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CENTER FOR HEALTHY SEX

**Erotic Countertransference: Afternoon Delight
or the Radical Search for Truth?**

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SASH Conference, Austin, TX

September 23, 2016

www.thecenterforhealthyssex.com



Sexualized Transference

- **Sexualized transference:** Is simple and straightforward; client has an expressed interest in having sex with the therapist, not necessarily an erotic relationship (Celenza, 2014)
- Sexualized transferences can be elaborated into erotic transference when the therapist explores the client's fantasies in relation to having sex with the therapist
- SA's sexualize their therapist's ALL THE TIME!





What to process

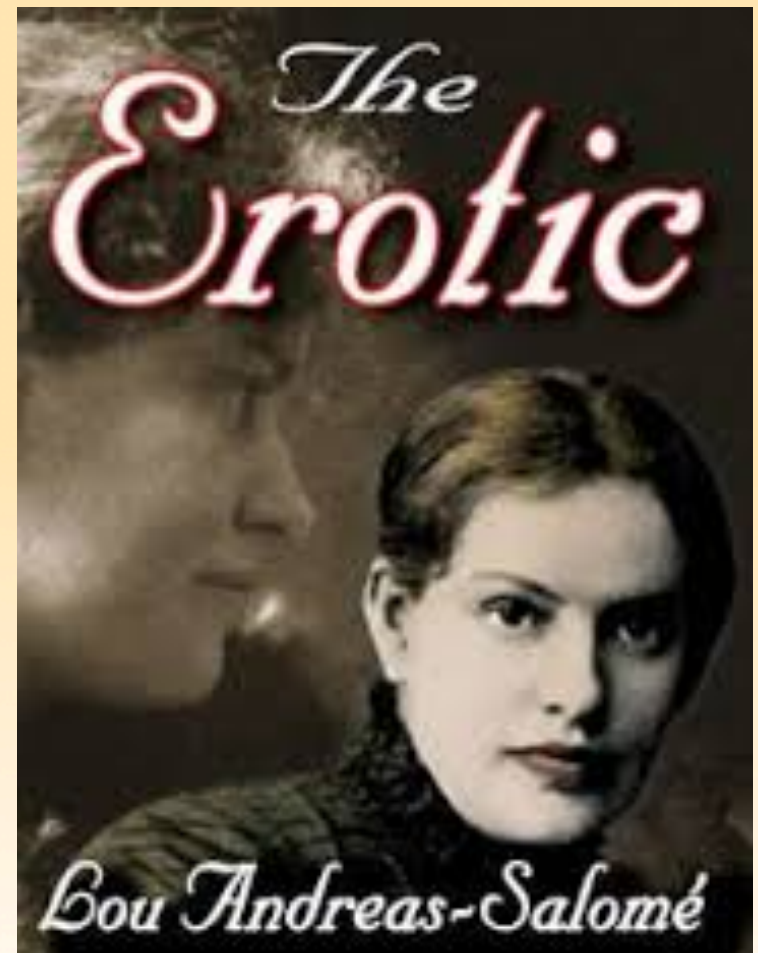
- What is your client desiring?
- What is the client expressing when they sexualize or fall in love with the therapist?
- Sexualizing can be a way to avoid expressing vulnerabilities; a diversion from deep pain
- What underlies sexualizing? Rage, separation, loss desire to destroy, envy, deep need for love, longing for attachment, etc.





Erotic Countertransference

- Erotic countertransference was once thought to be a product of unconscious and conscious emotional reactions and fantasies of the therapist in relation to the patient.
- These covert erotic experiences were considered unresolved issues in the therapist and a hindrance to treatment.





Erotic Transference



- **Erotic transference:** is more complex than sexualization, It involves the client's private, erotic fantasies of the therapist (Bollas, 1994; Mann, 1997)
- **Embodied intimacy** (Celenza, 2014)





What does “erotic” mean?

- Any desire for skin to skin contact, touching, sucking, licking and the desire to ultimately merge; to be inside the other. These things are a part of what happens in early infancy. (Celenza, 2014)
- These things are an integral part of lovemaking
- Erotic transference can evoke feelings of lust and love in both members of the therapeutic dyad.





Interpenetrating subjectivities



- A more modern understanding of countertransference is that both patient and therapist are mutually influenced by one another.
- Both party's subjectivities *interpenetrate* to create natural, reciprocal responses necessary to effective therapy.





“Erotic transferences should make their way into every ...therapy at some point”

Celenza, 2014



- Working with issues of sex and sexuality makes the therapist susceptible to inevitable erotic exchanges with the patient.





Therapist's blind spots

- If this isn't happening, there's a blind spot in the therapy, no matter the genders.
- What are your blind spots?
- What measures does the therapist go to to avoid threatening behavior?
- Why is there an absence of sexual desire with a particular patient?





Other questions to ask...

- Why does the patient fail to arouse the therapist and how is that related to treatment issues?
- Can you move the sexual transference into an erotic one (i.e. what is the patient desiring when they're expressing sexualized love?)
- When the dyad work through the fantasies, longing, etc. by the patient, how does the therapist deal with his or her loss of flattering attention?
- What happens when the patient desexualizes the therapist?





What about feelings of love?

- Examining the range of our countertransference includes the erotic and feelings of love.
- How do we manage and use feelings of erotic energy and what do we do with the absence of erotic energy?
- Most of us are relieved and hope it never shows up, or worse yet, we don't even realize it's not present.





How are the transference/ countertransference elicited?

- Implicitly/unconsciously
- Upon examination of the patient's erotic template in detail
- When eliciting sexual details in service of seeing the attractor patterns from the past, play out in the present. This IS what trauma looks like in SA's and, sometimes in their partners.
- How do these eroticized encounters impact you? What images bodily sensations, judgments, and feelings are evoked?





How are the transference/ countertransference elicited?

- How do you use this material in the therapy?
- What effect does it have on your relationship with the patient?





How vulnerable do you get?



- What parts of the patient are disavowed?
- Which parts of the therapist are disavowed?
- What does it mean to reveal yourself?





Signs of ECT in the therapy

- Feeling motherly or fatherly; protective – these are bodily-based feelings
- Making special accommodations
- Flexing boundaries
- Feeling aroused (bodily-based)
- Mild dissociation (so as not to have to deal with your feelings)
- Dislike of patient but intrigued by his/her behavior
- Eliciting sexual details for no good reason (voyeuristic)





Signs of ECT in the therapy

- Feelings of love and empathy
- Feelings of power and control; becoming withholding (patient's dependency, or feeling like s/he wants something from you)
- Feeling confused or paralyzed
- Female therapist's tend to collude with male patients' fears of their sexuality and aggression by acquiescing when they make a move to leave therapy. (Celenza, 2014)





Some typical scenarios of erotic transference/countertransference

- Client is attracted to you, you're not attracted to client
- Therapist is attracted to client, but client gives no hint of being attracted to therapist
- Client is attracted to therapist, therapist is attracted to client
- Client seems to be unwittingly seductive towards therapist





Typical scenarios, cont'd.



- Client is overtly seductive towards the therapist
- Client discloses feelings of love or attraction towards therapist
- Therapist self-discloses feelings of love or attraction towards client





Common symptoms of ECT

- Obsession about patient
- Wondering/worrying about how you look
- Changing how you dress on the day you see the client
- Changing your routine on the day you see the client
- Feeling slightly elated when you receive a text, email or call
- Thinking about or ruminating whether he/she should stay in his/her relationship or not
- Getting triangulated into the marriage





What affect does working with sex and sexuality have on your sex life?

- You have intrusive fantasies about your client during sex with your partner
- You dream about your client
- You are averse to sex with your partner
- You get confused about what you do and don't like sexually, not sure what's okay with you any more
- You dread sex
- You want to try new and varied things with you partner having learned novel sexual acts/ experiences





Process ECT in therapy

- “Therapist’s have a phobic dread of erotic transference and countertransference” (Davis, 1998; Celenza, 21014)
- Ease with erotic discourse and language is crucial (Celenza, 2014)
- Judicious and tactful disclosure of ec can facilitate the treatment (Lijtmaer, 2004); ECT must keep the focus on the patient
- Context for disclosure of ECT is everything





Process ECT in therapy

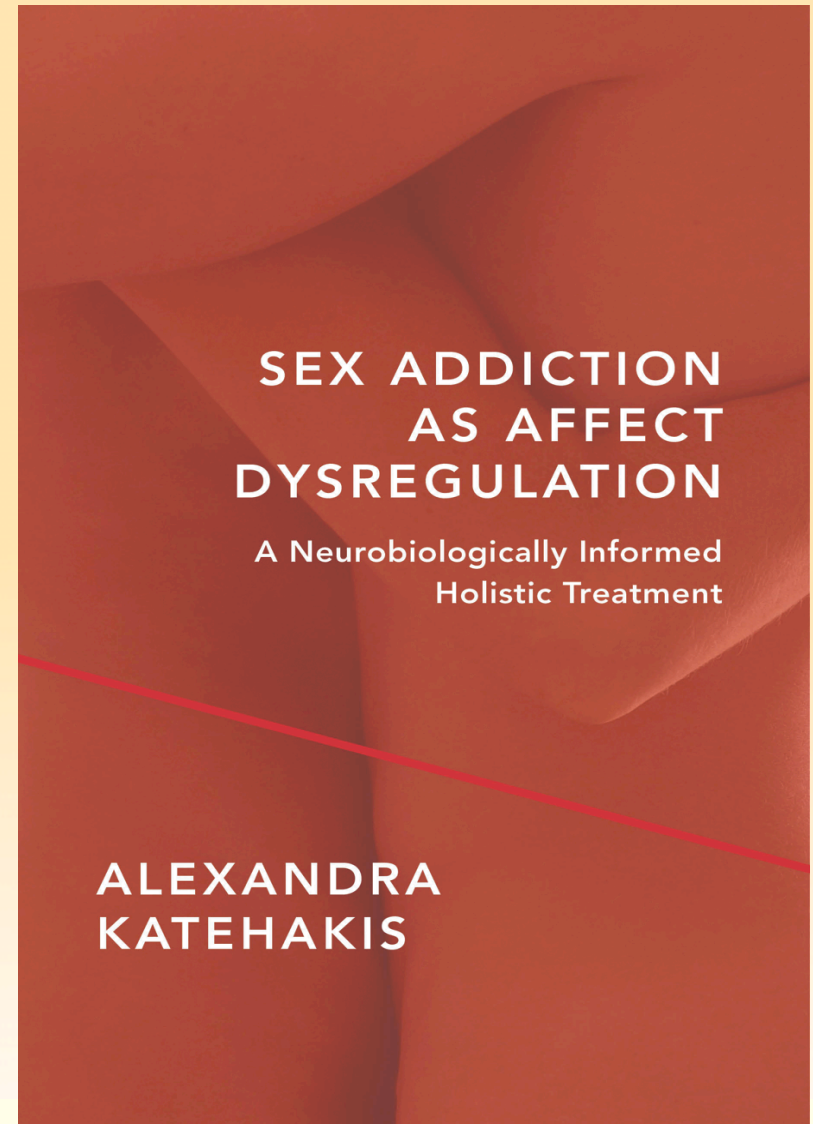
- “the challenge for each of us is...to express the passionate response in a manner that is usable by each patient” (Hoffman, 2009)
- It should serve the therapy; perhaps it serves to break a therapeutic impasse
- Green light when patient surmises that therapist has erotic feelings, this is an indication of his strength
- Always seek consultation first

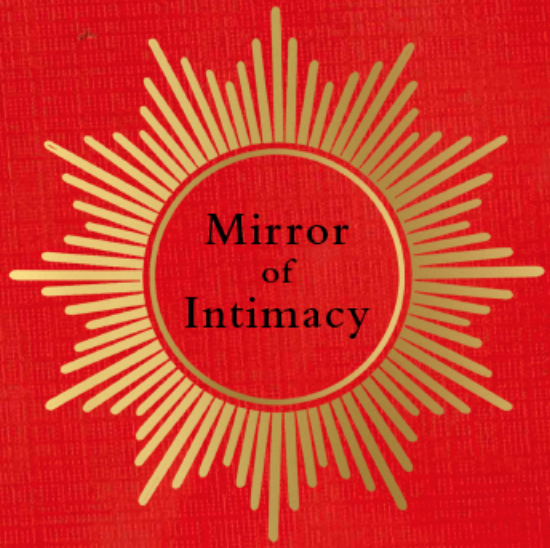




Sex Addiction As Affect Dysregulation

- **Norton Series on Interpersonal Neurobiology**
- **Available at the SASH bookstore**

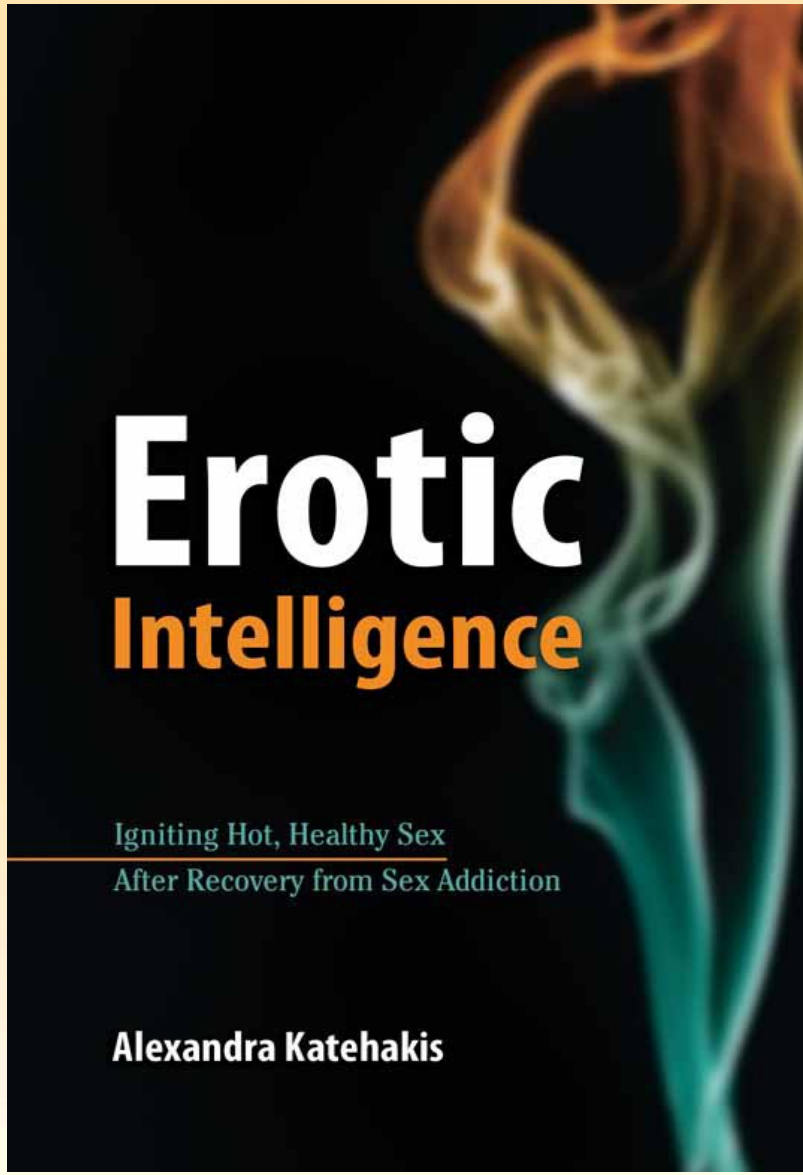




Mirror
of
Intimacy

*Daily Reflections
on Emotional
& Erotic Intelligence*

Alexandra Katehakis
—
Tom Bliss



**Erotic
Intelligence**

Igniting Hot, Healthy Sex
After Recovery from Sex Addiction

Alexandra Katehakis



Making Advances

- Winner of the 2013 Clark Vincent Award honoring its literary contribution to the field

