Case Report

Erotic Transference in Therapy with a Lesbian Client

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Abstract

Transference is a major issue in any kind of psychotherapy. It is classified as positive and negative. Another kind of transference is sexualized transference wherein, the client may develop fantasies about the therapist revolving around themes that are chiefly romantic, reverential, intimate, sensual or sexual. Transference is crucial in psychotherapy with LGBT clients and is a sensitive issue that needs to be dealt with in a delicate manner. This case is an example of sexualized erotic transference in the context of therapy between same sex therapist and client, when their sexual orientation differed as well as the use of the transference in the process of therapy. The article discusses how erotic transference which initially posed a threat to therapy progression was resolved and how training and supervision are essential for handling sensitive issues in therapy.

INTRODUCTION

Transference is a major issue in any kind of psychotherapy and requires to be dealt with in an effective manner. At times, it is utilized in therapy to bring about change. However, at times, even positive transference might create problems. Transference is considered to occur when an individual’s unconscious feelings are transposed on to another person [1]. It is classified as positive and negative. When transference is positive the individual experiences feelings such as respect, admiration, love etc towards the therapist. Negative transference occurs when the client experiences anger, hatred, dislike etc towards the therapist [1]. Another kind of transference is spoken about where the client may develop fantasies about the therapist revolving around themes that are chiefly romantic, reverential, intimate, sensual or sexual. This is referred to as sexualized transference [2].

Transference is crucial in psychotherapy with LGBT clients. There is a lot of research on how transference occurs and is dealt with by therapists dealing with homosexual clients [3,4]. Sexualized transference is common in psychotherapy especially with LGBT clients. However, most of this research focuses on the relationship between a client and therapist of same sexual orientation [5,6]. There are fewer case studies on positive transference between a heterosexual therapist and a homosexual client, especially when both are of the same sex [7].

Transference was earlier considered an obstacle to therapy. It was Freud [8] who began seeing it as a therapeutic agent. He used transference for understanding his patients better. It was seen as an unconscious communication by Melanie Klein [9]. In psychoanalysis, the interpretation of transference was considered essential. Transference occurs in other types of therapy too. Here it is not analyzed or interpreted rather it is used to obtain psychological material and deeper understanding of the client’s motivation [10]. The client is encouraged to discuss and explore their emotional reactions to the therapist, especially if it is out of proportion with what happened during sessions. It allows them to make connections between what transpired during therapy sessions and their early experiences, which in turn enables growth and development [11]. This case is an example of sexualized erotic transference in the context of therapy between same sex therapist and client, when their sexual orientation differed as well as the use of the transference in the process of therapy. Information drawn from assessment interviews and therapy notes are utilized for this case study.

CASE SUMMARY

Ms. X was a 34 year old married lady, with past history of a depressive episode, treated with anti-depressants, nil significant family history of psychiatric illness, premorbidly anxious and shy with difficulties in interpersonal relationships. At the time of therapy, she had been going through a divorce following the discovery of her sexual orientation by her husband and his family. She had been struggling with her homosexual orientation and was trying to come to terms with her status as a lesbian. She had been married for 6 months before her spouse discovered her sexual orientation and filed for divorce. She presented for therapy almost immediately with symptoms of depression chiefly low mood, crying spells, anergia, anhedonia, social withdrawal, irritability,
inability to concentrate, fatigability as well as increased sleep and appetite. She was diagnosed with Adjustment Disorder and referred for therapy. Her family was also referred for Family Therapy to increase the cohesiveness of the family, to help them come to terms with their daughter’s sexual orientation and deal with the associated grief. No medications were prescribed.

COURSE OF THERAPY

During sessions, it was revealed that she had been struggling with the knowledge of her homosexual orientation since the past 4 years and she wasn’t ready to come out to others. She resented her ex-spouse for not giving her the opportunity to do so herself. She expressed extreme anger at her ex-spouse and his family and believed she was wronged by them. She also reported that her parents had not made any attempts to understand her and were blaming her for the break-up of the marriage.

The client’s relationship with her mother was highly conflictual at the time therapy was initiated. It was later noted that the mother-daughter relationship was always rough with the client trying hard to fulfill her mother’s expectations and falling short. Her relationship with her father was slightly aloof and distant. According to the client, her younger sister was well adjusted and accomplished “unlike” her. She has had very few other meaningful relationships. The most significant of these was one with her classmate during Under Graduation. This relationship was also her first homosexual encounter. The other friends she mentions are mostly other lesbians she met at U.S who were helping her adjust.

Given her presentation, the initial aim was to relieve distress and help her cope effectively with her current situation. Supportive therapy was initiated. As the main therapist’s experience with LGBT was minimal she was supervised by a senior Clinical Psychologist. Initially the therapist had to familiarize herself with the issues generally faced by the LGBT group.

During the initial sessions, the focus was on building rapport and establishing a therapeutic alliance. Initially the client was apprehensive and wary about the therapist especially the therapist’s attitude towards her, given her orientation. She enquired about the therapist’s qualifications, her experience with LGBT clients as well as her sexual orientation. She was interested in knowing why she had been assigned this particular therapist. The reasons for these were explored and discussed in detail. Therapist self-disclosure as part of therapy was practiced. Towards sessions 3 & 4, the client became more comfortable with the therapist and was able to discuss her issues without reservations.

By the 7th session, there was a slight change in the progression of the session. The therapist felt that the client was holding back and not comfortable in the session. She also began asking personal questions such as the therapist’s dating experience and whether she was in a relationship currently. When feedback about her being uncomfortable with disclosure in the session was provided, she initially denied the claim. However, in the next session she revealed that she had developed romantic feelings towards the therapist and was afraid of rejection by the therapist. She mentioned that she had dreamed about the therapist and was now uncomfortable. She also reported looking online for personal information about the therapist. The opportunity was used to explore her thoughts and emotions about the reactions of the therapist as well as her own reactions. The concept of transference was discussed and the fact that it was quite a normal phenomenon in psychotherapy was emphasized. Attention was drawn to the professional nature of the relationship and the difference between a therapeutic relationship and a social relationship was reiterated. She was able to understand the difference but, reported that she felt depressed and lonely knowing that this relationship will not be as she envisioned it. She revealed that she knew there was no future for this relationship since she already knew the therapist’s sexual orientation, but that it did not stop her from imagining how it could have been.

Following this session, the client refused to come in for therapy and began reporting suicidal ideations to the treating team (comprising of psychiatrists and psychiatric social workers). She was advised admission and immediate psychiatric care was provided. However, no medications were started. She was admitted solely for observation and continued sessions. Sessions during these 2 weeks focused on reducing suicidal ideas and making the patient more stable. She was given a choice to change therapists in case she was uncomfortable with the current therapist. However, she refused the offer and continued sessions with the same therapist. The next few sessions had focused on emotional regulation and distress tolerance. Transference issues were handled by repetitive emphasis on the professional nature of the relationship and refraining from discussions about the therapist’s personal life.

Three sessions following discharge, she managed to get a job and hence discontinued sessions for a month by personal choice. Later, she returned to therapy and is currently working on other significant issues. Transference issues have not been interrupting session progress since.

DISCUSSION

The management of erotic transference is almost always problematic, as they tend to block therapy progress. It requires the therapist to be highly sensitive and skilled. It is important for the therapist to emphasize boundaries of the therapeutic relationship, while at the same time manage the outward display of anxiety and discomfort. It is essential to therapy that the client is not made to feel judged, shamed or rejected, all the while still maintaining therapeutic structure and limits [11]. Relationship problems play a crucial role in the life of LGBT. They face discrimination from family members and friends during the ‘coming-out’ process. Hence, they need help with coming out—when, how and to whom, coupled with family therapy will make the process smooth. [The term “coming out” refers to a continual process of disclosure about one’s sexual orientation]. It is equally difficult given the social, religious and legal climate, where it is still stigmatized. They also face severe relationship (fragile relationship) difficulties with the same sex partner.

In the current case, a psychoanalytical approach was not chosen to deal with the erotic transference. Rather interpretation of transference was avoided as it was felt that the patient was not ready for such interventions. However, the recent behaviour was brought into focus and the probable reasons for such
development were discussed. Her lack of friends and the absence of other confiding relationships were discussed as probable causes. It appears that the client was able to understand the reasons for her attraction towards the therapist and was able to come to terms with it. She mentioned that, “I know there is no future in this relationship (in the personal sense). I would not have been able to confide in you, had we met under other circumstances. However, I am going to need time to get over this and not feel sad thinking about what it might have been.” Her taking time off from therapy and involving herself in work may have helped her resolve the issue herself. The possibilities of new relationships at work place and interactions with others may have also contributed to her understanding.

Though the transference was problematic, it did open up avenues to discuss how past relationships or rather their lack, have affected her. It helped her to understand her interpersonal relationships better and also to learn to resolve conflicts effectively. She managed to learn to tolerate distress and not feel hurt when her feelings were not reciprocated. She also realized the importance of resolution of conflicts through mutual discussion. It made her less guarded and more open to discussions regarding intimate feelings and concerns about important figures in her life.

The lack of judgment from the therapist when she expressed her feelings coupled with the acceptance of her feelings as normal might have helped her resolve the transference. Also, the firm establishment of boundaries and re-emphasis on the professional nature of the relationship by the therapist might have contributed to the resolution of transference. The fact that despite the communication of her feelings, the therapist had not transferred her case on to another therapist might have made her feel less rejected or abandoned. This being a new experience for the client may have aided in the understanding of the nature of the therapeutic relationship.

It is quite often that erotic transference occurs in therapy [12,13]. However, lack of adequate training can leave the therapist feeling shameful, inadequate, embarrassed, fearful and vulnerable to risk of unethical practice [14]. Supervision is essential under these circumstances to help understand clients and the therapist’s own emotions, thoughts and reactions. Talking openly about sexual feelings experienced can aid in exploring and promoting safer environments for the clients [15].

**REFERENCES**
