He-Male or "She"-Male

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Abstract:

One of the most difficult questions facing a gay male therapist is what effect his sexuality will have on the therapeutic alliance when working with both gay and straight clients. The therapist's sexual orientation sits largely unlanguaged in the room, sometimes out of fear. But who is afraid of what? These issues raise important questions for us as practitioners, and for us as an Association.

I must begin by talking briefly about my own "underbelly." I am fearful about this presentation, even though I've had months to prepare. There are two reasons that making a presentation on homosexuality to psychotherapists makes me nervous.

The first is that psychotherapists as a professional group have not always been gay-friendly. The Group for the Advancement of Psychiatry's (GAP) Committee on Human Sexuality was created in 1989, in order to address ongoing issues of Anti-Homosexual Bias (AHB) in psychiatry and related mental health professions. Their report, which was over five years in the writing, was published in 1999, and is courageous in confronting the many ways in which AHB works in psychotherapy, among other fields, to the detriment of clients, psychotherapists, and trainee psychotherapists.

In the first edition of the DSM (1952), homosexuality was classified as a sociopathic personality disorder. In the second edition (1968), it was reclassified as a sexual deviation. Only in the third edition (1973) was homosexuality per se removed as a diagnostic category. Stats and dates, you may say. But in thinking through such a list, we need to let ourselves grasp the fact that less than thirty years ago—actually, when I was 30 years old—homosexuality was considered a form of psychopathology, rather than a normal variation within the broad spectrum of human sexuality.[1] Just twenty years ago, a survey of 2500 American psychiatrists found that the substantial majority still believed that homosexuality was pathological, and that gays and lesbians were less capable than heterosexuals of mature, loving relationships.

[1] Homosexuality was illegal in New Zealand until 1986, when I was 42 years old.

The DSM revision of 1973 may have changed the diagnostic categories, but it seems not to have changed the opinions of many professionals in the field of mental health. As late as nine years ago, a prominent, though notoriously homophobic, American psychoanalyst was quoted as saying that "to ask for total acceptance and enthusiastic approval of homosexuality as a normal and valuable psychosexual institution is truly tempting social and personal disaster." (Socarides: 1995). And just eighteen months ago, in the *International journal of psychoanalysis*, Jean Bergeret (2002) published an article in which he claims that homosexuality is not "true" sexuality, but merely a defensive narcissistic fixation away from, or a near-psychotic denial of, heterosexuality.[2] There are still some training institutions in the US and England that discourage gay and lesbian candidates from applying.[3]

The NZAP seems safer than that, though I'm not completely convinced that it is. In my applicant panel, the first question one of the panellists asked me was "Are you 'out' to all your clients?" I was too shocked to ask why the question was relevant to the panel. Of course I wasn't "out" to my clients; I was barely out to myself, and certainly wasn't out to the other two panellists upon whom some of my professional aspirations hung. Five years later, that question still bothers me, and makes me unable to feel completely assured that the NZAP is really safe for its gay and lesbian members. In retrospect, by the way, I would have answered "No, I'm not out to all my clients," because I can think of some situations where it might be inappropriate for me to be out—for example, with some adult male clients who were sexually abused as children by adult males.

The second reason I am nervous has to do with the level of personal exposure in this presentation. I'm a gay man, though not a gay militant or a gay activist. I've always known I was gay, but have spent most of my life in the closet because of my involvement in the church. Being out—at least to myself—is a relatively new thing for me, and I'm pretty sure that I'm not finished with my psychological development.

Perhaps the best known schema of the unique nature of gay developmental psychology and sexual identity has been put forward by Australian psychologist Vivienne Cass (1979). She argues that gay men and women move through six stages in the journey, from initial discomfort to "fully integrated" sexual identity.

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[2] For a rebuttal see Sidney Phillips, "Homosexuality: Coming out of the confusion," *International journal of psychoanalysis* 84:6, December 2003, 1431-1450. An argument as absurd as Bergeret's can also be found in Harold Bourne, "A homosexual turns to women," *British journal of psychotherapy* 19:3, 2003, 349-354.

[3] *Homosexuality and the mental health professions*, 60-62, 66-67, 73-76. The institutions are not named in the report. See also Richard Isay, *Becoming Homosexual: Gay Men and Their Development*, New York: Farrar, Strauss, Giroux, 1989, 6-7, and *Becoming Gay: The Journey to Self-Acceptance*, New York: Pantheon, 1996.

The length of time taken to proceed through the stages will differ from person to person. At each stage, what Cass calls "identity foreclosure" is possible—that is, individuals may either consciously or unconsciously arrest their development, at least temporarily.

Cass's schema always sounds like Beverley Hillbilly Jed Clampett's car to me. The various plateaus of "identity foreclosure" don't fade smoothly into each other, so that gay identity development works more in fits and starts. One never really knows when the next splutter is going to come, and thereby stall forward progress. My own sexual identity development is still in process, and at times still feels somewhat fragile. Surely some part of the underbelly of psychotherapy is the secrets the therapist has from him- or herself. I knew I had a secret; I just wouldn't tell it to myself for a long long time, long after lots of other people had it figured out! I often feel like I still have a secret from my clients, which I suppose is the compelling psychodynamic for this presentation.

I should also note an interesting parallel process. Not only is homosexual identity development apparently comparable to Jed Clampett's car, but so was writing this presentation. I would write some and then plateau, write some and then plateau.[4] Thinking this through, I realized that while I ordinarily write quite fluently, every time I write something about my own sexual development, it will apparently only emerge in Clampett-esque fits and starts. An interesting parallel. I can get myself set up at my writing desk, computer and resource materials ready to go, and yet as soon as I begin to put words on paper, trying to understand, articulate, and externalize my own homosexual identity and responses, I seem to dissociate, at least in part. I write a few words, then have to leave the computer for a cuppa or a stroll. I come back, write a few more words, then have to break again. I notice how careful, even hesitant, I am with myself, wanting to be understood, afraid of being misunderstood, trying to find a balance between self-exposure and self-protection, remembering the abusive words of others in the past and also bumping into my own internalized homophobia. I can proceed only because I believe that writing this stuff out of my system is part of the necessary healing from growing up in a homophobic world.

My title "He-male or 'She'-male? The Unmanning of a Gay Therapist," was chosen when I noticed an odd coincidence. The world of psychotherapeutic theory has just marked the 100th anniversary of the publication of Daniel Paul Schreber's autobiography. And further, in his essay Schreber used a very odd term

[4] I'm having the same problem with an article I'm working on for publication in the US, about Freud and his mother, Oscar Wilde and his mother, me and my mother, and homoerotic attraction.

that connected with an issue I have been struggling with as a psychotherapist. To put that issue quite crudely: What causes my penis to seem to emerge or disappear in the therapy room,[5] and how, as a gay man, can I think about that phenomenon in a way that keeps me true to myself as well as to my professional ethics?

Daniel Paul Schreber has been described as the most investigated schizophrenic in the history of psychiatry, (Gouws: 2000) and his autobiography, *Memoirs of my nervous illness (Denkwürdigkeiten eines nervenkranken)* as "the most written-about document in all of psychiatric history." (Dinnage: 2000: xi) Schreber's autobiography was first published in 1903, and became the basis of Freud's celebrated essay, "Psychoanalytic notes on an autobiographical account of a case of paranoia (dementia paranoides)" (1911:12:9-79). Among the many others who have written extensively about Schreber are Carl Jung, Eugen Bleuler, Karl Jaspers, Emil Kraepelin, Melanie Klein, R. W. Fairbairn, Otto Fenichel, Philip Kitay, H. F. Searles, Helm Stierlin, Jacques Lacan, Elias Canetti, William Niederland, Gilles Deleuze and Felix Guattari, James Hillman, Zvi Lothane, Sander Gilman, and Thomas Szasz—not to mention all the philosophers, social psychologists, historians, and linguists. With so much attention, the Schreber case has become a fascinating example of the nature of interpretation and the conflict between interpretations.

I don't want to spend a lot of time explaining Schreber's symptomology and diagnosis. I'll summarize quickly by saying that at age 42, Schreber, a highly influential magistrate and the son of Germany's leading authority on child-rearing practices, began a series of nervous breakdowns that resulted in his spending the rest of his life in and out of psychiatric institutions until his death in 1911 at age 69. Overtly, Schreber's paranoia seemed structured around his belief that God has lost faith in humanity and decided to destroy it (how could God understand humanity? He doesn't deal with living people, but only with corpses). A new race of human beings was to be born, with Schreber himself as the vessel for their conception. God wished to have intercourse with and impregnate Schreber with this new race, but of course, in order for that to happen, Schreber's penis would have to disappear

[5] Because the penis and the phallus are two and not one, we do not even know how to count the male body parts. Girls are made of indiscrete amounts of stuff: "sugar and spice and everything nice." No quantities are given, nor do they need to be. But boys are made of countable things: "snips and snails and puppy dog tails." Countable, if not to say detachable, things, metonymies of their always castrated penises. But do we count the penis as one and the phallus as another? Or is the penis simply a potential text, a text which seems to self-create at will? St. Augustine claimed it was two: the penis, which is the "logical extension" of all rational men, created in the image of the divine logos, and the phallus, which as rationally uncontrollable, must simply be the handiwork of the Not-God, Satan. The phallus for Augustine is the wily serpent in the garden and, as the only body part which refuses to submit to the brain, the constant reminder of our fallenness. See Philip Culbertson, "Designing men: Reading the male body as text," *The spirituality of men: Sixteen Christians write about their faith.* Minneapolis: Fortress Press, 2002.

and change into a vagina, his pelvis and body would have to become feminine, and he would have to grow a womb. He would have to become a woman "in the throes of voluptuosity,"[6] attracting God with his feminine desire. Indeed the process had already begun, for Schreber believed his penis had already begun to disappear, a transformation which he termed "unmanning."

While I don't want to spend a lot of time unpacking the various psychiatric and psychotherapeutic interpretations given to the Schreber case it surely is important to mention that for Freud, Schreber's paranoic breakdown derived from a fixation at the narcissistic stage of development, resulting in the repression of Schreber's own homosexual love for his father, in the shape of the stern, even sadistic, director of the asylum where Schreber was incarcerated (Niederland: 1974:24f) Needless to say, many subsequent commentators have disagreed with Freud, generally observing that Freud's diagnosis had more to do with Freud's own internal processes than with Schreber's. As Sander Gilman observes, "Freud read Schreber's account in the midst of his confrontation with Alfred Adler, which evoked [Freud's] own homoerotic identification with [Wilhelm] Fleiss" (Gilman: 1993:142). That comment, in turn, raises a question of how much of our interpretations of client material are in fact our own defence mechanisms?

It is to Schreber's term "unmanning" that I wish to return. It's a peculiar word, loaded with implications for both gender identity and sexual identity. Let me quote Schreber himself:

> In such an event, in order to maintain the species, one single human being was spared—perhaps the relatively most moral—called by the voices that talk to me the "Eternal Jew"...The Eternal Jew ... had to be unmanned (transformed into a woman) to be able to bear children. This process of unmanning consisted in the (external) male genitals (scrotum and penis) being retracted into the body and the internal sexual organs being at the same time transformed into the corresponding female sexual organs, a process which might have been completed in a sleep lasting hundreds of years, because the skeleton (pelvis, etc) had also to be changed... (1903/1955: 73-4)

This unmanning process, which begins with the male genitals being retracted into the body, hints neither at surgical circumcision or surgical castration, both of which involve the agency of a human being, but rather, unmanning as Schreber uses it suggests a "magical" disappearance, the irrationality of which seems to

[6] The term Schreber uses to describe his bodily responses when God approaches him. His responsive phantasy mirrors his belief that God is "a voluptuary." See B. Kite, "Miracle Legion: Daniel Paul Schreber's 100 Years of Solitude," *The Village Voice*, Education Supplement, January 15-21, 2003, downloaded from http://www.villagevoice.com/issues/0303/edkite.php

even further emphasize the loss, the absence, the void. Schreber doesn't want it to happen or will it to happen; it just "happens," and he hates the imagined result. He writes in his autobiography (1903/1955:148), "Fancy a person who was a *Senatspräsident* allowing himself to be fucked!"

Process: I began to get lost in not-knowing at this point of preparing my presentation. Unmanning suggests castration anxiety, but not in the classical sense. Jessica Benjamin suggests that castration anxiety affects both males and females, for it means fear of "being robbed of what the other sex has" (1995:127). Being robbed still suggests someone's agency; if someone robbed me, I at least have someone to be angry at. But if my genitals simply disappear, or if, as Schreber argues, God makes them disappear, then who do I have to be afraid of, or angry at?

Of course, we are also bound to consider that my experience of my own penis disappearing and emerging is not an act of God in the therapy room, but something having to do with the psychodynamics between me and the client. Some of my clients know I'm gay. After all, this is little Auckland—an amazingly small city—so a gay therapist will always have to manage what happens when he runs into a client at a gay bar. But with many of my other clients, my sexual orientation sits largely unlanguaged in the room, sometimes out of fear. But who is afraid of what? Am I afraid of the client's homophobia, his anti-homosexual bias, as the GAP Committee on Human Sexuality called it? Or is the client afraid of what he suspects to be my orientation? Am I, as the person on my applicant panel implied, obliged to disclose my sexual orientation to my clients? And if I am, then why aren't heterosexual therapists obliged to self-disclose? And in the midst of the unlanguaged known, who is more vulnerable: me, or the client?

At this point in writing, Jed Clampett's car ground to a complete halt. I got up from the computer, and went upstairs to clean out closets. I thought: well, I'm going to have to admit that I reached for the stars with this topic, and fell flat on my ass! I've been thinking obsessively about cleaning out closets all summer long. Somewhere between the sleeping bags and the box of my old baby clothes that my mother recently sent me (I don't know why), I started to laugh. The ubiquitous displacement: the closet I was trying to clean out, by writing this, was the closet in my head—my hated, dreaded, beloved gay closet—not the closet in my bedroom! And laughter freed something up, because I then allowed myself to remember the term Erotic Countertransference.

I tried to remember where I'd read about Erotic Countertransference, or what I'd been taught, or which one of my therapy colleagues or supervisors I'd discussed

it with, and came up with a blank. Why? What on earth could make erotic countertransference so suspect a topic that I couldn't remember ever having read about it or talked about it with anyone? Puzzling through this, I came up with five reasons which might explain why the topic of Erotic Countertransference is often avoided in psychotherapy talk:

1. The enculturated dangerousness around sex talk. For many people in the many cultures of Aotearoa New Zealand and Oceania, talk about sex is considered shameful. Polynesian cultures have strict cultural restrictions about such talk—for example, it can never happen in mixed groups of men and women. Sometimes we have clients who came from families where sex talk was forbidden, or families where genitalia were made fun of or disparaged. Those who have been sexually abused carry a lot of shame around the subject of sex. And I'm always surprised how many of my AUT students report that the subject of sexual activity has never come up between them and their therapists. When sex goes undiscussed in therapy, I wonder who is afraid of it—the therapist or the client?

2. The personal superego. I grew up in a strict religious family, where talk of sex, and even sexual curiosity, was completely forbidden. Sex was "private," which I eventually learned was a synonym for dirty. To be caught thinking or reading about sex was humiliating. Those messages got implanted in my superego, and as much as I think I'm freer from them now, I still find myself hesitating when I need to ask clients for clarification about something they've mentioned about their sex lives.

3. The apparent fragility of my own sexual identity. My sexual identity isn't as old, metaphorically, as some other parts of sense of self, because it didn't have a healthy nurturing climate to grow up in. While I think I've made great strides in this part of myself, writing this presentation has made me very aware of the detritus that still litters the floor of my sexual closet. There's still work to be done, but I know that claiming an integrated sense of self that nourishes me and makes me proud of myself is a life-long process.[7]

[7] In my book *Caring for God's People: Counseling and Christian Wholeness* (Minneapolis: Fortress, 2000), I wrote (p. 81): In the previous chapter on narrative, I quoted the following enigma from Roy Schafer's *Retelling a Life: Narration and Dialogue in Psychoanalysis* (New York: Basic Books, 1992, 25):

> A male analysand says to his analyst: "I told my friend that whenever I catch myself exaggerating, I bombard myself with reproaches that I never tell the truth about myself, so that I end up feeling rotten inside, and even though I tell myself to cut it out, that there is more to me than that, that it is important for me to be truthful, I keep dumping on myself."

This is not the place to discuss the complicated concept of "self" in psychodynamic theory, but the Schafer quotation illustrates how much we are, to quote Jung, "a collection of selves" which enter into vigorous internal dialogue with each other. The Schafer quote speaks not of an integrated "self" at all, but of a series of self-objects: the Narcissistic Self (I catch myself exaggerating), the Punitive Self (I bombard myself), the Deceiving Self (I never tell the truth about myself),

4. The imagined—and possibly projected—superego of NZAP. I have lots of circles of friends who talk pretty openly about sexual fantasy, sexual activity, and sexual curiosity. My psychotherapist friends talk easily about desire, but often exclude the sexual part of desire. Perhaps we fear censure, or even exclusion, by our professional peers, who will jump to the conclusion that an exploration of erotic countertransference will lead to inappropriate acting-out with clients. The NZAP code of ethics is clear about what's allowed and what's not in terms of sexual contact with clients or former clients, and perhaps we could explore erotic countertransference more comfortably if we could adopt an attitude of "ethical until proven guilty" about each other. This point is even scarier for gay therapists, I think. It helped clarify my own thinking when a friend said to me recently, "It took me a long time to realize that I was molested as a child by a male paedophile, not by a homosexual." But popular rhetoric seems to have a very hard time holding that distinction.

5. And I wonder if we have our unique contextual interference around exploring erotic countertransference. Is this reluctance still part of the shadow of Bert Potter and Centrepoint? That thought makes me very sad, because I wasn't even involved with NZAP when that happened. I am reminded of how we are affected by things in our "family" that happened long before we were "born," or what Selma Fraiberg called "ghosts in the nursery."

A more intentional hunt on the web led me just where I was beginning to suspect it might: that almost no one has written about the topic of erotic countertransference. Freud apparently barely mentioned the topic, even though his students were rather notorious for becoming sexually involved with their clients. Blame was usually placed on the client for having seduced the therapist, thereby deflecting the therapeutic gaze away from the therapist and his or her countertransference. The first essay I could find on the subject was by Lucia Tower—a 1956 essay on "Countertransference" in *The Journal of the American psychoanalytical association.* The search eventually led me to a recent article in *The international journal of psychoanalysis,* by Emanuele Bonasia of Turin, entitled "The Countertransference: Erotic, Erotised, and Perverse." (2001:82:249-262). Bonasia confirmed my own results, listing only nine psychoanalysts who have written on erotic countertranference in the past fifty years: Lucia Tower (1956), Heinrich Racker (1953), Harold Searles (1959), Michael Gorkin (1985), Glen

Gabbard (1989), Otto Kernberg (1992, 1995), Michael Tansey (1994), Stefano Bolognini (1994), and Emanuele Bonasia (2001).[8]

While Freud barely mentioned erotic countertransference, he does seem to have considered it to be one of the "normal hazards" of being a psychoanalyst. Freud wrote a letter to Jung in 1909 in response to a request for help in relation to Jung's amorous and probably sexual involvement with Sabina Spielrein:

> I myself have never been taken in quite so badly, but I have come very close to it a number of times and had a *narrow escape*...They [these experiences] help us to develop the thick skin we need and to dominate 'counter-transference,' which is after all a *permanent problem* [italics mine] for us.... (McGuire: 1974: 230f).

Freud's reference is not entirely clear, but it would certainly seem to suggest that he understood that some part of sexual attraction to a client should be attributed not just to the client's transference, but the therapist's countertransference; that such an attraction is dangerous enough to be described by "a narrow escape"; and that erotic attraction is among the components of the "permanent problem" of countertransference. But, I ask, if it's a "permanent problem," why aren't we more comfortable as an Association exploring countertransference in its erotic form? Why do the five reasons I listed earlier still seem so powerful?

As instructive as Emanuele Bonasia's article on erotic countertransference was, it still left me feeling dissatisfied. He lays out the extant theory in all its paucity, and he bravely discusses his own erotic countertransference via case vignettes, but at the end of the article he admits that his focus has been on heterosexual male therapists working with heterosexual female clients. And then he admits that he has no idea how this works outside of that nearly-stereotypical combination. At that point, my excitement about finding his article turned to significant disappointment, and in fact, I felt very invisible as a gay man.

So for the last part of my presentation, I want to be brave—or foolish—and talk briefly about how I'm trying to puzzle through these issues of visibility and my own erotic countertransference. I reiterate that I am not talking about actual sexual arousal, but am attempting to foreground my own countertransferential

[8] So Bonasia claims. But a search of psychotherapeutic literature, as opposed to the psychoanalytic literature, yields a number of therapists who have written on erotic countertransference, including Marie Maguire, "The Impact of Gender on the Erotic Transference," in *Men, Women, Passion and Power: Gender Issues in Psychotherapy*, London and New York: Routledge, 1995, 136-144; W. W. Meissner, "Therapeutic Response to Countertransference Difficulties." *The Therapeutic Alliance*, New Haven and London: Yale University Press, 1996, 50-51, 80-81, 108-109, 190-191, 254-255; and David Mann, *Psychotherapy: An Erotic Relationship—Transference and Countertransference Passions*, London and New York: Routledge, 1997, 68-100.

sexual responses and fantasies, for the purposes of attempting to understand better what is happening in that space between us and our clients.[9]

Some markers of erotic countertransference, in which my penis seems to emerge, or to be present:

1. Admiring the beauty, virility, or youthful vitality of a client. This might be a form of erotic countertransference which Bonasia calls "normal," that is the predictable mix of aggression, bisexuality, admiration, and love and tenderness which form the capacity to identify with another person.

2. Fantasizing what it would be like to be the partner of a client. I don't think this is just because I'm gay, or because I'm single. I think it's a fairly common form of erotic countertransference, prompted in part by our work of "negotiating intimacy." This might be a form of what Bonasia calls "erotised" countertransference, as opposed to "normal" erotic countertransference. He defines "erotised" as indicating a defence against the pain of loss and separation. In my illusion, if my client is my partner, we will never have to separate from each other. On the other hand, this may instead be the client's projected illusion.

3. That confusing countertransference that sometimes happens while working with adult males who were sexually abused as children. It always surprises me when I stumble into it, and as far as I can discover, it is not discussed in any of the ACC training manuals. Bonasia might call this "perverse" countertransference, that is a defensive "sexual cloak" over the pain and anger that is prompted in the therapist by the client's narrative of abuse.

But there is also a "negative" erotic countertransference, which I thought I recognized when I came across Daniel Paul Schreber's term "unmanning". My penis disappears because my sexual identity disappears.

1. Assuming the disgust of younger gay clients. I find myself very reluctant to even raise questions about their therapeutic attachment to me because of the manner in which the gay community typically rejects the attractiveness and value of older gay men. Many younger gay men find it offensive or disgusting to be approached sexually by older men. I wouldn't approach my clients sexually, but I'm afraid that any investigation of the levels of

[9] This notion of countertransference suggests that there is an intimate link between patient and analyst centered on the capacity of the analyst to feel unconscious resonance with the patient. The analyst's task becomes that of acting as a receptacle for the patient's unconscious phantasy whilst remaining anchored in the analyst's own self, so as not to enact the patient's disorder. Stephen Frosh, *Key concepts in psychoanalysis*, New York: New York University Press, 2002, 102.

emotional intimacy in the therapeutic relationship will generate the same rejection. And I feel unmanned.

2. Fearing the imagined (projected?) homophobia of male clients. Jay Geller speaks of how the gaze of another inscribes things on our body (1992). It may be that I'm inscribing homophobia onto non-homophobic clients. That's hard not to do, when I, like many gay men, carry a long history of the emotional violence of homophobic men and women. Is this homophobia projected or countertransferential? How might I differentiate this?

3. Being wiped out/objectified by a woman's erotic transference, a possibly perverse form of desire.[10] I've had to work so hard to claim a sexual identity, to get to know myself, that I find it very confusing when a female client directs her erotic transference toward me in a way that indicates she is positioning me as a heterosexual male. I don't feel like a person—I feel like an unfamiliar object—and above all, I don't feel like me. My penis seems to disappear, and I feel unmanned. I often ask myself: In my lack of self-disclosure, am I colluding with the client's avoidance of her anger and disappointment that I'll never be who she thinks she wants me to be?

With those comments, I will close. Jed Clampett's car has run out of petrol. I have many many more questions than I have answers. In developing this presentation, I've tried to pay attention both to my process while working as a psychotherapist, and my process as a writer struggling with a delicate self-disclosure. (Ironically, that's made the expected non-disclosure of the therapeutic relationship look like a relief!) Professionally I think we have a lot to think about, and I wish that we could find a way to think about these things together—as heterosexuals and homosexuals together—in an atmosphere as free of the (projected) superegos of Centrepoint, the NZAP, and enculturated dangerousness as can be attained. Glen Gabbard reported in 1989 that, in a survey covering a large sample of psychotherapists, 86% of the men and 52% of the women stated that they had felt, or were, sexually attracted to patients. This is not all psychopathology, then. It is, rather, part of the "permanent problem" that binds the therapeutic couple to each other.

[10] On the male gaze, see Philip Culbertson, "Designing Men: Reading Male Bodies as Texts," in *The spirituality of men: Sixteen Christians write about their faith*, ed. by Philip Culbertson, Minneapolis: Fortress Press, 2002, 165-178. I have not yet found a parallel article on the female gaze that satisfies me.

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