



**Gender Differences in  
Therapist-Patient Sexual  
Boundary Violations in the  
Mental Health Professions**



Nothing to Disclose

## State of Our Knowledge

- Limited data
- Largely anecdotal
- Publications rarely appeared before the 1980s
- Shrouded in secrecy despite long history of transgressions

**“Ethics are remote from me...  
I do not break my head very much  
about good and evil,  
but I have found little  
that is ‘good’ about human beings  
on the whole.  
In my experience most of them are trash,  
no matter whether they publicly subscribe  
to this or that ethical doctrine  
or to none at all.” - Freud**

- Roazen 1975, p. 146

## Why Is Sex Between Therapists And Patients Unethical?

- Presence of power differential
- Transference to doctor makes it difficult to say no
- Breach of fiduciary duty to treat patient
- May harm patient's ability to trust therapist
- A therapist cannot provide objective care when a sexualized relationship exists

## My Clinical Experience

- Have treated, evaluated, or consulted on over 300 cases in the last 35 years
- Not a research sample—purely clinical
- My sample includes far more male therapists (85%) than female therapists (15%)
- We do not know the true breakdown by gender because many cases, especially involving female therapists, are never reported

## A Psychodynamically Based Classification

- Psychotic disorders
- Predatory psychopathy
- Lovesickness
- Masochistic surrender

## Themes

- Disidentification with the aggressor

## Themes

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- Sadomasochistic object relations masked by “love”

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“Aggression is love’s shadow.”

- Mitchell 1997

## Themes

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- Perception of deficit

## Themes

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- Omnipotence -  
“Only I can save the patient.”

## Themes

- A particular “fit” between the internal object relations of the therapist and those of the patient that activates unconscious repetitions

## Assumptions about Gender

- “While female practitioners seldom commit sexual boundary violations, when they do it is usually with female patients.”

-Alpert and Steinberg 2017

## Misogynous Stereotypes

- Freud suggested that women are more likely to have compromised superegos
- Folk wisdom suggests that women are more likely to submit to flattery
- These stereotypes and others are regularly portrayed in cinematic portrayals of female therapists—a woman first, a clinician second.

### Gender Comparisons of Romantic/Sexual Involvement Between Therapist and Patient

Films in which a male therapist falls for a female patient:

<i>Carefree</i> (1938)	<i>Duet for One</i> (1986)
<i>Condemned Woman</i> (1938)	<i>Beyond Therapy</i> (1987)
<i>The Dark Mirror</i> (1946)	<i>Bad Dreams</i> (1988)
<i>Tender is the Night</i> (1962)	<i>Husbands and Wives</i> (1993)
<i>Lilith</i> (1964)	<i>The Evening Star</i> (1996)
<i>What's New, Pussycat?</i> (1965)	<i>That Old Feeling</i> (1997)
<i>Love at First Bite</i> (1979)	<i>Bliss</i> (1997)
<i>Lovesick</i> (1983)	<i>Sphere</i> (1998)

## Gender Comparisons of Romantic/Sexual Involvement Between Therapist and Patient

Films in which a female therapist falls for a male patient:

<i>The Flame Within</i> (1935)	<i>Zelig</i> (1983)
<i>Spellbound</i> (1945)	<i>The Man Who Loved Women</i> (1983)
<i>She Wouldn't Say Yes</i> (1946)	<i>Bedroom Eyes</i> (1986)
<i>High Wall</i> (1947)	<i>From Beyond</i> (1987)
<i>Let's Live a Little</i> (1948)	<i>Hunk</i> (1987)
<i>Shadow on the Wall</i> (1950)	<i>The Hero and the Terror</i> (1988)
<i>Knock on Wood</i> (1954)	<i>My Blue Heaven</i> (1990)
<i>The Perfect Furlough</i> (1958)	<i>Prince of Tides</i> (1991)
<i>Wild in the Country</i> (1961)	<i>Basic Instinct</i> (1992)
<i>Sex and the Single Girl</i> (1964)	<i>Hot Shots!</i> (1992)
<i>A Very Special Favor</i> (1965)	<i>Mr. Jones</i> (1993)
<i>Dead Heat on a Merry-Go-Round</i> (1966)	<i>Twelve Monkeys</i> (1995)
<i>A Fine Madness</i> (1966)	<i>The First Wives' Club</i> (1996)
<i>They Might Be Giants</i> (1971)	<i>Tin Cup</i> (1996)
	<i>Deconstructing Harry</i> (1997)

## Comparisons of Successful Cross- Gender Treatments

Films in which a female therapist effectively treats  
a male patient:

*Private Worlds* (1935)  
*The Last Embrace* (1979)

## Comparisons of Successful Cross-Gender Treatments

Films in which a male therapist effectively treats a female patient:

<i>Reunion in Venice (1933)</i>	<i>Three Faces of Eve (1957)</i>
<i>Carefree (1938)</i>	<i>Oh Man! Oh Women! (1957)</i>
<i>Condemned Women (1938)</i>	<i>Home Before Dark (1958)</i>
<i>Lady in a Jam (1942)</i>	<i>Suddenly, Last Summer (1959)</i>
<i>Now Voyager (1942)</i>	<i>Butterfield (1960)</i>
<i>Dark Waters (1944)</i>	<i>Girl of the Night (1960)</i>
<i>Since You Went Away (1944)</i>	<i>Splendor in the Grass (1961)</i>
<i>Bewitched (1945)</i>	<i>Cabinet of Caligari (1962)</i>
<i>The Locket (1946)</i>	<i>David and Lisa (1962)</i>
<i>The Bachelor and the Bobby Soxer (1947)</i>	<i>Freud (1962)</i>
<i>Dark Delusion (1947)</i>	<i>Tender is the Night (1962)</i>
<i>Dishonored Lady (1947)</i>	<i>On a Clear Day You Can See Forever (1970)</i>
<i>Possessed (1947)</i>	<i>Seven Percent Solution (1976)</i>
<i>The Snake Pit (1948)</i>	<i>Schizoid (1980)</i>
<i>So Young, So Bad (1950)</i>	<i>The Stepfather (1986)</i>
<i>The Shrike (1955)</i>	
<i>Lizzy (1957)</i>	

## Reactions to Female Boundary Violations

- Often more outrage if therapist is a woman
- Spectacles are often made of female transgressors—e.g., Bean-Bayog case
- Female therapist is “victim” of male patient

## Sexual Orientation and Gender

- It is well-known that sexualized transference and countertransference feelings are characterized by considerable fluidity in sexual orientation and gender. Sexuality is rooted in a multiple self-state model.

--Davies 2015; Gabbard 2016

- 20% of sexual misconduct cases involve same-sex dyads.
- Some therapists use a relationship with a patient as a way of exploring their own sexual orientation

## Sexual Orientation and Gender

- In a small study of 15 female therapist-female patient sexual liaisons, 20% of the therapists identified themselves to patients as heterosexuals, 20% as bisexual, and only 40% as lesbians
- 33.3% reported internal conflict concerning their sexual orientation or sexual behavior with women.

-Benowitz 1995

## Sexual Orientation and Gender

- A similar pattern has been noted in male therapist-male patient dyads (Gonsiorek 1989)
- Because of heteronormative biases, there may be disowned sexualities buried in the unconscious
- The secretive nature of psychotherapy may allow for the emergence of previously disavowed sexual desire.

## Themes in Female Therapists

- The “charming rogue” who needs the love of a good woman to settle him down.

## Themes in Female Therapists

- Secret admiration for the patient's rule-breaking—enactment of her own rebelliousness vicariously through the patient.

## Themes in Female Therapists

- Patient is a baby who missed out on a nurturing mothering experience as a child and I will re-parent him

## Themes in Female Therapists

- Unconscious re-creation of traumatic experiences in the past—a tendency to freeze in the face of the repetition

## Disavowal of the Erotic in Same-Sex Dyads

- “We were like best friends”
- “I knew what she would say before she said it”
- “There was nothing sexual about the holding and embracing”

## Moral Hypocrisy Research

- Definition: an individual's ability to hold a belief while acting in discord with it.
- Research shows that most individuals evaluate their own moral transgressions as less egregious than the same transgressions enacted by others.
- Moral reasoning is context-dependent, and generally moral people find it easy to justify immoral behavior.

-- Valdesolo and DeSteno, 2006

## Prevention

## Consultation

- Should be built in to one's practice
- Must bring up the aspects of treatment that one is ashamed of and does not want to share with the consultant
- Consultation can be undermined by choosing someone who will not challenge you

## Self-Monitoring Questions

“Is there anything I'm doing that is a departure from my standard procedures?”

## Self-Monitoring Questions

*(cont.)*

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“Is what I’m doing  
part of a systematic  
and comprehensive  
treatment plan?”

## Self-Monitoring Questions

*(cont.)*

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“Does everything I am doing  
with this patient  
meet community standards  
of  
acceptable practice?”

## Self-Monitoring Questions

*(cont.)*

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“Could I share  
everything I am doing  
with a colleague,  
consultant or supervisor?”

## Self-Monitoring Questions

*(cont.)*

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“Is there anything  
I’m doing  
that  
I  
can’t put in the patient’s chart?”



Analogy  
to  
Lifeguard