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LAY THERAPY AGAIN: IS SEXUAL INVOLVEMENT LEGITIMATE AS TREATMENT FOR NON-SEXUAL DISORDERS?

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ABSTRACT

Pope (1994) and his colleagues have carried research on the sexual attraction/relationship between therapists and their clients, and supervisors and their trainees in clinical psychology. Their findings have caused some concern, particularly with reference to the relative lack of training in this area. Both professionally qualified therapists and unqualified lay therapists are at risk. When hypnosis is involved, there may be concern that a sexual relationship could develop between therapist and client.

The present paper includes a case study involving a lay therapist who was alleged to have committed various sexual offences with three of his clients. The results of this study are discussed and the implications for training underlined.

INTRODUCTION

Both professionally qualified therapists (Pope, 1994) and unqualified lay therapists may behave unethically (Gibson, 1992; Heap, 1995; Vingoe, 1992), although some may feel that the unqualified lay therapists' inappropriate behaviour may be related to lack of training. Professionally qualified therapists may be thought to have a lower likelihood of behaving improperly, perhaps based on their greater knowledge. This view depends on a number of other assumptions. For example, that professionally qualified therapists typically belong to a reputable professional organization that has a register and a code of ethics, so that a serious breach of the ethical code might lead to being 'struck off'. Typically also, most professionally qualified therapists work with, or are associated with, colleagues with whom they can consult should a problem arise in the therapeutic relationship. Unfortunately, the professionally qualified therapist who works in private practice may have less opportunity to consult with colleagues. Ethically motivated but unqualified lay therapists may be at an even greater disadvantage in this regard, and may more easily succumb to sexual temptation within a therapeutic relationship.

Clearly, the non-ethically motivated lay therapist and possibly the ethical lay therapist in private practice are neither governed by a code of ethics nor the potential threat of being struck off or being ostracized by colleagues. Both the professionally qualified therapist and the lay therapist are human and subject to factors relating to transference and counter-transference in the therapy process. Therefore, feelings, especially those relating to sex and aggression, may very well intrude when working with some patients. Supposedly, the professionally qualified therapist, if not the lay therapist, is trained to work through these intense relationships. The therapist must be alert to those situations in which re-referral is necessary in order to avoid the development of certain problems.

Pope and his colleagues have carried out a number of surveys on professionally qualified therapists' sexual attraction towards their clients and the extent to which

there has been overt sexual behaviour between therapist and the client. The results have caused concern, not only about the extent of such sexual attraction and behaviour, but also about the relative lack of training regarding the handling and regulation of these potential problems. Therapists, whether lay or qualified, may be at risk. Risk may be a function of age, emotional instability, need state, sex, sex drive, etc. It is clear that knowledge without special training is not enough to avoid misbehaviour or malpractice.

Pope, Levenson and Schover (1979), in a national survey of the Psychotherapy Division of the American Psychological Association (APA), obtained information on sexual intimacy between therapist and client. They concluded that 10% of American post-graduate students had been involved in sexual relationships with their clinical supervisors and teachers, and that 25% of female graduates had been involved in such relationships. The authors noted that the results suggested that sexual behaviour during clinical training may well provide a model for later sexual behaviour between trained therapist and client.

Pope, Tabachnick and Keith-Spiegel (1987) surveyed a random selection of the Psychotherapy Division who were asked to indicate the degree to which they had participated in 83 behaviours, and the extent to which they had considered the behaviours to be ethical. The data were categorized and analysed in terms of seven principles: avoiding harm; competent practice; avoiding exploitation; respect; confidentiality; informed consent; and social equity and justice. Sexual issues were considered under: avoiding exploitation. More than 95% of respondents believed that sexual contact and erotic activities were unethical, while 50% did not approve of sexual involvement with a previous client. Holroyd and Brodsky (1980) were cited, in that, they 'pointed out that it was difficult to determine where "non-erotic hugging, kissing, and affectionate touching" leave off and "erotic contact" begins'.

With reference to sexual therapy *per se*, it was noted that more than one-third of the sample felt that the use of a sexual surrogate was unethical. With reference to sexual attraction to a client, 10% 'believed that simply "being sexually attracted to a client" was unethical', while an additional 10% felt that 'such attraction was ethical under rare circumstances' (p. 1001). Finally, one in two therapists admitted to 'engaging in sexual fantasy about a client on a rare basis . . .' and an additional 25% more frequently.

It should be noted that much of the therapy carried out by the respondents in the studies of Pope and his colleagues probably did not involve hypnosis.

The following case study, in which hypnosis is allegedly involved, is about sexual misbehaviour and raises ethical issues concerning the relationship between therapist and client. A lay therapist was alleged to have used hypnotic techniques in the commission of sexual offences against three women.

CASE STUDY

A 57-year-old lay therapist had been charged with three counts of rape, one of buggery, and two charges of unlawfully procuring sexual intercourse. Whilst it was alleged that the defendant performed various sexual acts without the consent of the three alleged victims under hypnosis, he maintained that his sexual behaviour with these women was carried out as therapy.

Mr M., the defendant, was referred for psychological evaluation by the solicitors acting for him, who noted that 'The implication on behalf of the prosecution is that whilst the women were under hypnosis their power to resist had been reduced, and

they were totally subjected to the will of . . . [the defendant].' In a further letter, an allegation was made that intercourse took place not only without consent but, in some cases, without the victim's knowledge.

Mr M. had been placed on remand and was seen there for the initial evaluation. The psychologist had been provided with a list of previous convictions and a list of the books on hypnosis that the defendant had apparently studied. The initial assessment determined the Wechsler Adult Intelligence Scale — Revised's (WAIS-R) Verbal, Performance, and Full Scale IQs to be 117, 111 and 117 respectively. A valid indication of Mr M's personality functioning provided no evidence for dissimulation nor of significant defensiveness. However, there was some suggestion of moodiness, restlessness, and the holding of a liberal, independant, view of life, including a somewhat critical view of society.

It should be noted that Mr M. had no previous charges of a sexual nature, but that he had numerous convictions for theft and obtaining property by deception, for which he had been imprisoned for 18 months. Mr M. was released on bail and the second session took place in his £200 000 home. His wife was, at that time, also available for interview. Both Mr M. and his wife were very co-operative and forthcoming.

After leaving school at age 14, Mr M. had a number of short-term jobs before joining the RAF at 17. He later obtained 'O' levels in English Language and Geography. Following service in the RAF, where he reached the rank of Sergeant, he followed an electronics course and worked as a TV engineer before becoming interested in homoeopathy in his late 40s. Unfortunately, he left the 4-year recognized course after only completing 2 years. However, he was able to become an Associate Member of the Society of Homoeopathy, and a Member of the Society of Orthobionics, which he indicated was similar to osteopathy and included massage and carrying out regression. Mr M. was giving lectures on nutrition to Women's Groups and seeing 'patients' for about 6 hours a week. Most of the people seen were women and many were interested in becoming homoeopaths themselves. He had become interested in hypnosis only 4 years prior to the assessment, and had only completed three lessons.

When asked about the methods he used to induce hypnosis he indicated that he used (1) the flashing light from his black box; (2) a round piece of black paper, apparently affixed to the wall, for eye-fixation induction, and (3) a metronome. He did not use any pre-hypnosis tests to assess responsivity, although he used a 'pinch-test' following induction. Mr M. indicated that, as his client looked at the flashing light or other eye fixation stimulus, he would make suggestions that the client was feeling drowsy and his or her eyes were getting tired. When asked if he always defined the situation as hypnosis when he used this technique, he replied in the affirmative.

Mr M. was questioned with reference to the alleged sexual offences against the three women. With reference to Plaintiff A, he noted that he stroked her breasts, since this was a technique used by Mesmer (Mr M. was apparently studying Mesmerism at the time). Plaintiff A was described as a student of homoeopathy and was quite aware that touching, including stroking, was an acceptable part of therapy. During treatment penetration took place, but not full intercourse. However, with the consent of A, intercourse took place following treatment. The defendant insisted that neither penetration nor intercourse took place during induction or during hypnosis. Mr M. noted that, in fact, Plaintiff A was unhypnotizable, being of low hypnotic responsivity and expressed a fear of loss of control.

With reference to Plaintiff B, who was described as grossly overweight and 'repulsive', Mr M. stated that at no time did intercourse take place, although he suspected

that she would have wished it to occur, since she informed him that she had erotic dreams about him as well as other members of the Church congregation.

Mr M. did offer Plaintiff B massage and hypnosis for her weight problem. She was required to wear a bikini and her top was undone in order to facilitate the massage. The massage would take place before hypnosis, and had been completed before hypnotic treatment. Plaintiff B was described as always conscious and alert, and lying on her front when he undid her top, and she did not object. The defendant noted that B's bikini was always in place when she turned around, and at no time did he see her naked breasts.

Following the massage, Plaintiff B was hypnotized in order to reinforce weight loss and proper diets. Mr M. noted that treatment was quite successful, in that, she started to lose weight. Mr M. indicated that on one occasion this client came out of hypnosis with a blinding headache, and she wanted to sit down for a cuddle. He cuddled her but said that he found it repellant. Mr M. stressed that he did nothing remotely sexual with Plaintiff B Later, however, she telephoned Mr M. to tell him that she thought that he had sexually assaulted her whilst under hypnosis. Mr M. asked her to meet with him to discuss this matter. He then gave her some homoeopathic medicine called Staphysagri, a treatment for people who are sexually excited. Unfortunately, Mr M. was unable to convince Plaintiff B that nothing sexual had occurred. Mr M. indicated that this allegation caused a great deal of trouble because of the Church and, although two meetings took place between the Bishop, the Plaintiff, and Mr M., Plaintiff B could not be convinced that nothing sexual had occurred.

With reference to the third Plaintiff, C, Mr M. admitted that intercourse had taken place but not buggery. Intercourse had never taken place during hypnosis or other forms of treatment. Mr M. indicated that he had never hypnotized Plaintiff C. Mr M. pointed out that Plaintiff C claimed that she was sexually abused and raped by her father during the period in which she was 9–14 years of age. Mr M. appeared to be suggesting that Plaintiff C was predisposed to suspect or even perceive men sexually assaulting her. Mr M. maintained that he paid this Plaintiff £100.00 initially, following which he paid her £10.00 a time for her sexual favours. It was concluded by Mr M. that the sexual contact between himself and Plaintiff C was perfectly normal. He did leave her a cassette tape, described by him as 'innocuous' on the 'joys of sex', Eventually, Mr M. became bored with this relationship and it came to an end.

The Expert Witness advice in conference had a significant effect. A document prepared with reference to the scientific status of hypnosis, with particular reference to coercion, led the judge to consider the total situation in 'a different light'. The Defendant admitted one charge of unlawfully procuring sexual intercourse and two of indecent assault. The judge ordered three rape charges to remain on file. Mr M. was sentenced to 2 years on each of three counts, to run concurrently, and since his income was about £50 000 per annum, he was ordered to pay £8000 costs.

DISCUSSION

An important aspect of psychotherapy is the development and maintenance of rapport. Rapport tends to receive even more emphasis when hypnosis is used, and many therapists would tend to agree that simply using hypnosis results in a more intense and perhaps longer-lasting rapport. It may very well be hypothesized that the use of hypnosis in a situation labelled as therapy would potentially facilitate sexual attraction between client and therapist. The therapist may engage in sexual fantasy about

the client, and may act out by developing a sexual relationship with the client. Control and power may also enter the equation, particularly in younger and less-experienced therapists. That is, the client is likely to feel that control has been given up to the 'hypnotist' (Vingoe, 1995) and by the client's 'submissive' behaviour a therapist, particularly if not well-trained, will be more likely to develop a greater feeling of subjective power over the client (Vingoe, 1992).

Whilst I am not aware of a comparative study, it is hypothesized that a feeling of therapist power has a higher probability of developing if hypnosis is used with a subject who exhibits (in the therapist's view) relatively high hypnotic responsivity.

Laurence and Perry (1988) cite many cases of sexual abuse that reputedly occurred during hypnosis. They note that the first American case '(*People* v. *Royal*, 1878) [involved] a young woman [who] reported having been sexually abused while magnetized. The accused denied having used magnetism to achieve his goal. The court reached an interesting decision. Based on an earlier ruling, *Commonwealth* v. *Burke* (1870), the California court ruled that since force is a necessary element of rape, the use of magnetism could not, in itself, lead to such abuse. The court went further: It ruled also that in this case it was the moral nature of this woman that was so corrupt that she was no longer able to resist her sexual desire. She had been the victim not of rape but of 'a shrewd seducer' (pp. 192–193). The cases reported in Laurence and Perry (1988) remind the reader that culture and the zeitgeist are important considerations in understanding the decisions reached by different courts. (See also Hoencamp, 1990.)

Most of the published research relating hypnosis to alleged sexual offences has involved heterosexual rape or sexual assault. However, Venn (1988) reported cases in which a Military Officer using hypnotic techniques was accused of homosexual assault against two enlisted men. It was, however, pointed out that the use of alcohol and the misuse of authority were important coercive factors to consider in addition to hypnosis. In fact, the reader may gain the impression that non-hypnotic factors were more important. Many authors (Gibson, 1992; Heap, 1995; Perry, 1979; Vingoe, 1992) have stressed the importance of considering alternative explanations to hypnosis in forensic cases involving rape and other sexual offences.

What seems clear from the literature regarding both unqualified lay therapists and professionally qualified therapists is that sexual involvement does take place between therapist and client. It also seems highly likely that the sexual involvement may be motivated by a number of factors.

In some cases the sexual behaviour may be by mutual consent. However, it is also probable that the power relationship between therapist and client also between trainer and trainee are important factors.

The work by Pope *et al.* (1987) revealed that 50% of their sample admitted to engaging in sexual fantasy about a client on a rare basis, while 10% believed that being sexually attracted to a client was ethical under rare circumstances. Two-thirds of their sample approved of the use of a sexual surrogate in sexual therapy.

With reference to the place of sexual involvement in the treatment of non-sexual disorders, it seems that this issue is still debatable. However, Pope (1994) presents an excellent discussion of this issue and is clearly of the opinion that the issue of sexual attraction and sexual involvement in therapy and in training needs to be recognized openly and included in training programmes.

Pope, Keith-Spiegel and Tabachnick (1986) noted that less than 10% of the respondents indicated that they had had training or guidance concerning the issue of sexual attraction. Pope *et al.* recommended that formal training, both during post-graduate

study and during Further Education, should acknowledge the prevalence of sexual attraction and approach the teaching of the topic through role-playing and the use of video-taped vignettes, as well as including it in textbooks and other teaching aids. Finally, it was noted that there was a need to develop and maintain ethical and professional standards with reference to these very human feelings.

With reference to the above case study, the relative lack of training of the lay therapist and the apparently lack of accountability to a professional organization contributed to an increased risk of sexual involvement. It could be argued that professionally trained and accountable therapists should be penalized more than lay therapists, since professional consultation and, hopefully, training in the issues of sexual feelings and involvement is more readily available.

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