Sleeping with the therapist

Dr Simon Wessely on why we need professional controls for counselling

Women,

too, had

affairs

with

their

patients

ne of the most famous figures in the history of psychiatry is a lady known to us as Anna O. She was suffering from hysteria, and was being treated by Josef Breuer, a colleague of Sigmund Freud. Breuer began to be troubled by Anna O's increasingly sexual advances to him and his own attraction to her. He terminated treatto her. He terminated treat-ment and took his wife on a second honeymoon. Freud took over Anna O's therapy. Freud From this episode Freud's elaboration concept of transference came of the

Freud argued that a patient is attracted not to a doctor's individual charm or looks, but instead to an idealised version of what the doctor represents to the patient. Thus if a patient professes to be falling in love with the doctor, this informa-tion should be a powerful a powerful ng access to method of gaining access to the patient's previous experi-ences and inner world. Unfor-

tunately, sometimes it can be a way of gaining access to far more than the patient's

psyche.
There is increasconcern that ing some therapists exploit these power-ful feelings in order to enter into a sexu al relationship with the patient. How-ever, determining the scale of the problem is diffiproblem is diffi-cult. Almost the only way of obtain-ing such data is by

confidential surveys of mental health professionals. Unfortunately, anonymous surveys do nately, anonymous surveys do not necessarily produce accurate data, and are difficult to verify. With this reservation, studies from America suggest that 5 to 10 per cent of therapists have had sexual contact with a patient. (This compares favourably with figures of 13 per cent for general practitioners and 18 per cent practitioners and 18 per cent for obstetricians.)

Should we be concerned about these figures? The answer must be yes — but, as Dr. Derek Jehu rather reluctantly concedes in his book, Patients as Victims, if finding out how often patient/therapist sex occurs is difficult, determining its precise effects is almost impossible.

impossible. The inevitable American survey that suggests that 75 per cent of patients who have had an affair with their therahad an attair with an applied go on to develop postto devote the contract of the should be taken with the customary pinch of salt, but nevertheless, it is easy to list the disadvantages of sexual contact between patient and therapist, and almost impossi-ble to list any benefits from

such activity.

What is it that leads a therapist to begin a sexual relationship with a patient? Dr Jehu is careful to avoid any simple answer, but his repeated use of the phrase "predatory therapist" indicates his personal view. In fact the personal view. In fact stories revealed by Bi psychologists who answ recent survey and admitted to at least one sexual contact with their clients suggest less the image of a predatory beast, and more a catalogue of ignorance, naivety and per-

sonal unhappiness.
Contrary to the stereotype of the older male psychotherapist seducing his young female client, one third of the psychologists who admitted any official to the psychologists who admitted any offi ogists who admitted any affair with a patient turned out to be women. Nevertheless, even if the epithet "predatory" seems misplaced, phrases such as incompetent, unprofessional phrases such as nt, unprofessional and destructive are

well deserved. What should be done to pre such abuses? prevent auu. states it is most of America criminal offence for a therapist to have sex with a patient, though there is more ambiguity about the position of the ex-patient. In Britain we have yet to tackle these issues with the same

vigour, perhaps because of our reluctance to confront the unacceptable face of therapy

octors who are found guilty of having sex with patients will almost certainly be removed from the General Medical Council register, and thus be unable to work. But although psychologists may also, be unable to work. But although psychologists may also, be removed from their professional register, all this means is that that they cannot call themselves chartered psychologists. And a counsellor who sleeps with his patient has to change neither his title nor profession.

The case for greater regulation is powerful, although I hope we will favour strengthening professional control rather than allow lawyers to intrude on yet another aspect of professional life.

of professional life

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