



*Young Girl Defending Herself against Eros*

# Despair Dialogue Desire

14<sup>th</sup> European Symposium in Group Analysis  
University of Dublin Trinity College  
18<sup>th</sup> – 22<sup>nd</sup> August 2008

## Wild Civility

### Working with Erotic Feelings in Group Therapy and Supervision

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Dallas Group Analytic Practice

Have you ever lost a patient by being too civil? Have your groups ever become too wild? Have you? We will examine erotic feelings as they arise and are defended against in our roles as patient, therapist, supervisor, supervisee, and members of the conference.

Conference participants will:

- Identify desire and dread in their transference and counter-transference reactions.
- Think about the positive and negative impact of lust, desire, intimacy, love, and power in their work.
- Experientially encounter the workings of Eros and our defenses against it within the conference setting.
- Learn to use the tension, wild—civility, in our multiple roles.

## Evocations of Eros

### Song of Songs Hebrew Bible ~800 BC

Let him kiss me with the kisses of his mouth!  
for his love is sweeter than wine...

Love is as strong as death,  
passion as relentless as the grave.  
Even its sparks are a raging fire,  
the very flame of Ya.  
The chaos of the great sea cannot quench love,  
nor rivers sweep it away.  
Were one to give all his wealth for love,  
contempt is all he would gain.

### Sonnet 129 Shakespeare~1600

The expense of spirit in a waste of shame  
Is lust in action; and till action, lust  
Is perjured, murderous, bloody, full of blame,  
Savage, extreme, rude, cruel, not to trust,  
Enjoy'd no sooner but despised straight,  
Past reason hunted, and no sooner had  
Past reason hated, as a swallow'd bait  
On purpose laid to make the taker mad;  
Mad in pursuit and in possession so;  
Had, having, and in quest to have, extreme;  
A bliss in proof, and proved, a very woe;  
Before, a joy proposed; behind, a dream.  
All this the world well knows; yet none knows well  
To shun the heaven that leads men to this hell.

**Delight in Disorder**  
Robert Herrick 1591-1674

A sweet disorder in the dress  
 Kindles in clothes a wantonness:  
 A lawn about the shoulders thrown  
 Into a fine distraction:  
 An erring lace, which here and there  
 Enthralls the crimson stomacher:  
 A cuff neglectful, and thereby  
 Ribbands to flow confusedly:  
 A winning wave (deserving note)  
 In the tempestuous petticoat:  
 A careless shoe-string, in whose tie  
 I see a **wild civility**:  
 Do more bewitch me, than when art  
 Is too precise in every part.

**DUINO ELEGIES**  
The First Elegy  
Rainer Maria Rilke 1922

Who, if I cried out, would hear me among the angels'  
 hierarchies? and even if one of them pressed me  
 suddenly against his heart: I would be consumed  
 in that overwhelming existence. For beauty is nothing  
 but the beginning of terror, which we still are just able to endure,  
 and we are so awed because it serenely disdains  
 to annihilate us. Every angel is terrifying.

**The Sick Rose**  
William Blake 1757-1827

O rose, thou art sick!  
 The invisible worm  
 That flies in the night,  
 In the howling storm,

Has found out thy bed  
 Of crimson joy,  
 And his dark secret love  
 Does thy life destroy.

**The Garden Of Love**  
William Blake 1757-1827

I went to the Garden of Love,  
And saw what I never had seen;  
A Chapel was built in the midst,  
Where I used to play on the green.

And the gates of this Chapel were shut  
And "Thou shalt not," writ over the door;  
So I turned to the Garden of Love  
That so many sweet flowers bore.

And I saw it was filled with graves,  
And tombstones where flowers should be;  
And priests in black gowns were walking their rounds,  
And binding with briars my joys and desires.

**What angel would hear me?**  
Jessica Benjamin 1994

"There is a fear, always latent in the countertransference, that reparation can turn to destruction, that love can injure as well as heal....In any event, the fear of destructiveness is surely central to all individual and cultural fears of sexuality, the fear that sexuality can be a traumatic force: greedy, selfish, oblivious, invading, shattering, exploiting....The psychoanalytic endeavor is intended to identify what can be healing as well as destructive in the erotic; and contribute to lifting the weight of the taboo that prevents our conscious participation in that endeavor." (Benjamin, 1994, 201)

**Eros in Plato**  
**427 BC – 347 BC**

Eros is a reaching out of the soul to a hoped-for good. The object is eternal beauty. In its crudest form, love for a beautiful person is really a passion to achieve immortality through offspring by that person. A more spiritual form is the aspiration to combine with a kindred soul to give birth to sound institutions and rules of life. Still more spiritual is the endeavor to enrich philosophy and science through noble dialogue.

(Encyclopedia Britannica, 15<sup>th</sup> Edition, Plato, Volume 14, p. 535. The article is attributed to the editors, but this quote reads as if it comes from Mortimer Adler who was editor-in-chief and is referring to "Diotima's Ladder" in the last part of Plato's *Symposium*.)

## Wild—Civility Reading List

### Short List

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## Ten Common Scenarios

Scenario	Criterion
1. Role Trading	Therapist becomes the "patient" and the wants and needs of the therapist become the focus.
2. Sex Therapy	Therapist fraudulently presents therapist-patient sexual intimacy as a valid treatment for sexual or other kinds of difficulties.
3. As If....	Therapist treats positive transference as if it were not the result of the therapeutic situation.
4. Svengali	Therapist creates and exploits an exaggerated dependence on the part of the patient.
5. Drugs	Therapist uses cocaine, alcohol, or other drugs as part of the seduction.
6. Rape	Therapist uses physical force, threats, and/or intimidation.
7. True Love	Therapist uses rationalizations that attempt to discount the clinical/professional nature of the relationship with its attendant responsibilities.
8. It Just Got Out of Hand	Therapist fails to treat the emotional closeness that develops in therapy with sufficient attention, care and respect.
9. Time Out	Therapist fails to acknowledge and take account of the fact that the therapeutic relationship does not cease to exist between scheduled sessions or outside the therapist's office.
10. Hold Me	Therapist exploits patient's desire for non-erotic physical contact and possible confusion between erotic and non-erotic contact.

Pope, K.S. & Bouhoutsos, J.C. (1986). *Sexual intimacy between therapists and patients*. New York: Praeger, page 4.

## THE EXPLOITATION INDEX

**The Exploitation Index:** Rate yourself according to the frequency that the following statements reflect your behavior, thoughts, or feelings with regard to any particular patients you have seen in psychotherapy within the past 2 years, by placing a check in the appropriate box. Approximate frequency as follows:

Rarely = about once a year or less    Sometimes = about once every 3 months    Often = once a month or more

Please give your immediate, "off the cuff" responses:

	Never	Rarely (Yearly)	Sometimes (Quarterly)	Often (Monthly)
1. Do you do any of the following for your family members or social acquaintances: prescribing medication, making diagnoses, offering psychodynamic explanation for their behaviors?				
2. Are you gratified by a sense of power when you are able to control a patient's activity through advice, medication, or behavioral restraint? (e.g. hospitalization, seclusion)				
3. Do you find the chronic silence or tardiness of a patient a satisfying way of getting paid for doing nothing?				
4. Do you accept gifts or bequests from patients?				
5. Have you engaged in a personal relationship with patients after treatment was terminated?				
6. Do you touch your patients (exclude handshake)?				
7. Do you ever use information learned from patients, such as business tips or political information, for your own financial or career gain?				
8. Do you feel that you can obtain personal gratification by helping to develop your patient's great potential for fame or unusual achievement?				
9. Do you feel a sense of excitement or longing when you think of a patient or anticipate her/his visit?				
10. Do you make exceptions for your patients, such as providing special scheduling or reducing fees, because you find the patient attractive, appealing or impressive?				
11. Do you ask your patient to do personal favors for you? (e.g. get you lunch, mail a letter)				
12. Do you and your patients address each other on a first-name basis?				
13. Do you undertake business deals with patients?				
14. Do you take great pride in the fact that such an attractive, wealthy, powerful, or important patient is seeking your help?				
15. Have you accepted for treatment a person with whom you have had social involvement or whom you know to be in your social or family sphere?				
16. When your patient has been seductive with you, do you experience this as a gratifying sign of your own sex appeal?				

The Exploitation Index questionnaire is used with direct permission of R. S. Epstein, MD

Please give your immediate, "off the cuff" responses:	Never	Rarely (Yearly)	Sometimes (Quarterly)	Often (Monthly)
17. Do you disclose sensational aspects of your patient's life to others? (even when you are protecting the patient's identity)				
18. Do you accept a medium of exchange other than money for your services? (e.g. work on your office or home, trading of professional services)				
19. Do you find yourself comparing the gratifying qualities you observe in a patient with the less gratifying qualities in you spouse or significant other? (e.g. thinking: "Where have you been all my life?")				
20. Do you feel that your patient's problems would be immeasurably helped if only he/she had a positive romantic involvement with you?				
21. Do you make exceptions in the conduct of treatment because you feel sorry for your patient, or because you believe that he/she is in such distress or so disturbed that you have no other choice?				
22. Do you recommend treatment procedures or referrals that you do not believe to be necessarily in your patient's best interest, but that may instead be to your direct or indirect financial benefit?				
23. Have you accepted for treatment individuals known to be referred by a current or former patient?				
24. Do you make exceptions for your patient because you are afraid she/he will otherwise become extremely angry or self-destructive?				
25. Do you take pleasure in romantic daydreams about a patient?				
26. Do you fail to deal with the following patient behavior(s): paying the fee late, missing appointments on short notice and refusing to pay for the time (as agreed), seeking to extend the length of sessions?				
27. Do you tell patients personal things about yourself in order to impress them?				
28. Do you find yourself trying to influence your patients to support political causes or positions in which you have a personal interest?				
29. Do you seek social contact with patients outside of clinically scheduled visits?				
30. Do you find it painfully difficult to agree to a patient's desire to cut down on the frequency of therapy, or to work on termination?				
31. Do you find yourself talking about your own personal problems with a patient and expecting her/him to be sympathetic to you?				
32. Do you join in any activity with a patient that may serve to deceive a third party? (e.g. insurance company)				

Scoring Key: Never = 0, Rarely = 1, Sometimes = 2, Often = 3.

A total of 27 or greater, scores in the highest 10% of a sample of 532 psychiatrists.

\* Epstein, R.S. and Simon, R.I. "The Exploitation Index: An Early Warning Indicator of Boundary Violations in Psychotherapy"

\* Epstein, R.S. Simon, R.I., and Kay, G.G. "Assessing Boundary Violations in Psychotherapy: Survey Results with The Exploitation Index." Bulletin of the Menninger Clinic 56:150-166, 1992.

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**Boundary Crossings**

Gabbard and Lester (1995)

*versus***Violations****CROSSINGS****VIOLATIONS**

Therapist aware

Therapist Unaware

Scrutinized

Not Scrutinized

Rare

Repetitive

No Harm to patient

Patient harmed

Open to others

Secret

Meets patients needs

Meets therapist's needs

**Precursors to Therapist Sexual Misconduct—Celenza (1998)**

1. Long-standing and unresolved problems with self-esteem
2. Sexualization of pregenital needs
3. Restricted awareness of fantasy
4. Covert sanctioned boundary transgressions by a parental figure
5. Unresolved anger toward authority figures
6. Intolerance of negative transference
7. Defensive transformation of countertransference hate into countertransference love.



## Graded-Risk Model: Boundary Crossings

Type of Boundary Crossing	Risk of harm to Patient and professional-patient (P-P) relationship	Coercive and exploitative elements	Potential of benefit to patient and P-P relationship	Professional intentions and motives	Professional Ideals	Recommendations
<b>I</b>	<b>High</b>	<b>Present</b>	<b>None-Low</b>	<b>Professional self-interests over patient-interests</b>	<b>Absent</b>	<b>Discouraged and prohibited</b>
<b>II</b>	<b>High</b>	<b>Ambiguous</b>	<b>Low</b>	<b>Professional self-interests blur patient-interests</b>	<b>Absent or minimum</b>	<b>Highly discouraged rarely justified</b>
<b>III</b>	<b>Low-Middle</b>	<b>Absent</b>	<b>Middle-High</b>	<b>Patient interests over professional self-interests</b>	<b>Present. Discernment and judgment important</b>	<b>Encouraged as benefit increases. Justified. Above the call of duty.</b>
<b>IV</b>	<b>None-Low</b>	<b>Absent</b>	<b>Middle-High</b>	<b>Patient interests over professional self-interest</b>	<b>Present Ideal model of care.</b>	<b>Strongly encouraged. Justified. Obligated as benefit increases.</b>

Martinez, R. (2000) A model for boundary dilemmas: Ethical decision-making in the patient-professional relationship. *Ethical Human Sciences and Services*, 2, 43-61.



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**Number:** 70.PA.3  
**Artist:** William Adolphe Bouguereau  
(French, 1825 - 1905)  
**Title:** A Young Girl Defending Herself against Eros  
**Country:**  
**Date:** about 1880  
**Medium:** Oil on canvas  
**Size:** Unframed: 79.4 x 54.9 cm (31 1/4 x 21 5/8 in.)  
Framed: 118.1 x 94 x 10.2 cm (46 1/2 x 37 x 4 in.)  
Frame (Original): 118.1 x 94 x 19.7 x 10.2 cm  
(46 1/2 x 37 x 7 3/4 x 4 in.)  
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