direct and less threatening way, after which research could be followed up in a series of individual interviews.

6. 2. Practical and emotional preparation required for the research with the unconscious dynamics

Although in many respects, I started the project with a reasonable understanding of the philosophical, psychological and practical foundations of my method, in retrospect, I realise that I did not fully appreciate its emotional complexity.

An obvious example is the question of pilot interviews which I can use to illustrate my point. The 'best practice' in qualitative research methodology suggests use of pilot interviews for the preparation of researchers for the forthcoming process. However, given the difficulties in

the recruitment of participants, I felt that using one interview as a pilot study would be a 'luxury' I could not afford. Instead, I conducted a second-best thing, a *self*-interview, which did not fully prepare me for the level of anxiety which was to occur in my interviews.

Similarly, in terms of analysis, although for slightly different reasons to do with the 'validity' of interpretations, Hollway and Jefferson (2000) advocate group-based work. Given the practical constraints of my research context related to the individual nature of the doctoral research and the lack of availability of colleagues who were able or knowledgeable about this method, my analysis sought a practically more manageable input of others, of one person at a time (e. g. from the research buddy, participants or supervisor). Again, in retrospect, although in this way I believe I have managed to triangulate my findings, I wonder whether my 'solution' betrays a lonelier way of working.

Given the philosophical and theoretical premise of my methodology - that anxiety is ever present and the unconscious cannot be controlled (see outline in section 3. 4) - I do not believe that either a pilot study or a group based analytic work would necessarily have been easy answers to research anxiety nor even that answers necessarily exists. Nonetheless, in retrospect, perhaps I could have had a slightly different attitude towards the project. Instead of accepting the practical constraints which the project put in my way which often resulted in various manifestations of self-reliance, I might have fought against them, seeking ways of including as many people as possible into my study.

Even though it is difficult to be certain of the impact of my 'attitude' on the results of my study, I am certain that it had an impact on my own experience of the project in which I often felt lonely and sometimes, as a result, uncertain of myself. Consequently, rather than focusing on any one particular step which I could have done differently, overall, I wonder whether a greater awareness of the type of dynamics which the phenomenon might induce in the process of research might have been helpful in thinking about how to organise myself and the support network around me.

Having said all of this, I am also aware that feelings of loneliness, insecurity and reluctance to seek support are the very feelings also reported by therapists working with sexual attraction. In the same way as Huysamen (2018) described her research as reproducing and perpetuating the dominant discourses of masculinity and femininity it set out to study in the first place, the

same could be said about the inevitability of my experience. As Midgley and Holmes (2018) state, in research which deals with emotional and unconscious dynamics, understanding comes through enactment.

I believe this is important to be known and understood by new researchers and hope that my project can serve as an example of its practical and emotional manifestations.

6. 3. Ethical questions related to method and process of research

One of the difficulties of working with the implicit and non-conscious knowledge and the notion of 'defended' participants is the fact that some of the findings may come as a surprise to the participants themselves [see Josselson (2007) for discussion of ways of dealing with participants' discomfort of reading about themselves]. On a practical level, I attempted to prepare my participants for this possibility before the research started by outlining the nature of my methodology and by checking that participants were supported by having access to therapy and supervision. However, when faced with this issue as a part of the research process, I became aware of the complexity of researching material which participants may wish to disown.

Whilst the same material may be worked with in the therapeutic context at a much slower pace, the research work was very limited in time. I experimented with different ways of presenting information to participants and concluded that presenting a written-up analysis ahead of the second interview was too abrupt. I found that participants were more receptive to information when first discussed in person. This made me think that a psychoanalytically informed methodology needs to pay particular attention to the way in which data is shared and worked with participants to maximise the potential of participants being able to own it.

It might also be of relevance to note that except for participant 4 who acknowledged both the receipt and having interest in my analysis, no other participants made any comment about it. This made me wonder about the compatibility of psychoanalytically informed research with participative research methods, given that the data which is produced may not always be very comfortable for participants to engage with.

6. 4. Sampling limitations and their effect on confidentiality

As mentioned above, difficulties in the recruitment of participants had a narrowing effect on the sampling in this study. All participants who expressed interest in the study were included. All participants had a relatively close link with the researcher through having a shared friend, colleague or a supervisor.

As a result, the research required closer attention to each participant's sense of confidentiality. Although, on the whole, in discussion with participants, this sense of trust was created and interviews felt free and authentic, on the occasions when it was felt to be missing, a question arose about the extent to which this dynamic might have affected the results.

6. 5. Loss of 'social' in psycho-social research

I am aware that in my study, the discussion of the social and cultural factors has taken less prominence than the discussion of intra and interpersonal processes. However, despite this, I am reluctant to conclude that the socio-cultural context is not important in understanding sexual dynamics within therapeutic relationships.

There is enough literature to suggest that attitudes towards sexuality are culturally and religiously determined and defined. Eltahawy (2015) provides an extensive description of female sexual subjugation in Middle Eastern countries; Ahmed and Bhugra (2004; in Hall and Graham, 2013) highlight the role of Indian culture in male anxiety and guilt associated with erectile dysfunction, whilst a study investigating supervision of sexual attraction in therapy in Czech Republic attributed some of the taboos associated with it to the influence of the historical-cultural context of the communist political system (Kolarik et al, 2016).

It is therefore clear that the cultural and religious context of which the therapist and the client have been a part will have an impact on the nature of their experience of sexuality as manifest in the therapeutic context. Although I have not set out to investigate this impact explicitly, I am curious that the question of culture and religion did not surface in this study.

However, given that this research showed some evidence that internalisation of the societal messages about the role of women plays a part in therapists' thinking about themselves and that some of the conversations which touched on the wider socio-cultural dynamics somehow

got lost, I was made to wonder whether the focus on the intra-interpersonal context was more a product of this research context.

For example, participant 3 discussed her associations of therapy and prostitution but that conversation was lost due to my mistake in recording. In subsequent interviews, the participant's thinking about it changed and the initial associations were lost. Participant 5 mentioned the political dimension of the woman's role in the psychotherapy profession but concluded that to talk about that would belong to a different research project (1st int: 11).

One way of thinking about this 'loss of the social' in my study is to link it with the very personal nature of its content. In order to make it somewhat less personal and easier to talk about, I stayed with participants' accounts of their experience without asking for the potential ways of explaining or understanding that experience.

Further, I wondered about participants being psychotherapists for whom the professional context presupposes thinking about intra and interpersonal dynamics. That I am a therapist might further have consolidated their assumptions about the focus of the study. Consequently, I wonder whether the study would have produced different results had I been more explicit in asking for psycho-socio-cultural explanations for their experience or used a group based methodology or a group based method of analysis which would have tapped into it more directly.

Finally, I am also aware of my own ambivalence in discussing culture and religion which might have unconsciously led the direction of the interviews as well as the analysis of the data. I was born in Yugoslavia into a mixed religious and cultural heritage. In addition, moving to the UK and marrying an English husband contributed to my mixed reactions towards the question of culture, nationhood, ethnicity and religion. Whilst on the one hand, I am fully aware of the effect of these structural factors on the complex experience of ourselves *vis a vis* others, there is also a small part of me which wishes to negate them for the sake of simplicity and a sense of shared humanity. Consequently, the lack of discussion of those issues could partially be a result of my own defensiveness.

6. **6. Focus on therapists' accounts**

The focus of this study was on the accounts of psychotherapists without regard to what the clients might have experienced. Although it could be argued that the nature of clients' experience was immaterial in the context of a study looking at therapists' experiences, the knowledge and understanding of the sexual aspects of the therapeutic relationship would have been enriched by the inclusion of accounts of both of the parties involved.

7. Avenues for future considerations in research and clinical work

7. 1. Question of female-to-female sexual attraction

The question of whether I am only interested in the sexual desire of *male* clients was asked by all but one of the participants in this study. This question made me wonder whether my focus was unnecessarily narrow and whether it might have precluded discussion of other dynamics. However, equally, I wondered whether the participants' questioning of my focus might be a manifestation of their discomfort in talking about the specific dynamic of male sexual desire which can sometimes be overlooked or subsumed by a more general theme of 'erotic transference' or 'love'.

Given that I did not explore this question in detail, I have no affirmative data to make any conclusion. Consequently, I am not able to draw any conclusions except that more research would be helpful in clarifying the potential similarities or differences in the experience of female and male clients' sexual desire towards female therapists.

However, subsequently, in the context of this question, I wondered whether my focus (in addition to all other reasons already mentioned) might have also been unconsciously motivated by my desire to 'design myself out' of the research process. Huysamen (2018) talked about her own difficulty of being made into a sexual object as a constraint in her research with men who paid for sex. Similarly, for myself, allowing discussion on female-to-female sexual attraction might have risked me being implicated in the sexual dynamics with my participants – something which I am not sure I was ready to do [see Gabbard (1994) for the discussion of a similar dynamic within therapy].

7. 2. Theoretical conceptualisation – future research

Participants 3, 4, and 5 who were all psychodynamically oriented therapists, communicated the importance of their theoretical stance in helping them conceptualise their relationship with clients. This contrasted with participants 1 and 2, who not only did not communicate anything about their theoretical conceptions but who also did not express the sense of support from their supervision, an area where some of the linking between theory and practice should be happening.

Given that my study did not fully explore this question, it is difficult to understand completely the impact of therapeutic conceptualisation on therapists working with sexual attraction. My study perhaps suggests that the lack of it is something which leaves therapists inadequately prepared for the work. This is an area rich for further research and clinical consideration, the implications of which are very clear for the context of therapy training as well as supervision.

7. 3. 'Real' versus 'Transferential' therapeutic relationship - area for future theoretical and clinical consideration

As a result of this study and my reading of the literature, I believe that there is a need for further work on the conceptualisation of sexual dynamics as part of a therapeutic relationship, particularly in relation to the question of how to think about it as something which is simultaneously 'present / real' as well as 'transferential'. As mentioned in the introduction, with the exception of the most recent existential writing (Milton, 2014, Berry, 2014, Smith – Pickard, 2014), my reading of the current literature is that considerations of the sexual dynamics tend to happen from the vantage point of 'transference' with little or no attention being paid to the 'here and now' relationship between the therapist and the client.

Furthermore, in relation to the question of how to work with it, for me, the literature betrays a certain degree of tension between the theoretical thinking on the subject (e. g. 'co-construction') and the therapist's readiness to apply that in the consulting room. Furthermore, the ways to work in situations where the therapist is not feeling reciprocal sexual desire towards the client is a particularly underdiscussed area of work.

I found the most recent writing on the subject of self-disclosure (Marshall and Milton, 2014; Berry, 2014) very encouraging in bringing into the open some of the difficulties associated with working with sexual aspects of the therapeutic relationship. I have a sense that the therapist's disclosure of sexual feelings is thought to be more harmful to the client than the disclosure of other feelings and, if so, this is something which requires open and deliberate debate and clarification. Left undiscussed it poses a risk of therapists' justifying their own unconsciously or consciously defensive ways of being as something of interest to their clients.

Therefore, to summarise, as my study and the current writing on the subject suggest, sexual attraction seems to be an area which bridges the gap between therapists' personal and professional selves and is therefore a complex area of clinical practice which needs further conceptual and practical consideration.

8. Conclusion

Overall, this study shows that there has not been significant change since Flax and White's (1998) summary of what it means for female analysts to work with male patients, published almost 20 years ago.

They wrote about the idea of a woman as a sexual being as just beginning to be discussed in the literature. Although this has happened more often in the last decades (most recently there have been a number of publications by female therapists discussing their experiences) the themes that are reported (in the literature as well as in this study) have not changed particularly.

The majority of my participants felt most comfortable in the role of a nurturing mother, loving and being loved as opposed to being powerful, withholding or erotic. The finding that female therapists struggle to integrate their therapeutic role with the role of being a desiring or rejecting woman further supports Schaverien's point about the splitting of the role of the therapist into a more acceptable category of being 'loving' and the less acceptable category of being 'sexual'. Hence, female therapists' difficulties in accepting certain characterisations of themselves can lead them to experience difficulties in their therapeutic role and vice versa.

Therefore, much of the research including my study suggests that, in theory as well as in practice, responding to male sexual desire is indeed a complex task for female therapists requiring the complex interplay of personal development work, professional clinical supervision and wider reflections on one's place in the society and vis a vis clients, in order that complex interactions of dynamics of power, sexual desire and professional ethics can be disentangled and used for the therapeutic benefit of the client.

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Appendix 1 – Ethical Approval Letter

13 North Common Road

Ealing, London W5 2QB

Telephone: 020 8579 2505

Facsimile: 020 8832 3070

Jasenka Lukac-Greenwood
DCPsych Programme
Metanoia Institute

Our ref: 2/2014-15

20ᵗʰ October 2014

Dear Jasenka

Re research project: *An investigation into female psychotherapists' experience of male clients' sexual attraction towards them*

I am pleased to let you know that the above project has been granted ethical approval by Metanoia Research Ethics Committee. If in the course of carrying out the project there are any new developments that may have ethical implications, please inform me as the DCPsych research ethics representative on the Metanoia Research Ethics Committee.

Yours sincerely,

Dr Patricia Moran

On behalf of:
Metanoia Research Ethics Committee

Appendix 2 – Participant Information Sheet and Consent Form

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

You are being invited to take part in a research study. This document outlines the nature of the study and your potential involvement. Do not hesitate to ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for your interest.

Study title

An Investigation into female psychotherapists' experience of male clients' sexual attraction towards them.

What is the purpose of the study?

The purpose of the research is to explore and expand the understanding of the nature of the experience of working with sexual dynamics in the therapeutic relationship for female psychotherapists / counselling psychologists working with male clients.

By focusing on the sexual aspects of the relationship, the study will expand our understanding of the broader and more researched dynamic of 'the erotic' and 'love' in the therapeutic relationship under which sexual feeling tended to be subsumed without an explicit or consistent view on their impact on the therapeutic work.

Why have I been chosen?

You, along with other four participants, have been chosen because of your experience of working with male clients who had sexual feelings towards you and because of your general experience of working as a qualified psychotherapist which would have enabled you to reflect and come to some understanding of that dynamic and its impact on the therapeutic work.

Do I have to take part and what if I change my mind?

Taking part in this research is entirely voluntary. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

What will happen to me if I take part?

If you decide to take a part, we will meet for an interview on two occasions. This will enable us to take our conversation to a greater depth, reflect on the initial data and add or correct it over time.

Interviews will be tape recorded. After each interview, I will send you a transcript of our conversation and my preliminary reflections on it to which you would have an opportunity to respond to either separately or at the follow up interview. This would give you a choice of how much you wished to collaborate in the data analysis in addition to providing data in the actual interview.

Although meeting twice would be a methodologically stipulated minimum of interviews, should you decide that you wish to be involved in the post interview reflections, adding to the richness of data, I will be happy to correspond with you or meet for a follow up session.

During the interview, I will be led by your accounts of your experience and as such I will not have a pre-defined set of questions to ask you. Equally, I will not stipulate a strict length of time to any of the interviews. I would however imagine that each interview would take approximately 1 – 1.5 hours.

I aim to complete the study by August 2017. However, I will work with each participant consequently which would mean that once we made an initial contact, I would aim to complete our interviews within three months period.

What are the possible disadvantages and risks of taking part?

The potential risk of taking a part in this study is a potential that some of the psychologically sensitive material associated with your or client's sexuality may be activated in the interviews (or in your own reflections on what was discussed in the interviews) and cause you distress. For this reason, I advise my participants to be in touch with their support network in terms of supervision and personal therapy from whom they may need help.

What are the possible benefits of taking part?

This study will be of academic and clinical importance. Academically, it will provide further understanding of the sexual phenomena of the therapeutic relationship and more specifically between female therapists and male clients. Its clinical importance lays in helping therapists who are working with sexual dynamics in their understanding of the experience and ways in which it can help or hinder work with clients.

I hope that participating in the study will be of interest and benefit to you too personally by giving you an opportunity to think and reflect about some of the clinical issues and decision you faced in the work with sexual dynamics with your male clients.

Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any identifying information about you (i. e. your name and address) will be removed so that you cannot be recognised from it.

All data will be stored, analysed and reported in compliance with the Data Protection Act (1998).

What will happen to the results of the research study?

This research will be published as a Doctoral dissertation. The results are unlikely to be published before January 2018. Should you wish a copy of the results, I am very happy to provide them to you or you can obtain them from Metanoia Institute.

I should add that you personal information will be omitted and you will not be identified in any report/publication.

Who will review the study?

The study will be reviewed by Metanoia Research Ethics Committee.

Contact for further information

For any further information you could contact me, my supervisor or university, the details of which are outlined below.

- Researcher:

Jasenka Lukac-Greenwood (jlukacgreenwood@gmail.com)

- Research supervisor:
Biljana Van Rijn (biljana.vanrijn@metanoia.ac.uk)

- University / Institute:

Metanoia Institute (www.metanoia.ac.uk)

13 North Common Road

Ealing, London W5 2QB

0208 579 2505

Thank you very much for your interest in this study.

CONSENT FORM

Participant Identification Number:

Title of Project: An Investigation into female psychotherapists' experience of male clients' sexual attraction towards them

Name of Researcher: Jasenka Lukac-Greenwood

Please initial box

1. I confirm that I have read and understand the information sheet dated ....……………………for the above study and have had the opportunity to ask questions.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.

3. I understand that my interview will be taped and subsequently transcribed

4. I agree to take part in the above study.

5. I agree that this form that bears my name and signature may be seen by a designated auditor.

_____   _____   _____

Name of participant   Date   Signature

_____   _____   _____

Name of person taking consent   Date   Signature

(if different from researcher)

_____   _____   _____

Researcher   Date   Signature

1 copy for participant; 1 copy for researcher

Appendix 3 - Advert used for recruitment of participants

'Sexuality in therapeutic relationship'

Request for research participants

I am a doctoral student at Metanoia Institute, starting an investigation into **female psychotherapists' experience of male clients' sexual attraction towards them.**

The purpose of the study is to expand our understanding of the broader and more researched dynamic of 'the erotic' under which sexual feelings tend to be subsumed without an explicit or consistent view of their impact on the therapeutic work.

I am looking for participants who are:

- qualified female psychotherapists/counselling psychologists;

- have experience of working with unconscious and relational processes within psychotherapeutic relationship; and

- would like to explore their experiences of the sexual aspects of the psychotherapy relationship with male clients with whom they are not currently working.

Research process

If you decide to take a part, we will meet for a face to face interview, at a location convenient to you, on two occasions. This will enable us to take our conversation to a greater depth, reflect on the initial data and add or correct it over time. During the interview, I will be led by your accounts of your experience and as such will not have a pre-defined set of questions to ask you. You will have a choice of how much you wished to collaborate in the data analysis in addition to providing data in the actual interview.

Ethical considerations

All data will be kept confidential and you will be involved in reviewing how the results are reported. If you decide to take part you are still free to withdraw at any time and without giving a reason. The research has had ethical approval from Metanoia Institute where I am supervised by Dr. Biljana Van Rijn.

About me

I am a final year trainee in Integrative Psychotherapy and Counselling Psychology. My work integrates psychoanalytic, systems and attachment theories with an emphasis on the importance of relational process on the therapeutic outcome.

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Appendix 4 – Extract 1 of a transcript showing my reflections and analysis of material

Time/ref.	Researcher	4th participant, 2nd interview	Reflective notes
1	Yes sorry		
2		You know you suggested taking out the green bits and I agree with it. And then I started to have a concern that the client B could read it somewhere and while he had given a permission for me to write, he hadn't given permission to me to talk to a researcher who was going to publish my material.	Issue of consent and confidentiality
3	Sure, sure. So that's why it is important that we make sure neither you nor him are really recognisable.		
4		Well, he is totally recognisable. Even if I've taken out bits about me, if he read it, he would totally recognise himself.	
5	So, what could we do. That is an important point. I, when I was, in all honesty, I can read this again with that in mind. When I was reading, I was thinking more about you.		
6		Hmm. I almost don't care about me. In a sense. But I care hugely about the client B.	Protection of Client B's ego
7	So, its worth going with a toothpick through this and making sure that he		
8		I think so	
9	What stood out for you		
10		You know, I've quoted from him, and things he said and interchanges, that's stuff that he has read as well. I don't know what we can do. Unless I contact him and say, I've talked about you to the researcher and nothing that he and I haven't talked about before.	Is the question of betrayal in here in worrying about confidentiality. Why no worry about client A too if confidentiality was purely a theoretical point? Clint B would care

Appendix 5 – Extract 2 of the interview analysis (same as in Appendix 4) showing additional notes made by my research buddy.

Time/ref.	Researcher	4th participant, 2nd interview	Reflective notes
1	Yes sorry		
2		You know you suggested taking out the green bits and I agree with it. And then I started to have a concern that the client B could read it somewhere and while he had given a permission for me to write, he hadn't given permission to me to talk to a researcher who was going to publish my material. *Concerned about B but not A. Cares about A less?*	Issue of consent and confidentiality
3	Sure, sure. So that's why it is important that we make sure neither you nor him are really recognisable.		
4		Well, he is totally recognisable. Even if I've taken out bits about me, if he read it, he would totally recognise himself.	
5	So, what could we do. That is an important point. I, when I was, in all honesty, I can read this again with that in mind. When I was reading, I was thinking more about you.		
6		Hmm. I almost don't care about me. In a sense. But I care hugely about the client B.	Protection of Client B's ego *and her feelings around*
7	So, its worth going with a toothpick through this and making sure that he		
8		I think so	
9	What stood out for you		
10	*A good excuse to make contact with him again?*	You know, I've quoted from him, and things he said and interchanges, that's stuff that he has read as well. I don't know what we can do. Unless I contact him and say, I've talked about you to the researcher and nothing that he and I haven't talked about before.	Is the question of betrayal in here in worrying about confidentiality. Why no worry about client A too if confidentiality was purely a theoretical point? Clint B would care *yes!*

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10 5.25	That's not a problem at all I would just like you to tell me a bit more (laughter)	*I can see that*	*Yes.* My awkward laughter and the speed with which I say this manifest the mixture of feeling somewhat defensive (because of being dis - identified with). At the same time, I am curious about her views, whatever they might be. However I am not very generous in this moment – I do not give anything of myself, I simply ask for more of herself. Maybe because I feel I gave myself away before the formal start of the interview and that had a negative reaction on her. Generosity – withholding of yourself already a part of our dynamic. Identification and disidentification	gender configuration	*✓ covers both genders + all configuration* *I'm not sure that you need to though – you are interviewing her. And I'm not sure how you feel you gave yourself away?*
11		*She's said this a couple of times… why? She's telling you she's disingenuous – 'lacking in sincerity'*	Yeah sure. (long pause) It's interesting isn't it, I'm sort of thinking so the disingenuous bit of me that, the bit that I thought was a bit disingenuous was actually if I think, if I think over my career relative to many psychotherapists, I have worked with lots of men. People assume that I kind of, I don't know maybe assume that I can work with men, kind of intractable difficulties, I am not associating them with men but people refer me men as well. I suspect it is partly because I held my boundaries quite well and so in some ways there is an opportunity for men to explore sort of their sexual feelings including their infantile sexual feelings and in some ways that was the thing that surprised me most working analytically that that was, that there is, those were the feelings that people brought most directly rather than what one might think of as adult sexual feelings and that is partly I think where I started with kind of feeling that much of what I experience and work with a patient is taken up in the transference. I think where I caught myself actually was also thinking about the relationship with other with colleagues, tutors, managers, supervisors and actually I think sometimes there is, …you know the kind of sexual attraction that comes up in those relationships I think in, just in kind of …….thinking about, I mean there is a	Therapy is a place where infantile sexual feeling get to be explored and it is not the same as is other workplace setting where more adult sexuality gets to be evoked!	*✓ Yes – a v. different space* *She is so waffly – here and previously – does she not wish to commit herself to taking part / to any of her real opinions?*

Appendix 7 - Participant 1 - Post 1st interview thoughts

1   a)   During the interview, I was aware of speaking a lot, of asking many questions and of being very long winded in my questioning. There was quite a lot of awkwardness, and I felt pressure that interview should produce lots of good words. On many occasions, the participant needed to be probed where I expected elaborations. I kept wondering - Is this what I should be doing, is this good enough, is this going to produce data that I want and need.

              b)   I recognise that part of this anxiety about having lots of good words comes from my role as a student, linking into tutor's words that good quality of words produce good quality of doctorates! So some of the anxiety was to do with my performance as a student. I am also aware that she described herself as an experienced practitioner who did lots of work in this area. Hence, I am feeling rather as a novice in the presence of an authority.

              c)   However, I feel that these is more than that. On some level, I also felt a 'professional' pressure that as psychotherapists, we should be able to talk about these things. In reality, my experience was that we were quite awkward and also that we worried about being awkward. I wondered if me speaking a lot could that have been a reflection of this fear of awkwardness reflecting on us professionally. Somehow as if, if we talk, then we are ok; if we talk a lot, than we are good psychotherapists.

2   I am wondering also about participant's experience. Although she said she was feeling fine, she also said "you might have to prompt me and be curious". So, she is giving me a permission to nudge her, to interfere, to be curious - somehow as if my curiosity permits her to talk, as if she might not be able to talk if I am not curious.

3   Following the interview, I came out of the house in desperate need of an apple or pollos (mints) because I just wanted something that I could get my teeth into. I wasn't at all hungry but as I came out of the house, walking to the train station, I eat my sandwich – I was desperate to chew on something, which was quite interesting. I don't know if it is related to the fact that the interview despite all the hype and mania that I went through in the morning, getting there and all worry about whether I will make it …the interview was really ordinary. It wasn't unsatisfactory at all but in terms of the content, it just felt like a normal interview. Nothing at all different or extraordinary. Hmmm…

4   So maybe my reaction about wanting to chew on something was that I wanted something hard… (laughs with having had a sexual association with wanting something hard)…something to get my teeth into. As if the interview did not produce enough stuff.

The participant – I didn't feel a huge amount of emotions coming from her and when she talked about her second client, I felt pleasure and warmth emanating and reaching me as well but in relation to the first and third, she was quite factual, matter of fact…there wasn't much of felt emotions. She was talking about disgust and shame and fear. Off course I followed the words but I could not feel the same resonance of feelings in me. In relation to the second client, I did feel the warmth.

5   I am quite worried about saying and capturing my reflections, I am worried about how it might come across, whether she might feel like it is somehow a criticism of her and I am linking it back perhaps to something we talked about in the interview, about how this is a very sensitive area of work and how it is not easy to find words that are not going to hurt the other. So, in saying that interview was ordinary, my worry is that she would take it as 'not good enough'. And when I think about sexuality, as if I was expecting it to be all singing and all dancing and passionate and full of emotions where it was just ok, hmmm, 'done the job' type of thing – it somehow seems a pale shadow of what it should have been. I don't know – that's one way of looking at it.

Appendix 8 – Research group's input into my ethical dilemma (Consultation set as part of Psychosocial Workshop 11ᵗʰ Jan 2017)

My dilemma:

How to deal with situations when my interpretation is not something that participant is willing to consider, perhaps because they are not ready to hear it. Ethically – what is our position in this situation - you would not do that in therapy – you would take time exploring until there was an opening for your interpretation. In research, you just simply present it in the follow up interview or they see it in writing! Further, if not accepted by the participant, what happens to your interpretation in terms of its validity in the research process?

Group's response:

1. 'What is the ethical dilemma – I am not sure I understand'.
2. If interviewing therapists – surely, they are supported by their own supervision and peer network, they are able to deal with somebody presenting something they have not thought of before

3. Hopefully, 2ⁿᵈ interview gets them to a point when they are able to discuss your hypothesis to a point that new additional data becomes available and hypothesis can be elaborated or changed.

4. The discussion of it forms a second cycle of data. [I guess what is coming up for me is the notion of data as fluid, changing, context dependent, researcher dependent, not a static fact which is true or not true which is how my dilemma makes it seem. However, if so, what claims about my research findings can I make? If it is all so fluid and context dependent, the only claim I can make is that in the context of our research dyad, at this point of time, there are these issues which came up. So why would it be useful for the others? – this is point for discussion]

5. It seems to me that there might be a confusion of roles in Jasenka. Her concern is as a therapist - she is thinking more as a therapist than a researcher.

6. The notion of 'defended researcher' came up for me –she talked about the defended participant but how about her reasons for doing the research or interpreting the way she is. Perhaps there needs to be more recognition of her own filtering process in making interpretations and that the reasons why interpretations may not sit well with the participant is because they are a result of Jasenka's filtering process.

Appendix 9 – Research group's analysis of a section of the transcript with Participant 4

Time/ref.	Interview exchange	My reflective notes	Group reflective thoughts
35 15.34 Researcher	Sure. So, I have some questions regarding the content that I wanted to explore a little bit further but before that I am curious just to get a sense whether you had any thoughts or experiences or anything		Anything – sounds quite desperate – give me something please! Tone is open, inviting There is nothing unclear about the meaning
36 pts	I would love to say yes but because it was a while ago and because I have talked about it and written about it so much there is nothing new that shocked me or you know oh my goodness. I think I joked with you at one point oh it would be good if it did and then I could go and see my analyst again. **No, I am sorry to say no because I suppose you were hoping that I would say yes** (laughing)	I think this was quite important. Shows a way in which she is able to say things that she fears will disappoint me. Although initially I did feel a bit out off by it and saw it as a reflection on me (see below my response), I am quickly able to accept that it may not be anything to do with me – I am able to think about it rather then get embroiled in my own feelings.	Isn't she telling me about her 'goodness' – all the good things that she has already done: written and talked about so much already. No affect Why would she need to be 'shocked' rather than excited, interested - because she had her analyst in mind and in order to call him/her something would need to be shocking? But isn't it interesting that I asked about us and she, in her mind, saw it as a potential route to her analyst - an excuse to see her analyst – so I was the means (or as the case not even that!) to an end. An excuse to see the 'ex'! She isn't really sorry – what she is saying here is that I am not a match for her. Also she is saying I would like to say yes, not so much to please the researcher but because she would have like to have had an excuse to

			see her analyst. It is very self-centred – it is all about her!
37 researcher	Not necessarily but I was also thinking about <u>our</u> joke and me saying 'oh, was it a bit disappointing that there was anything new' and I was, I know it was a joke and it was not a big deal and there really isn't an expectation from me that you should feel in any particular way but the fact that nothing new did come up and I obviously don't know anything about your analyst that there was no reason to go and see your analyst again I was wondering whether there is anything in that perhaps I suppose there is disappointment that there isn't anything new for you	Notice how she imagines I might have hoped that she would have been stimulated by my interview. Actually she is right about it but I find it difficult to admit it. Instead I say 'not necessarily', as a way of protecting my dignity, as a way of saying 'don't you get too carried away' or put more simply 'fuck off - you are not that interesting to me either') As if I am stimulating / exciting / seducing her and she is saying 'no', this is old stuff, nothing new to be stirred about'. Following on when I asked a question of whether she might have been disappointed it feels as if I am turning the tables – I am asking about her disappointment, never mind mine and say weren't you disappointed that there was nothing new for you, to have with me or your analyst. In this moment I did have in mind her age and her experience and did wonder whether she has reached a point in her career where she cannot get excited very easily but she puts me right back into my place to say that there is plenty that she can get excited about and that she has moved onto those other things. On some level what is	Notice the use of language – I say 'our' rather than 'her' joke – I am trying to join in, to include myself in it too. The way I say things is quite appealing but also insisting. It feel like I am trying to get around someone's resistance. There is an overall feeling of defensiveness. For the interviewee, it feels like she is saying 'I am beyond that' and for the researcher there is a sense of defensiveness of the inequality in the research process. 'I know it was a joke and it was not a big deal' – am I trying to minimise the importance of this? [my response: In a way I am trying to honour the message that she gave me about the insignificance of our interview on her and also to pursue and amplify the possible meaning behind the joke – so I am honouring us both in this.] The use 'deal' suggests a contract between two persons – am I insisting that stick to our deal – of scrutinising the material? 'and I obviously don't know anything about your analyst' – odd insertion. Why did I say that – it added nothing to what I was asking. [My response: I think this reveals my preoccupation with her analyst and the question in my mind of whether he was a man and whether that is a reason why it would have been exciting to see him] I won't let go. In the end, I put it back to her that she might be disappointed – that is my interpretation. [My response: yes, perhaps as a result of wanting to turn the tables around and suggest that she, rather than I

		happening between us here is a microscopic scene of struggle of who is going to hold the desire / stimulation and who is going to be disappointed because of being rejected. I lose but also survive given her candidness	might be disappointed. As if there is a struggle of who is going to end up being disappointed].
37a 17.08 participant	No. You know, it was the second, the first one was 6 or 7 years and the second one was 10 years. There was so much work during the work I sort of feel my life has moved on in a sense and I moved on to other patients and other papers as well but other things that have interested me. I am happy to hear from my patient when I do that things are going really well for him and no I don't feel that anything was unfinished and I don't need to sexually excited by thinking about that patient all over again	I start off by not fully believing her when she first says 'no' but get convinced by her argument in which I am no competition whatsoever. She did so much work on these clients that my interview cannot touch it.	It is not clear what 'it' is. Could be anything – an affair with the client. Her response is not really a response to what I said but a follow up on her own thinking about how much she thought about these patients.
37b Researcher	OK. So a sense of job well done and moving on.		Are you saying here – "ok, you are telling me how great you are and I believe you" or are you saying it ironically "yeah right"? [my response - see what I said in my refection column, raw above – is that I accepted her greatness] I am very ingratiating, smoothing, providing affirming statements. But also, it is interesting that the affirming statement soothes the

			participant and she produces an example of job not so well done. So when she feels that she leads, she becomes more generous – perhaps she needs to be in charge.

Overall –

There is a feel of defensiveness in both of us. Sense of power struggle.

Was there an impact of me being foreign in the dynamic between us? She was certainly 'establishment'!

Could what happened between us be seen as an enactment of what might have happened between her and client/s?

There was sense that nothing co-constructed could happen between us – everything has happened already, there was nothing new for her. She was an expert, telling me the 'told story', stripped of affect, feeling a bit flat. It felt like a celebrity interview.

In terms of scenic qualities – Caravaggio came to mind, with lots of darkness and a bits of lightness. Big chair on one side and a smallish chair on the other side.

A thought that occurred to me after reflecting on all of this:

She was the winner in this because she did not get excited. She stayed strong because she was not feeling vulnerable in all of this. The one who got excited (me) and wanted her to feel the same (therefore would have experienced dependency) felt exposed as a result of which I wanted to cover up my feelings (e g. when I said 'not necessarily' (ref) and re-gain my dignity! So in this game, the power is in not being the needy one, even when it means that as a result you end up feeling a bit flat or not feeling much.

Appendix 10: Stages for 'Dubrovnik Method' of data analysis

STAGES FOR THE DUBROVNIK METHOD OF DATA ANALYSIS.

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You will need to work in groups of 4–6 people in a session of 1.5–2hours.

One member of the group will present **1 page** (1, 5 pages max) of interview data from an individual or group interview.

The extract the researcher selects should be something they are struggling with, or that they had a strong emotional response to, irritating phrases, odd repetition, or something that just feels difficult. Usually the researcher instinctively chooses the extract also with a view to something that might have an impact on the interpretation group.

Three Questions Guide the session which is based on *Manifest & Latent Meanings.*

Key point – in early stages you SHOULD NOT ATTEMPT TO INTERPRET OR ANALYSE

Three points guide the stages:

(i)   What is said? (manifest)
(ii)   How is it said (emotional responses and imagination)
(iii)   Why is it said in this particular way (or what is excluded or not said but comes through the unconscious and affective responses of the group)? (latent, scenic, unconscious meaning)

Stages:

1. <u>What is said ?</u> The group reads the text aloud with group members taking roles of researcher / interviewee (s)
2. Each member of the group offers a response – NOT AN INTERPRETATION – this response should be thoughts, feelings, emotional reactions, e.g. "I didn't like this.." "I felt uncomfortable..." " I liked this." "I wanted the story to go this way…"
3. The group goes through the text LINE BY LINE to clarify meaning – particularly if the text and group are from different cultures and languages (always bear in mind what the meaning of phrase may be in the language of origin but different linguistic meanings can be useful). In this stage you are working on clarifying the linguistic and cultural meaning – but NOT INTERPETING OR ANALYSING.
4. <u>How is it said?</u> Looks for the key feeling tone of each unit of text, as it expresses the speaker's relationship to the objects that he or she is

Appendix 10 cont.

talking about. E.g this comes over as aggressive or this seems to be suggesting regret etc. Think about the interviewee as an object in relation to others, culture and society

5. Final stage – Why is it said in this way? – This gives us more clues to the unconscious aspects of the text, what is excluded? What else could be said? What would be the scenic quality does it suggest?

6. Draw a conclusion. The 'Scenic' quality can be suggested. As noted above at this stage you can think much more about the scenic quality and TENTATIVELY suggest reasons using theories or concepts but this should not be fixed and the aim is to let the researcher take this away and in the spirit of Bion live with it and reserve final judgement until they have had time to process this emotionally and affectively in the days after the session.

Rationale underpinning method: Taken from unpublished account for IGPSR members

"Interpretation group method in the Dubrovnik tradition" By Wendy Hollway and Birgit Volmerg".

a) Group work: The availability of different perspectives through the group members provides a form of triangulation with the text, enabling a dynamic and creative learning process.

b) Small extract & in-depth analysis– avoids tendency to skate over surface and miss small but significant features. A potential criticism is that this process of extraction deprives the interpretation group of a larger whole, or gestalt, required to make sense of the specific extract.

c) Researcher's sample extract selection: dealing with emotional and 'difficult' extracts which when worked with may enable a breakthrough in analysis. Enables researcher to work with self and also the impact on others to aid understanding.

d) Reading aloud by group members playing a role: Readers bring their everyday cultural understanding of the meaning and significance of the transcript into their performance through intonation, emphasis etc.

e) Line by line: allows meaning to be clarified in relation to culture and language

f) Final stage, draw a conclusion & tentatively apply some conceptual tools and theories: we can reflect on the utility of psychosocial and psychoanalytically informed analysis.

g) What is said, How is it said and in what way ? – (Relate to Lorenzer see below)– relates to different levels of human understanding and speech.

Appendix 11 – Detailed description of the process of analysis of data employed in this study

Below is the detailed outline of the process of analysis I conducted in my study.

In line with idiographic tradition, each participant's data was looked at separately. Only after this was completed, was the data looked at in relation to all cases together. The description of the process below refers to the analysis of data for each participant.

- **Immersion**

The first step of post interview analysis involved 'immersion' with all of the data associated with any one participant - listening to the tapes, reading pre and post interview notes, transcribing interviews and writing reflections and reactions to the tapes. In line with the notion of 'experience near' (Hollway, 2009) aspects of data, I initially listened to the recordings of the interviews, noting their emotional undertones and my own reactions to listening to them. Theoretically, this process could be described as a process of emotional attunement or 'reverie' (Bion 1962) – a state of being open to musing, dreaming and becoming alert to the range of affective and sensory responses when confronted with the interview tapes and text, which in turn, Bion argues, is a basis for knowledge. In line with the importance of the 'whole' described above, initially I aimed to establish a *gestalt* within each participant's data set (for the use of reverie in research process see also Midgley and Holmes, 2018; Holmes, 2017)

I captured the outcomes of the 'immersion' in two ways. One was to simply jot down words which described or captured aspects of the interviews which stood out for me when interviews were listened to and looked at holistically, allowing for these to emerge from the process as a whole rather than being crafted out of the specific words used by participants in interviews (see Document 2, pg. 60 for the initial outcome of immersion for Participant 1). This formed an initial list of 'immersion themes' to consider in the overall participant analysis.

Further, in line with narrative approaches (e. g. Murray, 2015), I made use of writing to summarise my experience of working with the participant. For this purpose, Hollway and Jefferson's use of the 'pen portrait' (2013) and 'scenic writing' (2014) was adapted to create a means of capturing the *overall feel* of working with each participant. In addition to providing a context to the findings, this also aimed at creating transparency of the 'defences' with which the work with any one participant might have been imbued and by which it might have been influenced.   This 'overall feel' was included as an introductory section of the findings associated with each separate participant.

- **Detailed look at the text and generation of codes**

Following that, the process of generation of codes and theme was followed albeit not in such linear fashion as would be suggested by McLeod (1994) or Braun and Clarke (2006). This involved a more detailed look at interview transcripts. Aspects which carried emotional weight were sought, specific words were scrutinised for their potential latent meanings and the inconsistencies in reporting were sought out. These were used to further inform or adjust the holistically derived themes.

Specifically, in order to code the material, I highlighted words which carried emotional weight and significance within the text of the transcripts. Some of the highlighted text included simple words such as 'supervisor' which served as a marker for the content of the interview, which described that supervision played a part in the participant's experience. At other times, the highlighted text included descriptions of emotions and descriptions of the interpersonal field between the participant and her client or between the participant and the me (e. g. "I might need to be prompted. You might need to be curious." Pts 1, Int. 1: 6).

Further, I created an additional column in the transcript (see below, table 1, for an example of an extract of the transcript, or Document 2 for full transcripts with participant 1) in which I noted my reactions related to that segment of the interview text, such as:
- my emotional responses after listening to tapes (e. g. "*I am feeling a bit awkward, not sure what words to use*" Pts. 1, 1st int. 13; "*It feel like she just gives me the bare*

minimum and I give up wishing for more – I move onto the next client" Pts 1, 1st int: 72);

- my observations on the manner of speech ("*Speed of words – sexual arousal uttered very quickly*" Pts 1, 1st int. 12a),

- changes of tone or focus ("*Notice the evasiveness and shift from emotional to rational in her response too*", Pts 1. 1st int: 31)

- notes to myself about aspects of the interview to follow up on in the next interview ("*Her answer suggests the wealth of opportunities to talk about and yet the actual account I am getting from her is quite sparse. Check her feelings about this*", Pts 1, 1st int: 74)

- notes denoting the interview-based themes ("*This is quite important – what you feel about any one thing (client) depends on the context*" Pts 1, 1st int: 93)

- notes to myself which link different parts of the interview, outlining inconsistencies, similarities or differences in how things are described ("*I am thinking about the 'police' in the previously described case - responsibility in this case is shared – as if it is difficult to bear having the sole responsibility for it*", Pts 1, 1st int: 83)

I used my own reflexivity contained in column 4 of the interview transcripts and in 'the post interview notes' to seek additional ways to understand the interview text as well as to find additional themes which were related to the expressed content but were also contained in the interpersonal field between the participants and myself.

Finally, I created an additional column (column 5) in which I jotted down provisional ideas for the codes and high-level themes to which interview segments related and according to which they could be collated / looked at.

See below (table 1) a segment of the first interview transcript with participant 1. The full interview transcript and associated reflective and analytical work is included in the Document 2.

Table 1. Example of working with the interview transcript

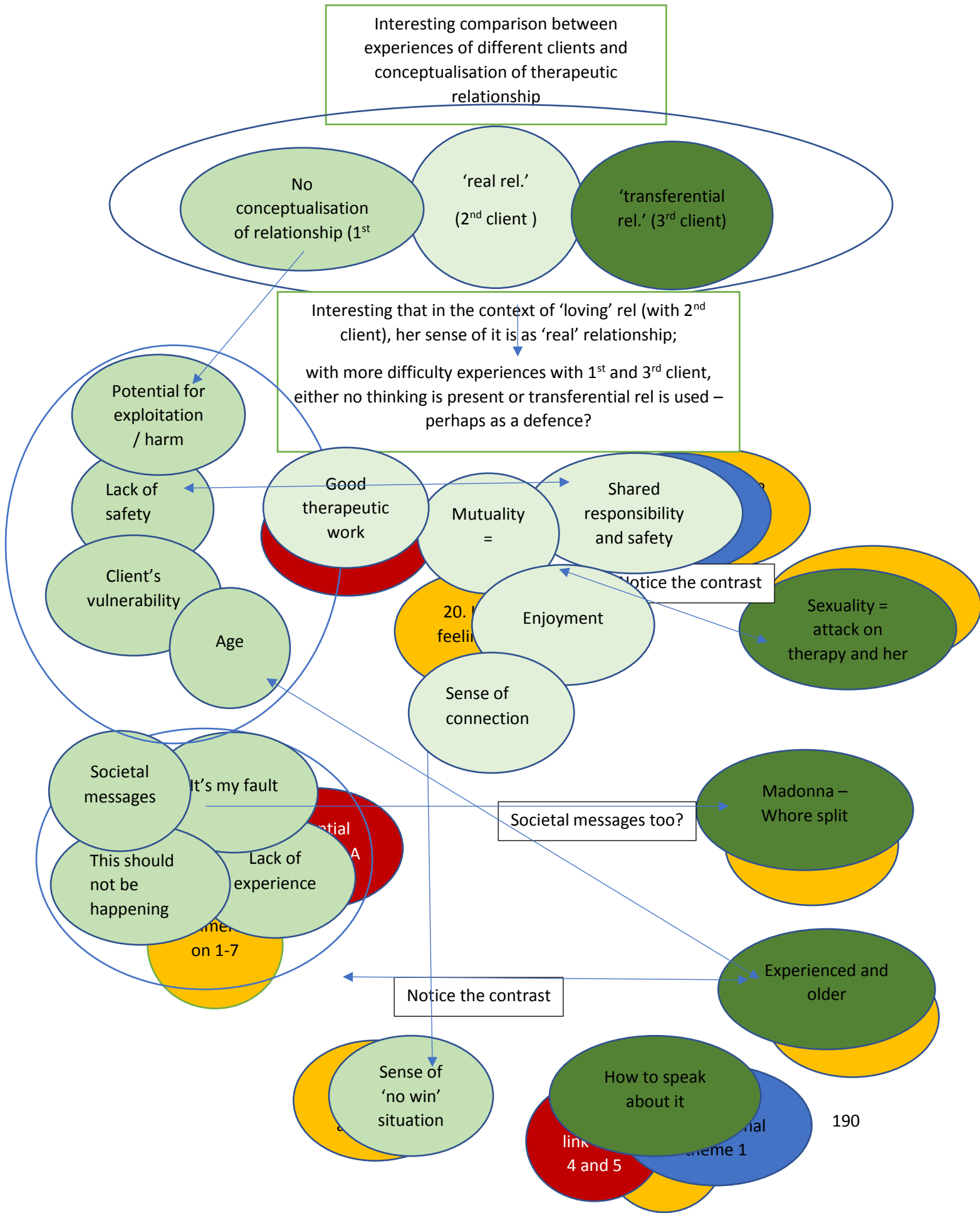| Col. 1	Column 2	Column 3	Column 4	Column 5
Ref.	Researcher	Participant	My reflections	Potential codes / themes
7		Have I worked with clients where there's been sexual attraction, yes…		
8	Is there a particular client that comes to mind?		I take a guiding role!	Leading vs following role
9		There are a couple. A few. One very early in my practice. He was a sort of, teenager who…hmmm…teenager, about nineteen or twenty who was …errrr….who was errr… who would get sexually aroused in the sessions …errrr… which at the time I found very difficult because I was pretty new as a counsellor, just begun, few years into my psychotherapy training, so we are talking quite a long time ago	Notice difference in speed of uttering words. Hesitation around teenager (is it his age that makes her hesitate?). Initial pause and then quick expulsion of words, as if gathering momentum for words to come out. Being inexperienced was a factor	Experience Age (clients or her own?)
10	How old were you?		I am wondering whether it is just the lack of experience or her own age too	
11		How old was I? errr Well, it probably would have been around 1989….90. I was ….probably 38, 39…something like that. But I felt quite new as a psychotherapy trainee.	She doesn't seem to have her age in her mind suggesting it is more her experience that mattered	experience
12	sure			
	Ooo, ok.	And errr… my supervisor at the time told me to stop working with him. And now, looking back, I am not sure that was the right thing to do. Because I think it made him feel really ashamed of... of his sexual arousal.	Speed of words – 'sexual arousal' uttered very quickly. Sexual arousal = Shame	Supervision shame
13	How was sexual arousal manifested, could you see the physical?		I am feeling a bit awkward, not sure what words to use.	How to speak about sexuality / language

- **Generation of themes**

At the end of interview 1, given that I was interested in the contextual and potential latent meanings, I considered all codes in their context and I looked at data through the tripartite lenses of each participant's *gestalt*, interview text and the interpersonal dynamics of the research process. Practically, this meant that I reviewed all pre and post interview reflections, interview text and columns 4 and 5 of the interview transcript. I looked for overlaps and contradictions, identifying the first set of emerging themes and questions to explore in the follow up interviews. Although the majority of this work was done by hand, by writing notes, shifting papers and sticky notes, I have reproduced an electronic example of it for the purposes of explication of the process. See Figure 1 overleaf for a pictorial depiction of the data overlaps for Participant 1. The circles in green relate to the themes which emerged out of the text of the interviews (different shades of green relate to different clients that the participant discussed), blue is related to the interpersonal themes within the interview, red circles relate to themes identified in the post interview reflections and yellow are a result of immersion.

These themes were then discussed and elaborated upon with the participant in the follow up interviews. For example, in the third interview with participant 1, I made an experience-based suggestion that neither of us wished to be in charge and shared my initial way of understanding it as neither of us wanting to take ownership of the material (3rd int: 27). I further linked it with what she told me about her second client and how he 'got her off the hook' (3rd int: 29c) suggesting a potential reluctance / discomfort in 'taking charge' of the dynamic of sexual attraction within the work. This made the participant recall that with the third client there was a battle of who was going to be in charge (3rd int: 32) after which she linked it with the societal dimension (3rd int: 34). Ultimately, these exchanges formed a basis for the theme 4. 1. 3. 'Conflict of roles and the impact on the therapist's authority'.

A similar process of outlining, mapping and linking themes was repeated after each interview, adding to it the sense of the participant which was initially derived though the process of immersion.

Figure 1 - Overlap between sub-set of themes after 1st interview – Participant 1

Interesting comparison between experiences of different clients and conceptualisation of therapeutic relationship

No conceptualisation of relationship (1st

'real rel.' (2nd client)

'transferential rel.' (3rd client)

Interesting that in the context of 'loving' rel (with 2nd client), her sense of it is as 'real' relationship;

with more difficulty experiences with 1st and 3rd client, either no thinking is present or transferential rel is used – perhaps as a defence?

Potential for exploitation / harm

Lack of safety

Client's vulnerability

Age

Good therapeutic work

Mutuality =

Shared responsibility and safety

Notice the contrast

Enjoyment

Sexuality = attack on therapy and her

20. feeli

Sense of connection

Societal messages

It's my fault

This should not be happening

ntial A

Lack of experience

me on 1-7

Societal messages too?

Madonna – Whore split

Notice the contrast

Experienced and older

Sense of 'no win' situation

How to speak about it

al link 4 and 5

heme 1

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- **Reiterative process of looking at the codes and generating or adjusting the themes**

For those themes which were predominantly semantic in nature, in relation to which participants reported their experience relatively unambiguously and/or without contradictions, such as for example the theme related to supervision with the 1st participant, all segments of the transcripts which were related to the supervision were collated, and a summary was provided in the findings section.

In relation to the themes which contained contradictions, conveyed mixed semantic and emotional messages or were felt to be laden with latent meanings, a more interpretative analysis was conducted.

I made use of the psychodynamic theory outlined in section 3. 4. 2. to think about these potential meanings. Furthermore, in line with the way in which researcher's reflexivity is used to think about the impact of the interpersonal dynamics on the co-construction of the narratives (Murray, 2015, Etherington, 2011, Bager – Charleson, 2014), Chamberlayne's (2005) and Halling's (2005) use of 'mirroring' and 'enactment' in research, as well as the notion of 'parallel process in psychotherapy supervision' (e. g. Bromberg, 1982; Morrissey and Tribe, 2001; Mendelsohn, 2012), I observed similarities between the content and the process of interviews and used the links between them as a potential way of understanding the material.

Furthermore, not that dissimilar to Hoggett et al's (2010) use of 'dialogical stance' within FANI interviews or Holmes's (2017) use of reverie within the interviews, I used the process of sharing my understanding of the interview content with the participants in the follow up interviews - a process of summarising, checking and incorporating my understanding of the interviews into the dialogue and exchange with the participants.

"*Researchers cannot but 'think into the encounter' and their thinking necessarily assumes the form of interpretations, a kind of 'thinking aloud'*" (Hoggett et al, 2010, pg. 176).

In addition to this process of 'reflection', 'reverie' and 'thinking', I also used a number of different 'techniques' – I cut and pasted in order to collate codes and segments of text which related to the particular theme.

For a list of all themes and related codes for Participant 1, see the table 3 below.

Table 3. Summary of the themes and associated codes for the interviews with Participant 1.

Theme	Codes
4. 1. 1. Not knowing what to do and how to speak about sexual matters	Warming up (1st Int: 1) Time / slowing things down (1st int: 1, 2) How to speak about sexual matters / language (1st int: 13), (1st int: 60), (1st int: 239), (1st int: 245), (1st int: 247) Sparsity of account / lack of elaboration (1st int: 74), (1st int: 78), (1st int: 113) (1st int: 136), (1st int: 251), (3rd int: 64) Talking about sexual matters is sexually arousing (1st int: 241) Discomfort with probing (1st int: 222) Not knowing where to go from here (3rd int: 16, 19, 25) Silence – people do not want to talk about sexual matters (3rd int: 106-110)
4. 1. 2. Sexual dynamics are a core part of one's identity	Sexual dynamics require sensitivity (1st int: 247, 249) Normal became abnormal (1st int: 63) Sexuality as identity (3rd int: 12 b, 48, 50, 52, 54, 57)
4. 1. 3. Conflict of roles and the impact on the therapist's authority	Leading Vs following / who is in charge (1st int: 6, 8, 17, 32), (3rd int: 19, 27, 28, 29c, 32) This should not be happening (1st int: 26, 27, 29, 33-38, 51, 55, 59) Abdication of responsibility (1st int: 51, 80) Conflict between male-female and therapeutic roles (1st int: 39, 90), (3rd int: 38, 40) Co-existence of two roles (1st int: 82) Mutuality = protection of therapeutic relationship (1st int: 80) Sexual dynamics as an attack on therapy and her (1st int: 177, 179) Sexual dynamics as a test of therapeutic capacity (1st int: 234-237)

	Societal element (3rd int: 34, 40, 42)
	Example of when no conflict was experienced (3rd int: 92)
4. 1. 4. Reluctance to own material	Leading Vs following / who is in charge (1st int: 6, 8, 17, 32), (3rd int: 19, 27, 28, 29c, 32)
	Sparsity of account / lack of elaboration (1st int: 74), (1st int: 78), (1st int: 113) (1st int: 136), (1st int: 251)
	Discomfort with probing (1st int: 222)
4. 1. 5. Different clients and the context of the relationship provoke different reactions	Lack of safety (1st int: 24) Vs client naming the dynamic giving a sense of safety (1st int: 83)
	Anger with the 1st client (1st int: 43)
	Anger with 3rd client (1st int: 181)
	Hatred towards 3rd client (1st int: 189, 192)
	Mutuality of feelings with the 2nd client (1st int: 76, 80)
	Mutuality, enjoyment, fondness (1st int: 78, 117, 119, 125, 129, 160)
	My own sense of honesty in mutuality (3rd int: 25
	Vulnerability, potential for exploitation (1st int: 96, 98, 151) Vs no exploitation (1st int: 101)
	Real (1st int: 131, 144) vs transferential (1st int: 194, 213) conceptualisation of relationship
	Mutuality and love (1st int 137, 138)
	Reciprocity of feelings Vs incongruence (1st int: 199, 209, 211), 3rd int: (76, 77)
	Difficulty in feeling rejecting (3rd int: 53b)
	Difficulty in working partly to do with what client brings to therapy (3rd int: 77-88)
4. 1. 6. Sexual dynamics link with 'shame' the 'sense of being at fault'	Societal messages (1st int: 39, 121, 185) and her age (1st int: 154, 156, 158)
	This should not be happening (1st int: 26, 27, 29, 33-38, 51, 55, 59)
	My mistake and the significance of it (3rd int: 1-10)
	Trust (3rd int: 13)
	Fear of making a mistake (3rd 61a)
	Fear of being seen as inviting / seducing (3rd int: 71-75, 100)

	Fear of judgement (3rd int: 112-114)
4. 1. 7. The crucial role of supervision, age and experience	Experience (1st int: 9, 10, 11), (3rd int: 58)
	The role of the supervision (1st int: 12 a, 20, 41, 51, 55, 57, 59, 70), (3rd int: 96, 102)
	Becoming at ease with own sexuality (3rd int: 64-68)
Question of female to female sexuality	1st int: 78; 3rd int: 34, 36-37

Further, I wrote in the margins, jotting down my thoughts as I went along. As suggested by Murray (2015) and Braun and Clarke (2006), I used writing as an integral part of analysis – I explicated my thought process through writing, in order to be able to summarise it, remember over time and discuss it either in the follow up interviews or with research buddies and ultimately report it in this study. This was very much a recursive process in which I moved backwards and forwards from the text to theory, to my experience and experience of research buddies, in order to make sense of the data.

Finally, it is important to note that despite following the process described above, the final set of themes which were reported in this study were not simple amalgamations or summaries of codes contained within the lists of themes. In presenting my findings, I aimed at capturing the story of the participant's account, and at times, such as with Participants 3 and 5, through descriptions of the chronological development of themes, their continuity and contradictions over time, I aimed to explain and expose my interpretation and understanding of their accounts. In this way, in line with the hybridity of my method outlined before, I departed from the simple use of the content analysis by making use of notions borrowed from the narrative and psychanalytic traditions.

- **Reviewing themes**

Although this was not always possible because some of the ways of understanding data and experience emerged only after the interviews were completed (such as with participant 3), for as much as possible, I engaged in the interpretative work between the interviews, using

the final interview as a way of corroborating and reviewing my understanding with participants. As a result, the majority of the themes reported in this study will have been discussed with participants at some point in the interviews (see example of Participant 1 transcript of 3rd interview which shows in green the discussion of the overall themes reported in the study). In addition, in order to account for some of the post interview interpretative work, I shared drafts of all my analytic thinking with the participants, inviting them to comment or add to it.

Nevertheless, as Smith (2007) points out, this is theoretically a never-ending process because the possibility of constantly digging further for further interpretation is always present. In addition, this is also a highly personal process, specific to me as a researcher and to my participants in relation to me. The interviews generated data based on the specifics of the research interactions between participants and me, whilst the analysis of data relied on my personal judgement of data's significance based on my experience of working with participants and my interpretations of the text based on that experience.

In order to account for some of my biases inherent in such personal work, in addition to discussing my thinking with participants themselves, I employed a number of practices such as further use of triangulation, thick description and explicitness which are discussed above.

Appendix 12 – table outlining links between the themes mentioned by individual participants and overall themes reported across participants

Individual participant themes	Participants who mentioned the theme	'Master themes' mentioned in the overall summary
4. 1. 2. Sexual dynamics are a core part of one's identity	1	4. 7. 2. 'Sexual attraction as identity' making it a difficult area of work
4. 2. 1. 1. Difficulties in working with sexual matters because of its links with our sense of self	2	
4. 1. 3. Conflict of roles and the impact on the therapist's authority	1	4. 7. 7. Person-role incongruence and its effect on one's sense of authority (including the power inequality)
4. 2. 1. 3. Sexual aspects of relationship pose a threat to therapeutic relationship	2	
4. 2. 1. 4. Authority and Sexual attraction	2	
4. 4. 3. Seduction and rejection – a power play (part which links with being rejecting)	4	
4. 3. 6. Incompetency and omnipotence	3	
Incongruency of feelings with our conception of the role (Pt. 5, 1st int: 37)	5	
4. 5. 4. Power struggle	5	
4. 3. 4. Fear of her own sexual attraction towards the client and the potential fear of love	3	4. 7. 9. Conflict of roles and the need to split
4. 3. 3. Splitting of negative feelings towards the client	3	
4. 3. 7. Clash between being a 'woman and a 'therapist'	3	
4. 1. 3. Conflict of roles and the impact on the therapists' authority	1	
4. 2. 1. 3. Sexual aspects of the relationship pose a threat to the therapeutic relationship	2	
4. 3. 1. To do the work is to continue, as a mother (aspect related to the question of maternal transference as a defence)	3	
4. 5. 6. Intimacy, vulnerability and therapist's responsibility	5	

4. 5. 2. Different forms of transference and different responses to it	5	
4. 4. 2. Importance of the reciprocity of feelings between the therapist and the client	4	
4. 1. 5. Different clients and the context of the relationship provoke different reactions	1	4. 7. 1. Different clients provoke different reactions
4. 4. 1. Uniqueness of working with each patient	4	
4. 5. 2. Different forms of transference and different responses to it	5	
4. 1. 6. Sexual dynamics' link with 'shame' and the 'sense of being at fault'	1	4. 7. 8. Being at fault or fearing making a mistake
4. 3. 6. Incompetency and omnipotence	3	
Responsibility and caution about making a mistake (Pt 5, 1st int: 19, 23)	5	
Pt. 4 reflections on what she should have done to prevent the outcome (Pt 4, 1st int: 14)	4	
4. 1. 1. Not knowing how to speak about sexual matters	1	and a subset 'not knowing how to speak about sexual matters'
4. 4. 6. Language	4	
4. 1. 7. The crucial role of supervision	1	4. 7. 4. Importance of supervision
4. 2. 1. 5. Supervision	2	
4. 3. 8. Crucial role of supervision	3	
4. 4. 7. Importance of supervision, training and self-analysis	4	
4. 2. 1. 2. Being sexually desired causes mixed feelings of vulnerability and power	2	4. 7. 6. Vulnerability and safety
4. 3. 2. 1. Blind spot as a result of lack of feeling safe	3	
Fear of client making an unwanted advance (pt 1; 1st int:24-27)	1	
4. 1. 5. Different clients and the context of the relationship provoke different reactions	1	4. 7. 10. Mutuality and Love
4. 4. 2. Importance of the reciprocity of feelings between the therapist and the client	4	
4. 3. 5. Faithfulness / betrayal / confidentiality	3	4. 7. 3. Importance of confidentiality and trust
4. 4. 4. Sensitivity and confidentiality	4	

4. 5. 3. Confidentiality	5	
4. 3. 2. Denial and obliteration of sexual dynamics	3	'Defensive ways of approaching sexual dynamics' as a subset of the superordinate theme of 'conflict between personal and professional selves'
4. 3. 2. 2. Blind spot as a protection against negative identifications	3	
4. 1. 4. Reluctance to own the material	1	
+		
Themes contained in the master theme 4. 7. 8. 'Conflict of roles and the need to split'		
+		
themes contained in the master theme 4. 7. 1. Different clients provoke different reactions		
4. 4. 5. Importance of theoretical position on how to work with sexual matters	4	Importance of theoretical position
4. 5. 1. Importance of theoretical conceptualisation on one's experience of the client	5	